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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2014

Open to Public
Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning _____, and ending _____

B Check if applicable	C Name of organization HOPE ABBEY CHAR TRUST			D Employer identification number
<input checked="" type="checkbox"/> Address change	Doing business as			37-1055451
<input type="checkbox"/> Name change	Number and street (or P O box if mail is not delivered to street address)			E Telephone number
<input type="checkbox"/> Initial return	Wells Fargo Bank, N A - 1919 Douglas St 2nd FL MACN80			888-730-4933
<input type="checkbox"/> Final return/terminated	City or town	State	ZIP code	
<input type="checkbox"/> Amended return	Omaha	NE	68102-1317	
<input type="checkbox"/> Application pending	Foreign country name	Foreign province/state/county	Foreign postal code	G Gross receipts \$ 44,838
F Name and address of principal officer Wells Fargo Bank, N A 1919 Douglas St 2nd FL MACN8000-027, Omaha, NE				H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Tax-exempt status	<input type="checkbox"/> 501(c)(3)	<input checked="" type="checkbox"/> 501(c) (13)	◀ (insert no)	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
J Website: ► N/A				If "No," attach a list (see instructions)
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 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 2014 (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 (A), 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) 8 MAY 18 2015 IRS OSC Prior Year Current Year 0 0
	9 Program service revenue (Part VIII, line 2g) 9 0 0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 5,560 7,784
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 0 0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 5,560 7,784
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 13 600 892
	14 Benefits paid to or for members (Part IX, column (A), line 4) 14 0 0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 15 0 0
	16a Professional fundraising fees (Part IX, column (A), line 11e) 16a 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) 17 3,034 3,184
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 18 3,634 4,076
	19 Revenue less expenses Subtract line 18 from line 12 19 1,926 3,708
Net Assets or Fund Balances	Beginning of Current Year End of Year
	20 Total assets (Part X, line 16) 20 105,305 108,785
	21 Total liabilities (Part X, line 26) 21 0 0
	22 Net assets or fund balances Subtract line 21 from line 20 22 105,305 108,785

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	► <i>John Sulentic</i> SVP Wells Fargo Bank N.A.	5/13/2015
	Signature of officer	Date
	► JOHN SULENTIC	SVP Wells Fargo Bank N.A.
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name JOSEPH J CASTRIANO	Preparer's signature <i>JOSEPH J CASTRIANO</i>	Date 5/13/2015	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01251603
	Firm's name ► PricewaterhouseCoopers, LLP		Firm's EIN ► 13-4008324		
	Firm's address ► 600 GRANT STREET, PITTSBURGH, PA 15219-277		Phone no 412-355-600		

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 (2014)

15

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line 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? Yes No

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

3 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 \$ 2,445 including grants of \$ 892) (Revenue \$)
TO PROVIDE SUPPORT FOR THE CARE AND MAINTENANCE OF THE HOPE ABBEY CEMETERY

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code.) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)

(Expenses \$ 0 including grants of \$)

(Revenue \$ 0)

4e Total program service expenses ► 2,445

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

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

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

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

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

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

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

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

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

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

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

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

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

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

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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

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

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

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

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

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

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

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

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)

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

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

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

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

	Yes	No
1		X
2		X
3		X
4		
5		X
6		X
7		X
8		X
9		X
10		X
11a		X
11b		X
11c		X
11d		X
11e		X
11f		X
12a		X
12b		X
13		X
14a		X
14b		X
15		X
16		X
17		X
18		X
19		X
20a		X
20b		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
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	23	X
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 25a	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	
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	25b	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	X
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	27	X
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):	28a	X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	X
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	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32	X
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	X
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	X
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	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35b	X
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	
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	X
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	X
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		

Part V Statements Regarding Other IRS Filings and Tax Compliance
 Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	N/A
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? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	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 FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
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).	7a	X
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?	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	X
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	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	9a	
9	Sponsoring organizations maintaining donor advised funds.	9b	
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	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12b	N/A
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	13a	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13b	N/A
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>	13c	N/A
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	14a	X
c	Enter the amount of reserves on hand	14b	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>		

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 or note to any line 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

2

3

4

5

6

7a

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

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 ► IL

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, address, and telephone number of the person who possesses the organization's books and records: ►
Wells Fargo Bank N.A. 888-730-4933
222 W. SUPERIOR ST 200 MAC N9500-041

