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# For 990

Department 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 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.

Open to Public Inspection

OMB No 1545-0047

A F	or the	2013 calendar year, or tax year beginning NOV 1, 2013 and	<u>lending</u> (	CT 31, 2014			
<b>В</b> с	heck if oplicable	C Name of organization HELEN H. DANNER TRUST		D Employer identifi	cation number		
	Addres	S G /O DANK OF GEOGREDA EDITORES		Ì			
-	_lchange ⊺Name			۱ ۵۸_۶	244818		
<u> </u>	_change ∏Initial		D/to				
<u> </u>	_return ∏Termin	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe			
H	Jated ]Amend	1.0. BOX 201014			929-1500		
누	_return ∏Applica	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	310,503.		
L	_tion pendin	BIOCKION, CA JUZUI		H(a) Is this a group re			
	<b>F</b> • · · · · · · ·	F Name and address of principal officer: BANK OF STOCKTON		for subordinates	s? ☐Yes X No-		
		PO BOX 201014, STOCKTON, CA 95201		H(b) Are all subordinates in			
		mpt status: X 501(c)(3) 501(c)( ) ( (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)		
<u>J V</u>	Vebsit	e: <b>&gt;</b> N/A		H(c) Group exemption	n number		
<u>K F</u>	orm of	organization: Corporation X Trust Association Other	L Year	of formation: 1971 N	VI State of legal domicile: CA		
Pa	rt I	Summary					
ø.	1 [	Briefly describe the organization's mission or most significant activities. ${f TO}$ ${f P}$	ROVIDE	SCHOLARSHI	PS FOR		
Activities & Governance	]	EDUCATION	· <del></del>				
r a	2	Check this box   if the organization discontinued its operations or dispo	sed of more	e than 25% of its net as	ssets.		
Š	ľ	Number of voting members of the governing body (Part VI, line 1a)		3	5		
Ğ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	_ 5		
ຜ		Fotal number of individuals employed in calendar year 2013 (Part V, line 2a)		5	0		
iŧie		Fotal number of volunteers (estimate if necessary)		6	0		
景	l	Fotal unrelated business revenue from Part VIII, column (C), line 12	• •	7a	-121.		
ĕ	l .	Net unrelated business taxable income from Form 990-T, line 34	• •	7b	0.		
		ver differenced business taxable fricome from 1000 ft, file 04	1	Prior Year	Current Year		
	8 (	Contributions and grants (Part VIII, line 1h)	-	0.	0.		
Revenue	F .			0.	0.		
Ven	l .	Program service revenue (Part VIII, line 2g)	·				
Be	l .	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	· ·	63,206.	38,847.		
	. –	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	0.	-121.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		63,206.	38,726.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		22,579.	24,104.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	<del></del>		
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		10,576.	11,518.		
SU.		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	<u>0.</u>				
Ш	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,087.	2,645.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u></u>	35,242.	38,267.		
		Revenue less expenses Subtract line 18 from line 12		27,964.	459.		
583			Ве	ginning of Current Year	End of Year		
ages	20	Total assets (Part X, line 16)		709,359.	709,818.		
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		0.	0.		
캺	22	Net assets or fund balances. Subtract line 21 from line 20		709,359.	709,818.		
Pa	art II	Signature Block					
Und	er pena	ities of perjury, I declare that I have examined this return, including accompanying schedule	es and statem	ents, and to the best of m	y knowledge and belief, it is		
true,	, соггес	t, and complete. Declaration of preparer (other than officer) is based on all information of w	/hich preparei	r has any knowledge.			
<u></u>		X //		x 3-1	10-2015		
影響	n	Signature of officer RICHARD H.		)AY Date			
Hei	àe	BANK OF STOCKTON, TRUSTEE Vice President & S					
6	3	Type or print name and title					
Paig	4	Print/Type preparer's name Pregager's signature	7)	Date Check	PTIN		
Paid	4	MICHAEL D. LUIS William VIII	M.CH	3/7//5 If self-employ	P00090407		
Prep		Firm's name   IACOPI, LENZ & COMPANY	-( - 0	Firm's EIN	94-2517281		
	Oilx	Firm's address 3031 W. MARCH LANE, SUITE 300E		Tam o Env	<u> </u>		
JJ6	<b>Z</b>	STOCKTON, CA 95219		Phone no. ( 2	09) 957-3691		
Ma:	the sir	RS discuss this return with the preparer shown above? (see instructions)		I none no. \ Z			
				<del></del>	X Yes No Form <b>990</b> (2013)		
3320	01 10 2	9-13LHA For Paperwork Reduction Act Notice, see the separate instructi	ions.		romi <b>990</b> (2013) ,		

