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Form 990

OMB No 1545-0047

2012

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2012 calendar year, or tax year beginning

, and ending

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HOPE ABBEY CHAR TRUST Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite Wells Fargo Bank, N A - 1919 Douglas St 2nd FL MACN80 City, town or post office, state, and ZIP code Omaha NE 68102-1317	D Employer identification number 37-1055451 E Telephone number 888-730-4933 F Name and address of principal officer Wells Fargo Bank, N A 1919 Douglas St 2nd FL MACN8000-027, Om
		G Gross receipts \$ 47,020
		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
		If "No," attach a list (see instructions)
		H(c) Group exemption number ►
	I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (13) ► (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
	J Website: ► N/A	
	K Form of organization <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►	L Year of formation 1990
	M State of legal domicile IL	

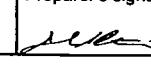
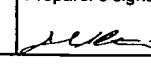
Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TRUST GENERATES PORTFOLIO INCOME WHICH IS USED FOR THE MAINTENANCE AND UPKEEP OF THE HOPE ABBEY CEMETERY
2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
3 Number of voting members of the governing body (Part VI, line 1a) 3 1	
4 Number of independent voting members of the governing body (Part VI, line 1b) 4 1	
5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 0	
6 Total number of volunteers (estimate if necessary) 6 0	
7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0	
b Net unrelated business taxable income from Form 990-T, line 34 7b 0	
Revenue	8 Contributions and grants (Part VIII, line 1h) 0 0
9 Program service revenue (Part VIII, line 2g) 0 0	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,372 5,839	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,372 5,839	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 600 600
14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0	
16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0	
b Total fundraising expenses (Part IX, column (D), line 25) 0 0	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,197 1,910	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 3,797 2,510	
19 Revenue less expenses Subtract line 18 from line 12 425 3,329	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 99,842 103,186
21 Total liabilities (Part X, line 26) 0 0	
22 Net assets or fund balances. Subtract line 21 from line 20 99,842 103,186	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	<div style="display: flex; align-items: center;"> <div style="flex: 1; margin-right: 10px;"> Signature of officer JOHN SULENTIC <small>Type or print name and title</small> </div> <div style="flex: 1;"> Date 5/7/2013 </div> </div>
	SVP Wells Fargo Bank N A

Paid Preparer Use Only	Print/Type preparer's name JOSEPH J CASTRIANO  Firm's name ► PricewaterhouseCoopers, LLP Firm's address ► 600 GRANT STREET, PITTSBURGH, PA 15219-2777	Preparer's signature  Date 5/7/2013	Check <input checked="" type="checkbox"/> if self-employed PTIN P01251603
			Firm's EIN ► 13-4008324 Phone no 412-355-6000

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes No

For Paperwork Reduction Act Notice, see the separate instructions.
HTA

Form 990 (2012)

28

POSTMARK DATE MAY 10 2013

MAY 31 2013

Part III**Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III 1 Briefly describe the organization's mission

TRUST GENERATES PORTFOLIO INCOME WHICH IS USED FOR THE MAINTENANCE AND UPKEEP OF THE HOPE ABBEY CEMETERY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If "Yes," describe these new services on Schedule O

 Yes No3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$) (Revenue \$)

4b (Code:) (Expenses \$) (Revenue \$)

4c (Code:) (Expenses \$) (Revenue \$)

4d Other program services (Describe in Schedule O)

(Expenses \$ 0 including grants of \$

0) (Revenue \$

0)

4e Total program service expenses ►

0

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 1 X

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 X

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 X

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 X

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 X

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 X

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 X

9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 X

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

- a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X
- b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X
- c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c X
- d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X
- e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X
- f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a X

- b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X

14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X

- b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15 X

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 16 X

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 X

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 X

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X

- b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b X

Part IV Checklist of Required Schedules (continued)