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

 Check if Schedule O contains a response or note to any line 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	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated				
(1) WELLS FARGO BANK NA TRUSTEE	4.00		X						2,077		
(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 officer or director	Institutional trustee	Officer	Key employee	Highest compensated			
(15).....									
(16).....									
(17).....									
(18).....									
(19).....									
(20).....									
(21).....									
(22).....									
(23).....									
(24).....									
(25).....									
1b Sub-total							2,077	0	0
c Total from continuation sheets to Part VII, Section A							0	0	0
d Total (add lines 1b and 1c)							2,077	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

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

Yes	No
3	X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Yes	No
4	X

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Yes	No
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 or note to any line in this Part VIII.

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
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				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 0				
	g Noncash contributions included in lines 1a-1f. \$	g 0				
	h Total. Add lines 1a-1f ►	h 0				
Program Service Revenue	Business Code					
	2a	2a	0			
	b	b	0			
	c	c	0			
	d	d	0			
	e	e	0			
	f All other program service revenue	f	0			
	g Total. Add lines 2a-2f ►	g	0			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	3	2,565		2,565	
	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 42,273	7a 0				
c Gain or (loss)	7a 37,054	7a 0				
d Net gain or (loss)	7a 5,219	7a 0				
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18.	a	a 0				
b Less: direct expenses	b	b 0				
c Net income or (loss) from fundraising events	c	c 0				
9a Gross income from gaming activities. See Part IV, line 19.	a	a 0				
b Less: direct expenses	b	b 0				
c Net income or (loss) from gaming activities	c	c 0				
10a Gross sales of inventory, less returns and allowances	a	a 0				
b Less: cost of goods sold	b	b 0				
c Net income or (loss) from sales of inventory	c	c 0				
Miscellaneous Revenue		Business Code				
11a	11a	0				
b	b	0				
c	c	0				
d All other revenue	d	0				
e Total. Add lines 11a-11d ►	e	0				
12 Total revenue. See instructions ►	12	7,784	0	0	7,784	

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 or note to any line 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 domestic organizations domestic governments See Part IV, line 21	892			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals 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			
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	0			
b Legal	0			
c Accounting	1,028			
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	64			
b STATE AG FEES	15			
c TRUSTEE FEES	2,077			
d	0			
e All other expenses	0			
25 Total functional expenses. Add lines 1 through 24e.	4,076	0	0	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 or note to any line in this Part X

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	361	1
	2 Savings and temporary cash investments	5,402	2
	3 Pledges and grants receivable, net	0	3
	4 Accounts receivable, net	0	4
	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
	8 Inventories for sale or use	0	8
	9 Prepaid expenses and deferred charges	0	9
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a	0
	b Less, accumulated depreciation	10b	0
	11 Investments—publicly traded securities	0	11
	12 Investments—other securities. See Part IV, line 11	99,542	12
	13 Investments—program-related See Part IV, line 11	0	13
	14 Intangible assets	0	14
	15 Other assets. See Part IV, line 11	0	15
	16 Total assets. Add lines 1 through 15 (must equal line 34)	105,305	16
Liabilities	17 Accounts payable and accrued expenses	17	0
	18 Grants payable	18	
	19 Deferred revenue	0	19
	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
	24 Unsecured notes and loans payable to unrelated third parties	0	24
	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
	26 Total liabilities. Add lines 17 through 25	0	26
Net Assets or Fund Balances	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	
	28 Temporarily restricted net assets	28	
	29 Permanently restricted net assets	29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds	105,305	30
	31 Paid-in or capital surplus, or land, building, or equipment fund	31	
	32 Retained earnings, endowment, accumulated income, or other funds	32	
	33 Total net assets or fund balances	105,305	33
	34 Total liabilities and net assets/fund balances	105,305	34

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,784
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,076
3	Revenue less expenses Subtract line 2 from line 1	3	3,708
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	105,305
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	-225
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	108,788

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line 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

b 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

c 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

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

Department of the Treasury
Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Name of the organization

HOPE ABBEY CHAR TRUST

Employer identification number

2014

2014

**Open to Public
Inspection**

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 & CTF INCOME ADJUSTMENTS AND A COST