## HELEN H. DANNER TRUST C/O BANK OF STOCKTON, TRUSTEE 94-6244818 Page 2 Part HI | Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: TO PROVIDE SCHOLARSHIPS FOR EDUCATION Did the organization undertake any significant program services during the year which were not listed on . .. Yes X No the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. 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 10,000 including grants of \$ 10,000.) (Revenue \$\_\_ ) (Expenses \$ GRANTS TO SAN JOAQUIN DELTA COLLEGE SCHOLARSHIP FUND 14,104. including grants of \$\_\_\_\_ 14,104.) (Revenue \$ GRANTS TO SAN JOAQUIN DELTA COLLEGE "PASSPORT TO COLLEGE" FUND TO BENEFIT APPROXIMATELY 12,500 5TH GRADERS IN THE DELTA COLLEGE DISTRICT HAVING THE POTENTIAL TO ATTEND COLLEGE IN 2014, BY ASSISTING WITH YEARS OF COLLEGE TUITION PER STUDENT, ON THE CONDITION THAT THESE 2006-2007 SCHOOL YEAR 5TH GRADERS AGREE TO AND ACTUALLY COMPLETE HIGH SCHOOL BY THE DELTA COLLEGE FALL SEMESTER 2014 DEADLINE. THESE DONATED FUNDS ARE ADMINISTERED TO THE AFOREMENTIONED STUDENTS BY SAN JOAOUIN DELTA COLLEGE. including grants of \$ \_\_\_\_\_ ) (Revenue \$

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$

4e Total program service expenses ▶ 24,104.

Form 990 (2013) C/O BANK OF
Part IV Checklist of Required Schedules

			Yes	No
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?	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			3,7
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<b>X</b> -
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
	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			v
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	8		X
9	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	_		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9	_	Λ
.0	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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	10		21
•	as applicable.			
а	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	х	
С	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
е	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			7.
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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			77
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		v
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	-	<u> </u>
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	47		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		X
10	· · · · · · · · · · · · · · · · · · ·	10		x
19	1c and 8a? If "Yes," complete Schedule G, Part II	18		
13	complete Schodule G. Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

#### HELEN H. DANNER TRUST C/O BANK OF STOCKTON, TRUSTEE

Form 990 (2013) C/O BANK OF STOCKT
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			ŀ
	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 individuals in the United States 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		
С	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		24d		
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	25a		X
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		X
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 so,			
	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	ļ		
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		_X_
С	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	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_X_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
00	Schedule N, Part II	32		<u>X</u>
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	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
05-	Part V, line 1	34		<u>X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	_		-
<b>0</b> -	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		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	38	X	00:15:
		Form	<b>990</b> (	2013)

Form 990 (2013) C/O BANK OF STOCKTON, TRUSTEE

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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1 1		ı
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			ı
	(gambling) winnings to prize winners?	1c	l	ı
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			ı
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		ı
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	1	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		-
	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.		ŀ	ı
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		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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	ł	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).			
a <sup>·</sup>	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		
С	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			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	_7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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?	8		
9	Sponsoring organizations maintaining donor advised funds.	l İ		
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	i i		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against	i		
	amounts due or received from them.)		-	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		$\longrightarrow$	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	$\longrightarrow$	
_	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the	, 1	- 1	
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			<del></del> -
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	990 (	10040