21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

25a **Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

36 **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O

	Yes	No
21		X
22		X
23		X
24a		X
24b		X
24c		X
24d		X
25a		
25b		
26		X
27		X
28a		X
28b		X
28c		X
29		X
30		X
31		X
32		X
33		X
34		X
35a		X
35b		X
36		
37		X
38	X	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).	7d	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.	9a	
a	Did the organization make any taxable distributions under section 4966?	9b	
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:	10a	N/A
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	N/A
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter	11a	N/A
a	Gross income from members or shareholders	11b	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	N/A
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	
a	Is the organization licensed to issue qualified health plans in more than one state?		
<i>Note. See the instructions for additional information the organization must report on Schedule O</i>			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	N/A
c	Enter the amount of reserves on hand	13c	N/A
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI.

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year
 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O

1b Enter the number of voting members included in line 1a, above, who are independent

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Did the organization have members or stockholders?

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body?

b Each committee with authority to act on behalf of the governing body?

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

	Yes	No
1a	1	
1b	1	
2		X
3	X	
4	X	
5	X	
6	X	
7a		X
7b		X
8a	X	
8b	X	
9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Did the organization have local chapters, branches, or affiliates?

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

b Describe in Schedule O the process, if any, used by the organization to review this Form 990

12a Did the organization have a written conflict of interest policy? If "No," go to line 13

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done

13 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy?

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official

b Other officers or key employees of the organization

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

	Yes	No
10a		X
10b		
11a	X	
12a	X	
12b	X	
12c	X	
13	X	
14	X	
15a		X
15b		X
16a		X
16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ►

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website Upon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► Wells Fargo Bank, N.A. 888-730-4933

1919 Douglas Street 2nd FL MAC N8000-027, Omaha, NE 68102-1317

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

 Check if Schedule O contains a response to any question in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		or director or individual trustee	Institutional trustee	Officer	Key employee	Highest compensated				
(1) WELLS FARGO BANK, N A TRUSTEE	4 00		X					1,841		
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated			
(15)									
(16)									
(17)									
(18)									
(19)									
(20)									
(21)									
(22)									
(23)									
(24)									
(25)									

1b Sub-total	►	1,841	0	0
c Total from continuation sheets to Part VII, Section A	►	0	0	0
d Total (add lines 1b and 1c).	►	1,841	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 0

	Yes	No
3	X	
4	X	
5	X	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		0
		0
		0
		0
		0
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0		

Part VIII Statement of RevenueCheck if Schedule O contains a response to any question in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 0				
	1b Membership dues	1b 0				
	1c Fundraising events	1c 0				
	1d Related organizations	1d 0				
	1e Government grants (contributions)	1e 0				
	1f All other contributions, gifts, grants, and similar amounts not included above	1f 0				
	1g Noncash contributions included in lines 1a-1f	1g \$ 0				
	h Total. Add lines 1a-1f	h ► 0				
Program Service Revenue	Business Code					
	2a	0				
	b	0				
	c	0				
	d	0				
	e	0				
	f All other program service revenue	0				
	g Total. Add lines 2a-2f	g ► 0				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	3 ► 2,357			2,357	
	4 Income from investment of tax-exempt bond proceeds	4 ► 0				
	5 Royalties	5 ► 0				
	6a Gross rents	(i) Real	(ii) Personal			
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	6a 0	6a 0			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b Less cost or other basis and sales expenses	7a 44,663	7a 0			
	c Gain or (loss)	7a 41,181	7a 0			
	d Net gain or (loss)	7a 3,482	7a 0			
	8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18	a	0			
b Less direct expenses	8a b 0					
c Net income or (loss) from fundraising events	8a c 0					
9a Gross income from gaming activities See Part IV, line 19	a	0				
b Less direct expenses	9a b 0					
c Net income or (loss) from gaming activities	9a c 0					
10a Gross sales of inventory, less returns and allowances	a	0				
b Less cost of goods sold	10a b 0					
c Net income or (loss) from sales of inventory	10a c 0					
Miscellaneous Revenue		Business Code				
11a			0			
b			0			
c			0			
d All other revenue			0			
e Total. Add lines 11a-11d	e ► 0					
12 Total revenue. See instructions	12 ► 5,839		0	0	5,839	