BASIS ADJUSTMENT

Name of the organization

Employer identification number

HOPE ABBEY CHAR TRUST

37-1055451

Security Type	CUSIP	Asset Name	FMV	Units	Fed Cost
Cash			93.2	93.2	93.2
Savings & Temp Inv	VP0528308	FEDERATED TREAS OBL FD 68	6239.09	6239.09	6239.09
Savings & Temp Inv	VP0528308	FEDERATED TREAS OBL FD 68	813.65	813.65	813.65
		Total Cash, Savings, and Temp Inv	7145.94		7145.94
Invest - Other	256210105	DODGE & COX INCOME FD COM #147	2770.68	201.065	2759.4
Invest - Other	693390882	PIMCO FOREIGN BD FD USD H-INST #103	939.1	87.196	924.7
Invest - Other	77954Q106	T ROWE PRICE BLUE CHIP GRWTH #93	10209.5	151.769	7096.16
Invest - Other	880196506	TEMPLETON FOREIGN FD - ADV #604	6528.84	950.34	6449.06
Invest - Other	742551696	PRINCIPAL GL MULT STRAT-INST #4684	1251.72	114.104	1251.72
Invest - Other	94975G686	WF ADV INDEX FUND-ADMIN #88	3910.8	59.498	2977.4
Invest - Other	589509207	MERGER FUND-INST #301	1793.87	115.139	1811
Invest - Other	04314H600	ARTISAN MID CAP FUND-INS #1333	4897.74	102.228	4274.7
Invest - Other	315920702	FID ADV EMER MKTS INC- CL I #607	1754.67	133.232	1809.29
Invest - Other	008882532	INVEESCO INTL GROWTH-Y #8516	6869.47	212.809	6008.27
Invest - Other	261980494	DREYFUS EM/G MKT DEBT LOC C-I #6083	2704.5	218.988	3081.07
Invest - Other	262028855	DRIEHAUS ACTIVE INCOME FUND	2434.1	233.599	2503.01
Invest - Other	339128100	JP MORGAN MID CAP VALUE-I #758	5156.61	138.805	3432.75
Invest - Other	638721785	ASG GLOBAL ALTERNATIVES-Y #1993	3832.39	340.657	3899.08
Invest - Other	94985D582	WELLS FARGO ADV INTL BOND-IS #4705	879.68	83.303	919.86
Invest - Other	94975J581	WFA CORE BD FD-I #944	2809.43	220.002	2649.08
Invest - Other	94975P751	WELLS FARGO ADV EMG MK E-INS #4146	11650.59	562.287	12653.4
Invest - Other	94975J268	WF ADV C & B LARGE CAP VAL-I #1868	9715.1	757.808	5923.32
Invest - Other	922908553	VANGUARD REIT VIPER	5184	64	1879.61
Invest - Other	00203H859	AQR MANAGED FUTURES STR-I #15213	1830.48	172.199	1761.95
Invest - Other	94975P447	WELLS FARGO ADV SP S/C VA-IS #4143	3050.49	106.141	2458.28
Invest - Other	949917652	WF ADV SHORT-TERM BOND FUND-#3102	2371.89	270.764	2342.11
Invest - Other	77958B402	T ROWE PRICE INST FLOAT RATE #170	1936.86	193.107	1985.16
Invest - Other	78463X863	SPDR DJ WILSHIRE INTERNATIONAL REAL	4822.12	116	4188.53
Invest - Other	74925K581	ROBECO BP LNG/SHRT RES-INS	1951.4	127.626	1697.43
Invest - Other	949917538	WELLS FARGO ADV HI INC-INS #3110	4188.91	601.855	4087.17
Invest - Other	949921571	WFA SMALL COMPANY GROWTH -I#3162	3556.26	82.531	2778.46
Invest - Other	64128R608	NEUBERGER BERMAN LONG SH-INS #1830	2535.32	195.476	2527.51
Invest - Other	22544R305	CREDIT SUISSE COMM RET ST-I #2156	4252.9	707.637	5509.29
		Total Other Investments	115789.42		101639
		Total Assets	122935.36		108785