HELEN H. DANNER TRUST C/O BANK OF STOCKTON, TRUSTEE 94-6244818 Form 990 (2013) 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 Yes No 1a 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. 5 1b b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? Did the organization delegate control over management duties customanly performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a . . b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 8a The governing body? X 8b Each committee with authority to act on behalf of the governing body? 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a X 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? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 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 Х 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. 12c 13 X Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 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? 15a The organization's CEO, Executive Director, or top management official X 15b 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 X 16a 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 16b exempt status with respect to such arrangements? ction C. Disclosure

Jec	ction C. Disclosure
17	List the states with which a copy of this Form 990 is required to be filed ▶CA
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 X 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

BANK OF STOCKTON TRUST DEPARTMNT - 209-929-1500 240 N. SAN JOAQUIN STREET, STOCKTON, CA

C/O BANK OF STOCKTON, TRUSTEE

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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.

(A) Name and Title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					han	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individua	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) BANK OF STOCKTON	5.00										
TRUSTEE (5)		<u> </u>	X	<u> </u>		<u> </u>		0.	0.	11,518	
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Par	t VII   Section A. Officers, Directors, Trus (A) Name and title	tees, Key Em (B) Average	ploy			C)		st C	Compensated Employe (D) Reportable	es (continued) (E) Reportable		E-	(F)	
	Name and title	hours per week (list any hours for related organizations below line)	office or director	not c , unle	heck ss pe	more rson lirecto	Highest compensated employee	h an stee)	compensation from the	compensatio from related organizations (W-2/1099-MIS	s	com fr org	nount other pensa om the anizated related	of tion e ion ed
														_
							_							
С	Sub-total	II, Section A			•			<b>&gt;</b>	0.		0.		1,5	0.
<u>d</u> 2	Total (add lines 1b and 1c)  Total number of individuals (including but r	not limited to th	nose	liste	ed a	bove	e) w	ho r	eceived more than \$100	 ),000 of reportabl	0. e		1,5	18.
	compensation from the organization												Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	such individual		•	•	•	•			. ,		3		Х
4	For any individual listed on line 1a, is the si and related organizations greater than \$15	0,000? If "Yes,	<b>"</b> co	mpl	ete S	Sche	edul	e J	for such individual			4		х
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," com					-		elat	ted organization or indiv	idual for services		5		Х
Sec 1	tion B. Independent Contractors  Complete this table for your five highest co										pens	ation f	rom	
	the organization Report compensation for (A)					<u>vith</u>	or w	/thir	(B)			(0		
	Name and business	address	N	<u>IMC</u>	<u> </u>				Description of s	services	C	ompe	nsatio	า 
													<del></del>	
									· · · · · · · · · · · · · · · · · · ·			<del></del>		
								-	<u> </u>			-		
2	Total number of independent contractors (		ot l	mıte	d to		_	stec	d above) who received n	nore than		-	,	
	\$100,000 of compensation from the organi	zation					0					Form	990 (2	2013

Form 990 (2013)