Part IX Statement of Functional Expenses*Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).*Check if Schedule O contains a response to any question in this Part IX

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	600	600		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0		0	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	0			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	0			
11 Fees for services (non-employees)				
a Management				
b Legal	0			
c Accounting	0			
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12 Advertising and promotion	0			
13 Office expenses	0			
14 Information technology	0			
15 Royalties	0			
16 Occupancy	0			
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	0	0	0	0
23 Insurance	0			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a FOREIGN TAX WITHHELD	54		54	
b STATE AG FEES	15	15		
c TRUSTEE FEES	1,841	460	1,381	
d	0			
e All other expenses	0			
25 Total functional expenses. Add lines 1 through 24e	2,510	1,075	1,435	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1		20
	2 Savings and temporary cash investments	4,728	2	4,734
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees			
	Complete Part II of Schedule L			5
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	0	9	0
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	0	
	b Less accumulated depreciation	10b	0	10c
	11 Investments—publicly traded securities	95,114	11	98,432
	12 Investments—other securities See Part IV, line 11	0	12	0
	13 Investments—program-related See Part IV, line 11	0	13	0
Liabilities	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	0	15	0
	16 Total assets. Add lines 1 through 15 (must equal line 34)	99,842	16	103,186
	17 Accounts payable and accrued expenses	0	17	0
	18 Grants payable		18	
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
Net Assets or Fund Balances	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	0	26	0
	Organizations that follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
Net Assets or Fund Balances	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC958), check here ► <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	99,842	30	103,186
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	99,842	33	103,186
	34 Total liabilities and net assets/fund balances	99,842	34	103,186

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)	1	5,839
2 Total expenses (must equal Part IX, column (A), line 25)	2	2,510
3 Revenue less expenses. Subtract line 2 from line 1	3	3,329
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	99,842
5 Net unrealized gains (losses) on investments	5	
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	15
10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	103,186

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

1 Accounting method used to prepare the Form 990. Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis

2b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis

2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

Name of the organization

HOPE ABBEY CHAR TRUST

Employer identification number

37-1055451

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.

Form 990 Part VI Section B Line 11A SOLE TRUSTEE RECEIVES AND REVIEWS FORM 990

Form 990 Part VI Section B Line 12C ORGANIZATION COMPLIES WITH THE SAME POLICY AND ENFORCEMENT

PROCEDURES AS ITS TRUSTEE

Form 990 Part VI Section C Line 19 NO DOCUMENTS AVAILABLE TO THE PUBLIC

Form 990 Part XI Line 9 ADJUSTMENTS INCLUDE MUTUAL FUND TIMING ADJUSTMENTS, PY RETURN OF
CAPITAL ADJUSTMENTS, AND COST BASIS ADJUSTMENTS

Schedule O (Form 990 or 990-EZ) (2012)