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

Description	CUSIP #	Check if 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	Total Public Securities			Description of - Basis Method		
								Total Non-Public Securities			Total Other Sales		
								Gross sales	Cost, other basis and expenses	Cost or other basis (Enter one field only)	Cost	Expense of sale and cost of improve- ments	Depreciation
1 WIF ADV SHORT-TERM BON	949917652	X				10/11/2013	4/2/2014	563	561				
2 WIF ADV SHORT-TERM BON	949917652	X				10/11/2013	6/18/2014	488	485				
3 WIF ADV SHORT-TERM BON	949917652	X				2/5/2010	6/18/2014	687	673				
4 WIF ADV SHORT-TERM BON	949917652	X				2/5/2010	9/5/2014	230	225				
5 WIF ADV SHORT-TERM BON	949917652	X				2/5/2010	10/21/2014	159	156				
6 WIFA SMALL COMPANY GR	949921571	X				2/1/2013	1/2/2014	212	164				
7 DREYFUS EMG MKT DEBT	261980494	X				8/13/2012	6/18/2014	596	603				
8 DREYFUS EMG MKT DEBT	261980494	X				2/4/2011	6/18/2014	94	94				
9 DRIEHHAUS ACTIVE INCOME	262028855	X				7/11/2013	1/2/2014	540	536				
10 DRIEHHAUS ACTIVE INCOME	262028855	X				7/11/2013	6/18/2014	518	515				
11 FID ADV EMER MKTS INC-C	315920702	X				10/11/2013	6/18/2014	214	204				
12 MERGER FD SH BEN INT #2	589509108	X				4/24/2014	8/6/2014	146	145				
13 MERGER FD SH BEN INT #2	589509108	X				2/12/2013	8/6/2014	474	458				
14 ASG GLOBAL ALTERNATIVE	63872T885	X				10/11/2013	1/2/2014	170	171				
15 ASG GLOBAL ALTERNATIVE	63872T885	X				7/11/2013	1/2/2014	311	312				
16 ASG GLOBAL ALTERNATIVE	63872T885	X				7/11/2013	8/6/2014	603	631				
17 NUVEEN HIGH YIELD MUNI	67065Q772	X				4/24/2014	6/18/2014	235	230				
18 NUVEEN HIGH YIELD MUNI	67065Q772	X				4/24/2014	10/21/2014	171	164				
19 NUVEEN HIGH YIELD MUNI	67065Q772	X				4/24/2014	12/19/2014	2,042	1,948				
20 PIMCO FOREIGN BD FD US	693390862	X				8/11/2013	6/18/2014	119	117				
21 ROBECO BP LNG/SHRT RES	74925K581	X				7/11/2013	1/2/2014	694	638				
22 WFA CORE BD FD-I #944	94975J581	X				4/24/2014	6/18/2014	1,195	1,187				
23 WFA CORE BD FD-I #944	94975Q772	X				2/4/2011	6/18/2014	241	236				
24 WFA CORE BD FD-I #944	94975J581	X				9/5/2014	10/21/2014	128	127				
25 WFA CORE BD FD-I #944	94975J581	X				10/11/2013	10/21/2013	128	124				
26 WFA CORE BD FD-I #944	94975J581	X				10/11/2013	10/28/2014	154	151				
27 WFA CORE BD FD-I #944	94975J581	X				24/4/2011	10/28/2014	623	604				
28 WELLS FARGO ADV EMG M	94975P751	X				2/12/2013	4/2/2014	155	159				
29 WELLS FARGO ADV INTL B	94985D582	X				7/23/2010	6/18/2014	147	146				
30 ROBECO BP LNG/SHRT RES	74925K581	X				7/11/2013	6/18/2014	1,254	1,117				
31 T ROWE PRICE BLUE CHIP	77934Q106	X				2/13/2012	1/2/2014	918	603				
32 T ROWE PRICE BLUE CHIP	77934Q106	X				4/24/2014	6/18/2014	393	377				
33 T ROWE PRICE BLUE CHIP	77934Q106	X				2/13/2012	6/18/2014	268	275				
34 T ROWE PRICE INST FLOT	77958B402	X				1/22/2014	6/18/2014	329	330				
35 T ROWE PRICE INST FLOT	77958B402	X				10/28/2014	30	31					
36 SPDR DJ WILSHIRE INTERN	78463X863	X				4/29/2011	4/2/2014	127	125				
37 SPDR DJ WILSHIRE INTERN	78463X863	X				4/28/2011	6/18/2014	393	377				
38 VANGUARD FTSE EMERGIN	922042858	X				2/8/2013	4/2/2014	247	266				
39 VANGUARD FTSE EMERGIN	922042858	X				10/14/2008	6/18/2014	329	330				
40 VANGUARD FTSE EMERGIN	922042858	X				1/22/2014	6/18/2014	911	470				
41 VANGUARD FTSE EMERGIN	922042858	X				2/4/2009	6/18/2014	611	721				
42 VANGUARD FTSE EMERGIN	922042858	X				8/9/2011	6/18/2014	1,084	1,029				
43 VANGUARD FTSE EMERGIN	922042858	X				10/21/2011	6/18/2014	304	275				
44 VANGUARD FTSE EMERGIN	922042858	X				5/9/2012	6/18/2014	347	323				
45 WELLS FARGO ADV HI INC-	949917538	X				8/9/2012	6/18/2014	1,692	1,156				
46 WELLS FARGO ADV HI INC-	949917538	X				7/11/2013	1/2/2014	848	864				
47 WELLS FARGO ADV HI INC-	949917538	X				5/31/2010	4/2/2014	770	721				
48 WELLS FARGO ADV HI INC-	949917538	X				10/21/2011	4/2/2014	204	190				
49 WELLS FARGO ADV HI INC-	949917538	X				8/9/2012	6/18/2014	434	417				
50 WELLS FARGO ADV HI INC-	949917538	X				7/11/2013	4/2/2014	696	1,164				
51 WELLS FARGO ADV HI INC-	949917538	X				7/28/2008	4/2/2014	196	188				
52 WELLS FARGO ADV HI INC-	949917538	X				7/28/2008	6/18/2014	304	275				
53 WELLS FARGO ADV HI INC-	949917538	X				7/28/2008	10/28/2014	22	21				
54 WIF ADV SHORT-TERM BON	949917652	X				1/22/2014	1/2/2014	1,713	1,709				
55 VANGUARD FTSE EMERGIN	922042858	X				6/18/2013	3/8/2014	390	398				
56 VANGUARD FTSE EMERGIN	922042858	X				6/18/2014	6/18/2014	868	786				
						7/11/2013							