Part VIII Statement of Revenue C/O BANK OF STOCKTON, TRUSTEE

_			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluder from tax under sections 512 - 514
1 a b c d f	Federated campaigns 1a					
b	Membership dues <u>1b</u>					
C	Fundraising events 1c					
d	Related organizations _ 1d					
e	Government grants (contributions) 1e					-
f						
	similar amounts not included above					
و ا						
9	Total. Add lines 1a-1f					
<u> </u>		siness Code				<del> </del>
2 a	<del>1</del>					
2 a						
c					***	.,
d						7
e				1-17		
l f	All other program service revenue		<u> </u>			
,		<b>•</b>			<del></del>	
3	Investment income (including dividends, interest,	•				
•	other similar amounts)	▶	21,438.			21,438
4	Income from investment of tax-exempt bond proc		21/1501			21,150
5	Royalties	eeus				<del> </del>
3		3 Damand				
١.		i) Personal				
6 a						
b	· · · · · · · · · · · · · · · · · · ·					
0	Rental income or (loss)					
0	Net rental income or (loss)	<b>•</b>			***	
7 a	Gross amount from sales of (i) Securities	(ii) Other				
	assets other than inventory 289,186.					
b	Less: cost or other basis					
	and sales expenses 271,777.					
c	17 400					
6	-	. •	17,409.			17,409
8 a		•				1 277 103
"	including \$ of	ŀ				
		1				
	contributions reported on line 1c) See Part IV, line 18	1				1
.				]		
	Less: direct expenses b					
٥	· , , , , , , , , , , , , , , , , , , ,				<del></del>	<del> </del>
9 a	Gross income from gaming activities. See					
.	Part IV, line 19 a					
1	Less direct expenses     b      Net income or (loss) from gaming activities					
1						<del> </del>
10 a	Gross sales of inventory, less returns					
	and allowances a					1
1	Less: cost of goods sold b					1
-	Net income or (loss) from sales of inventory	<u> </u>				
-		siness Code 211110	-121.		1 7 1	
1	· · · · · · · · · · · · · · · · · · ·	. T T T T O	-121.		-121.	<del> </del> -
b	<del></del>				<del></del>	
c					·	
d	All other revenue		<del></del>			
١ ٠			4 ^ 4	1		1
e	Total. Add lines 11a-11d	▶	$\frac{-121.}{38,726.}$		-121.	38,847

Form 990 (2013)

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			mpiete column (A)	
Do 1	Check if Schedule O contains a respons			(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	24,104.	24,104.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members			· -	
5	Compensation of current officers, directors,				
	trustees, and key employees	11,518.		11,518.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal	1 005		1 005	
C	Accounting	1,885.		1,885.	<del></del>
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	688.		688.	
40	Advertising and promotion	000.		000.	
12 13	Office expenses				
14	Information technology				
15	Royalties			7	
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				-
	for any federal, state, or local public officials	İ			
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization		·		
23	Insurance _				
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.)				
а	FOREIGN TAX WITHHOLDING	37.		37.	
b	REGISTRY OF CHARITABLE	25.		25.	
С	STATE FILING FEE - FORM	10.		10.	
d					
е	All other expenses	20.055	04 401	44 455	
25	Total functional expenses. Add lines 1 through 24e	38,267.	24,104.	14,163.	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 if following SOP 98-2 (ASC 958-720)				

Form 990 (2013)

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 21,755. 6,886. Cash · non-interest-bearing 1 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 Accounts receivable, net ... 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . . . . 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 instr). Complete Part II of Sch L 6 Notes and loans receivable, net ... 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b Investments - publicly traded securities 11 11 702,473. 688,063. Investments - other securities See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 709,359 709,818. 16 Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 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. 0. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 0. 30 Capital stock or trust principal, or current funds 30 0. Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 709,359. 709,818. 32 709,359. 709,818. Total net assets or fund balances 33 709,359. 709,818. Total liabilities and net assets/fund balances

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form	990 (2013) C/O BANK OF STOCKTON, TRUSTEE 9	4-62448	318	Pa	ge <b>12</b>
Pai	t XI Reconciliation of Net Assets	<u> </u>			
	Check 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	3	8,7	26.
2	Total expenses (must equal Part IX, column (A), line 25)	2		8,2	
3	Revenue less expenses. Subtract line 2 from line 1	3		4	59.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	70	9,3	59.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	3			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	o	70	9,8	18.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990. X 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?	ĺ	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on	ıa [			
	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?	. 1	2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate ba	asis,			
	consolidated basis, or both:	1			
	Separate basis Consolidated basis Both consolidated and separate basis	İ			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the ac	udit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedu	ile O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single				
	Act and OMB Circular A-133?		За		Х
h	if "Yes" did the organization undergo the required audit or audits? If the organization did not undergo the required	landit .		$\overline{}$	