Page **2**

Name of the organization

HOPE ABBEY CHAR TRUST

Employer identification number

37-1055451

Account Number: 55292000						
Security Type	CUSIP	Asset Name	Fed Cost	FMV	Fed Cost	FMV
Savings & Temp Inv	VP0528308	FEDERATED TREAS OBL FD 68	\$ 4,124.53	\$ 4,124.53	\$ 608.96	\$ 608.96
Savings & Temp Inv	VP0528308	FEDERATED TREAS OBL FD 68	\$ 19.59	\$ 19.59	\$ 19.59	\$ 19.59
TOTAL CASH & CASH EQUIVALENTS			\$ 4,753.08	\$ 4,753.08		
Invest - Other	589509108	MERGER FD SH BEN INT #260	\$ 2,159.28	\$ 2,172.45		
Invest - Other	693390882	PIMCO FOREIGN BD FD USD H-INST #103	\$ 1,042.38	\$ 1,059.07		
Invest - Other	77954Q106	T ROWE PRICE BLUE CHIP GRWTH #93	\$ 6,997.65	\$ 7,410.13		
Invest - Other	880196506	TEMPLETON FOREIGN FD - ADV #604	\$ 5,867.57	\$ 6,219.48		
Invest - Other	94975G686	WF ADV INDEX FUND-ADMIN #88	\$ 4,508.39	\$ 4,191.59		
Invest - Other	04314H600	ARTISAN MID CAP FUND-INS #1333	\$ 3,514.08	\$ 3,458.85		
Invest - Other	464287648	ISHARES RUSSELL 2000 GROWTH	\$ 3,197.01	\$ 3,335.85		
Invest - Other	008882532	INVEESCO INTL GROWTH-Y #8516	\$ 5,725.55	\$ 6,094.03		
Invest - Other	261980494	DREYFUS EMG MKT DEBT LOC C-I #6083	\$ 6,022.01	\$ 6,219.89		
Invest - Other	339128100	JP MORGAN MID CAP VALUE-I #758	\$ 2,028.66	\$ 2,949.14		
Invest - Other	448108100	HUSSMAN STRATEGIC GROWTH FUND #601	\$ 3,081.47	\$ 2,602.59		
Invest - Other	94985D582	WELLS FARGO ADV INTL BOND-IS #4705	\$ 1,058.39	\$ 1,100.80		
Invest - Other	94975J581	WFA CORE BD FD-I #8944	\$ 6,429.39	\$ 6,571.26		
Invest - Other	94975P751	WELLS FARGO ADV EMG MKT E-INS #4146	\$ 4,523.91	\$ 4,601.88		
Invest - Other	94975J268	WF ADV C & B LARGE CAP VAL-I #1868	\$ 3,930.09	\$ 5,516.84		
Invest - Other	922908553	VANGUARD REIT VIPER	\$ 2,179.30	\$ 4,540.20		
Invest - Other	94975P447	WELLS FARGO ADV SP S/C VA-1S #4143	\$ 3,177.54	\$ 3,424.01		
Invest - Other	922042858	VANGUARD MSCI EMERGING MARKETS ETF	\$ 3,377.39	\$ 4,586.59		
Invest - Other	949917579	WF ADV GOVT SECURITIES-I #3101	\$ 3,139.87	\$ 3,341.45		
Invest - Other	949917652	WF ADV SHORT-TERM BOND FUND-I#3102	\$ 4,364.31	\$ 4,450.08		
Invest - Other	78463X863	SPDR DJ WILSHIRE INTERNATIONAL REAL	\$ 3,985.83	\$ 4,589.85		
Invest - Other	252264S833	DIAMOND HILL LONG-SHORT FD CL I #11	\$ 4,010.32	\$ 4,456.06		
Invest - Other	949917538	WELLS FARGO ADV HI INC-INS #3110	\$ 5,559.72	\$ 6,061.76		
Invest - Other	3677829884	GATEWAY FUND - Y #1986	\$ 2,705.67	\$ 2,678.98		
Invest - Other	22544R305	CREDIT SUISSE COMM RET ST-I #2156	\$ 5,847.28	\$ 5,287.02		
TOTAL OTHER INVESTMENTS			\$ 98,433.06	\$ 106,919.85		
TOTAL HOLDINGS			\$ 103,186.14	\$ 111,672.93		