Part VIII, 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	Total Public Securities			Description of Basis Method
								Gross sales	Cost, other basis and expenses	Total Non-Public Securities	
57 VANGUARD FTSE EMERGIN	922042958	X				7/11/2013	4/7/2014	42,273	0	37,054	
58 VANGUARD REIT VIPER	922908553	X				10/9/2013	4/7/2014	0	0	0	
59 VANGUARD REIT VIPER	922908553	X				10/12/2014	3/34	397	282	324	
60 WFA ADV C & B LARGE CAP	949751268	X				7/28/2008	1/7/2014	185	125		
61 WFA CORE BD FD- #944	949751581	X				10/11/2013	1/7/2014	630	635		
62 AQR MANAGED FUTURES S	002034859	X				1/22/2014	10/1/2014	187	191		
63 INVEESCO INTL GROWTH-Y	008882332	X				2/13/2012	4/7/2014	208	163		
64 ARTISAN MID CAP FUND-IN	043141600	X				1/22/2014	4/7/2014	198	201		
65 ARTISAN MID CAP FUND-IN	043141600	X				2/12/2013	4/7/2014	450	377		
66 CREDIT SUISSE COMM RET	22544R305	X				10/8/2010	4/7/2014	439	504		
67 CREDIT SUISSE COMM RET	22544R305	X				10/8/2010	6/1/2014	1,658	1,935		
68 DIAMOND HILL LONG-SHOR	252645833	X				8/13/2012	6/1/2014	71	54		
69 DIAMOND HILL LONG-SHOR	252645833	X				5/31/2010	10/1/2014	1,200	837		
70 DIAMOND HILL LONG-SHOR	252645833	X				8/13/2012	10/1/2014	1,266	978		
71 DODGE & COX INCOME FD	256210105	X				5/9/2013	1/7/2014	709	724		
72 DODGE & COX INCOME FD	256210105	X				5/9/2013	6/1/2014	1,449	1,449		
73 DODGE & COX INCOME FD	256210105	X				9/5/2014	10/1/2014	153	153		
74 DODGE & COX INCOME FD	256210105	X				5/9/2013	10/1/2014	69	69		
75 DODGE & COX INCOME FD	256210105	X				5/9/2013	10/28/2014	792	794		
76 DREYFUS EMG MKT DEBT I	261980494	X				11/19/2010	6/1/2014	462	475		
77 DREYFUS EMG MKT DEBT I	261980494	X				8/11/2011	6/7/2014	828	852		
78 LT CAPITAL GAIN DIVIDEN		X						2,665			