Form **990** (2013)

#### **SCHEDULE A** (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

HELEN H. DANNER TRUST Employer identification number

C/O BANK OF STOCKTON. TRUSTEE 94-6244818 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) R An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III - Functionally integrated d X Type III - Non-functionally integrated e X By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box X Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? X 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) X (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (vi) Is the organization in col. (iv) Is the organization (v) Did you notify the (iii) Type of organization (i) Name of supported (ii) EIN (vii) Amount of monetary in col. (i) listed in your organization in col. organization (described on lines 1-9 (i) organized in the U.S.? support governing document? above or IRC section (i) of your support? (see instructions)) Yes Yes Yes No Νo No SAN JOAOUIN DELTA COLLEG94-1044400 2 X X X 24,104.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

09-25-13

HELEN H. DANNER TRUST Schedule A (Form 990 or 990-EZ) 2013 C/O BANK OF STOCKTON, TRUSTEE 94-6244818 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) % 14 15 Public support percentage from 2012 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,

and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization

b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2013

94-6244818 Page 3

### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	Public Support	, p. dao - da	,,,,,				
Calendar year (	or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	nts, contributions, and hip fees received. (Do not						
	ny "unusual grants.")						
merchand formed, o any activi	eipts from admissions, dise sold or services per- ir facilities furnished in ty that is related to the ion's tax-exempt purpose						
3 Gross red	eipts from activities that					-	
	n unrelated trade or bus- ler section 513						
ızatıon's l	nues levied for the organ- penefit and either paid to ded on its behalf						
furnished	of services or facilities by a governmental unit to ization without charge						
6 Total. Ad	d lines 1 through 5						
	included on lines 1, 2, and .d from disqualified persons						
from other the exceed the o	luded on lines 2 and 3 received ian disqualified persons that ireater of \$5,000 or 1% of the ne 13 for the year						
c Add lines							
	ipport (Subtract line 7c from line 6)	<u>-</u>			<u> </u>		<u></u>
<del></del>	Total Support				T	T	T
	or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
dividends securities	ome from interest, s, payments received on loans, rents, royalties ne from similar sources						
<b>b</b> Unrelated	business taxable income						
· · · · · · · · · · · · · · · · · · ·	on 511 taxes) from businesses fter June 30, 1975						
	10a and 10b						
activities whether	ne from unrelated business not included in line 10b, or not the business is carried on						
12 Other incor loss from	ome. Do not include gain om the sale of capital xplain in Part IV.)						
•	Ort. (Add lines 9, 10c, 11, and 12)						
14 First five	years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	on 501(c)(3) organiz	zation,
	s box and stop here						
	Computation of Publ			<del></del> -		T T	
	pport percentage for 2013 (	• • • • • • • • • • • • • • • • • • • •	•	column (f))		15	%
	Computation of Inves			·		16	%
	Computation of Inves			. 10	**	11	
	nt income percentage for 20			• • • • • • • • • • • • • • • • • • • •	•	17	
	nt income percentage from 2 support tests - 2013. If the		=	on line 14, and line		18	. %
	support tests - 2013. If the n 33 1/3%, check this box a						I/ IS HUL
b 33 1/3%	support tests - 2012. If the	organization did r	ot check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	
	not more than 33 1/3%, che					-	▶□
20 Private f	oundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	structions_	. •

Schedule A	(Form 990 or 990-EZ) 2013 C/O	BANK OF	STOCKTON,	TRUSTEE	94-6244818 Page 4
Part IV	Supplemental Information Also complete this part for any ac	<b>n.</b> Provide the ex	planations required	by Part II, line 10, Part	II, line 17a or 17b; and Part III, line 12.
	Also complete this part for any ac	iditional informati	on. (See Instruction	<u></u>	
	· · · · · · · · · · · · · · · · · · ·			<del></del>	
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#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