Part VII, Line 7 (990) - Gain/Loss from Sale of Assets Other than Inventory

Description	CUSIP #	Check if gain/loss is from sale of public securities	Check if gain/loss is from sale of non public securities	Check if purchaser is a business	Purchaser	Date acquired	Acquisition method	Date sold	Gross sales price	Cost or other basis and expenses		Description of Basis Method	
										Total Public Securities			
										Total Non-Public Securities	Total Other Sales		
										Cost or other basis (Enter one field only)	Donated value	Expense of sale and cost of improve- ments	
										Cost	Cost	Depreciation	
1 JP MORGAN MID CAP VALU	339128100	X				2/5/2010		5/9/2012	470	337	112		
2 JP MORGAN MID CAP VALU	339128100	X				2/5/2010		8/9/2012	162	175	600		
3 GOLDMAN SACHS GRTH OF	381142Y401	X				2/5/2010		2/9/2012	223	418	582		
4 GOLDMAN SACHS GRTH OF	381142Y401	X				2/5/2010		4/10/2012	2,472	1,939	761		
5 GOLDMAN SACHS GRTH OF	381142Y401	X				8/11/2011		8/9/2012	680	549	398		
6 HUSSMAN STRATEGIC GRO	448108100	X				4/22/2008		8/9/2012	313	269	1,466		
7 HUSSMAN STRATEGIC GRO	448108100	X				7/23/2009		8/9/2012	2,664	461	399		
8 HUSSMAN STRATEGIC GRO	448108100	X				8/11/2011		8/9/2012	183	178	138		
9 KEELEY SMALL CAP VAL FU	487300808	X				4/20/2009		8/9/2012	144	966	1,007		
10 KEELEY SMALL CAP VAL FU	487300808	X				8/11/2011		8/9/2012	1,007	966	180		
11 KEELEY SMALL CAP VAL FU	487300808	X				5/11/2012		8/9/2012	108				
12 KEELEY SMALL CAP VAL FU	487300808	X				2/13/2012		8/9/2012	39				
13 PIMCO FOREIGN BD FD USL	693390882	X				8/11/2011		8/9/2012	193				
14 PIMCO FOREIGN BD FD USL	693390882	X				9/11/2007		5/9/2012	308				
15 SPDR DJ WILSHIRE INTERN	78463X863	X				9/11/2007		8/9/2012	357				
16 SPDR DJ WILSHIRE INTERN	78463X863	X				5/2/2011		8/9/2012	310				
17 SPDR DJ WILSHIRE INTERN	78463X863	X				5/3/2010		8/9/2012	287				
18 TCW SMALL CAP GROWTH	87234N849	X				5/11/2012		11/16/2012	25				
19 TCW SMALL CAP GROWTH	87234N849	X				8/13/2012		11/16/2012	1,056		1,134		
20 TCW SMALL CAP GROWTH	87234N849	X				5/3/2010		11/16/2012	733				
21 TCW SMALL CAP GROWTH	87234N849	X				5/3/2010		12/19/2012	107				
22 TCW SMALL CAP GROWTH	87234N849	X				7/23/2010		12/19/2012	843				
23 TCW SMALL CAP GROWTH	87234N849	X				8/11/2011		8/9/2012	326				
24 TCW SMALL CAP GROWTH	87234N849	X				2/13/2012		11/16/2012	210				
25 TEMPLETON FOREIGN FD -	880196506	X				2/13/2012		2/9/2012	44				
26 TEMPLETON FOREIGN FD -	880196506	X				7/21/2010		2/9/2012	44				
27 VANGUARD MSCI EMERGIN	922042858	X				8/9/2011		2/9/2012	88				
28 VANGUARD MSCI EMERGIN	922042858	X				7/21/2009		2/9/2012	563				
29 VANGUARD MSCI EMERGIN	922042858	X				2/13/2012		8/9/2012	747				
30 VANGUARD REIT VIPER	922080553	X				8/11/2011		8/9/2012	158				
31 INVESSO INTL GROWTH Y	008892532	X				11/13/2006		5/9/2012	196				
32 CREDIT SUISSE COMM RT S	22544R305	X				4/22/2008		5/9/2012	336		394		
33 VANGUARD REIT VIPER	922080553	X				2/19/2008		5/9/2012	458		464		
34 WF ADV INDEX FUND-ADMI	94975G686	X				4/3/2007		5/9/2012	929				
35 WF ADV C & B LARGE CAP	94975J288	X				2/13/2012		8/9/2012	102				
36 WF ADV C & B LARGE CAP	94975J288	X				2/4/2011		8/9/2012	261				
37 WF ADV C & B LARGE CAP	94975J288	X				10/16/2008		2/9/2012	300				
38 WELLS FARGO ADV TOT R	94975J581	X				2/4/2011		8/9/2012	649				
39 WELLS FARGO ADV INTL B	94985D582	X				7/23/2010		8/9/2012	143				
40 WELLS FARGO ADV INTL B	94985D582	X				2/4/2011		8/9/2012	87				
41 WF ADV C & B LARGE CAP	94975J288	X				10/16/2008		2/9/2012	1,945				
42 WF ADV C & B LARGE CAP	94975J288	X				2/4/2009		2/9/2012	4,616				
43 WF ADV CAPITAL GROWTH	949915615	X				2/4/2009		2/9/2012	2,959				
44 WF ADV CAPITAL GROWTH	949915615	X				2/4/2009		2/9/2012	2,421				
45 WELLS FARGO ADV DIV INT	949917322	X				2/13/2006		2/9/2012	3,470				
46 WELLS FARGO ADV DIV INT	949917322	X				6/30/2005		2/9/2012	1,027				
47 WELLS FARGO ADV DIV INT	949917322	X				7/21/2005		2/9/2012	934				
48 WELLS FARGO ADV DIV INT	949917322	X				8/9/2012		776	1,142				
49 WELLS FARGO ADV DIV INT	949917322	X				2/5/2010		8/9/2012	308				
50 WELLS FARGO SHORT-TERM BON	949917652	X				10/20/2005		2/9/2012	816				
51 WELLS FARGO ADV DIV INT	949917322	X				9/6/2005		2/9/2012	752				
52 WELLS FARGO ADV DIV INT	949917322	X				6/27/2006		2/9/2012	1,015				
53 WELLS FARGO ADV DIV INT	949917322	X				2/5/2010		720	1,034				
54 WELLS FARGO ADV DIV INT	949917322	X				10/16/2008		2/9/2012	608				
55 WELLS FARGO ADV DIV INT	949917322	X				11/19/2010		2/9/2012	115				
56 WELLS FARGO ADV DIV INT	949917322	X				11/19/2010		2/9/2012	1,182				

Part VIII, Line 7 (990) - Gain/Loss from Sale of Assets Other than Inventory

		Gross sales		Cost, other basis and expenses			
		44,663		41,181			
		0		0			
Description	CUSIP #	Check if gain/loss is from sale of public securities	Check if gain/loss is from sale of non public securities	Check if purchaser is a business	Purchaser	Date acquired	Acquisition method
57 WELLS FARGO ADV DIV IN	949917522	X				10/21/2011	-
58 WELLS FARGO ADV H INC	949917538	X				2/14/2006	-
59 W/F ADV GOVT SECURITIES	949917579	X				2/13/2012	-
60 W/F ADV GOVT SECURITIES	949917579	X				2/13/2012	-
61 W/F ADV GOVT SECURITIES	949917579	X				8/13/2012	-
62 W/F ADV GOVT SECURITIES	949917579	X				2/4/2011	-
63 W/F ADV SHORT-TERM BON	949917652	X				4/28/2011	-
64 W/F ADV SHORT-TERM BON	949917652	X				4/28/2011	-
65 W/F ADV SHORT-TERM BON	949917652	X				5/11/2012	-
66 ARTISAN MID CAP FUND-IN	04314H600	X					
67 JP MORGAN MID CAP VALUE	339128100	X					23
68 PIMCO FOREIGN BD FD US	693390982	X					4
69 W/F ADV INDEX FUND-ADM	94975G886	X					77
70 WELLS FARGO ADV TOT R	94975J581	X					81
71 WELLS FARGO INTL ADV F	94985D582	X					20
72 WELLS FARGO ADV H INC	949917538	X					32
73 W/F ADV GOVT SECURITIES	949917579	X					40
74							