332051 .\_\_09-25-13

HELEN H. DANNER TRUST

C/O BANK OF STOCKTON, TRUSTEE

**Employer identification number** 94-6244818

Pa	rt I Organizations Maintaining Donor Advis	sed Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, I		•
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		-
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors i	n writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization	's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor	r advisors in writing that grant funds can be us	ed only
	for charitable purposes and not for the benefit of the dono	r or donor advisor, or for any other purpose co	nferring
_	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the c		t IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e g, recreation o	r education) Preservation of an histor	rically important land area
	Protection of natural habitat	Preservation of a certifie	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qua	alified conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
a	Total number of conservation easements	• • • • • • • • • • • • • • • • • • • •	. 2a
b	9		2b
C			2c
d		d after 8/17/06, and not on a historic structure	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred,	released, extinguished, or terminated by the oi	rganization during the tax
	Number of states where property subject to concentation	annonment in legated .	
5	Number of states where property subject to conservation of		
3	Does the organization have a written policy regarding the p violations, and enforcement of the conservation easements		□v <sub>a</sub> , □v <sub>a</sub>
6	Staff and volunteer hours devoted to monitoring, inspecting	• • • • • • • • • • • • • • • • • • • •	Yes No
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) ab		
Ū	and section 170(h)(4)(B)(ii)?	eve satisfy the requirements of section 17 of the	Yes No
9	In Part XIII, describe how the organization reports conserva	 ation easements in its revenue and expense st	•
_	include, if applicable, the text of the footnote to the organiz		
	conservation easements		·
Pa	rt III Organizations Maintaining Collections	of Art, Historical Treasures, or Other	er Similar Assets.
	Complete if the organization answered "Yes" to For		
1a	If the organization elected, as permitted under SFAS 116 (	ASC 958), not to report in its revenue statemer	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public e	exhibition, education, or research in furtherance	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that desc	cribes these items.	
þ	If the organization elected, as permitted under SFAS 116 (	ASC 958), to report in its revenue statement ar	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition,	education, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical t	reasures, or other similar assets for financial ga	ain, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$
	<del></del>		
LHA	For Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.	Schedule D (Form 990) 2013

		K OF STOCK				\thor		624481		age 2
3	Using the organization's acquisition, accessing	on, and other record	s, checl	k any of the	following that are	a sign	ificant use o	f its collectio	n item	s
	(check all that apply):	_		_	_					
а	Public exhibition	d	_		change programs					
b	Scholarly research	е	ا نـــا	Other				<u> </u>		
С	Preservation for future generations									
4	Provide a description of the organization's co			-	_			Part XIII.		
5	During the year, did the organization solicit o					mılar as	sets		_	,
<u> </u>	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrange reported an amount on Form 990, Particle 1990,		ete if the	organizatio	on answered "Yes	to Fo	rm 990, Part 	IV, line 9, or		
1a	Is the organization an agent, trustee, custodi		liary for	contributio	ns or other assets	not inc	luded			_
	on Form 990, Part X?							Yes		₋No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing 1	table:						
								Amoun	t	
С	Beginning balance						1c			
d	Additions during the year		_			_	1d			
е	Distributions during the year						1e			
f	Ending balance			,			1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?	•		•		Yes		No
ь	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatio	on has beer	n provided in Part	XIII				]
	t V Endowment Funds. Complete i									
	,	(a) Current year		nor year	(c) Two years ba		Three years b	ack (e) Fou	r vears	hack
1a	Beginning of year balance	(u) curront your	\~).	not you.	(o) Two yours bu	<u> </u>	imoo youro u	don (c) rou	yours	DUCK
h	Contributions									
6	Net investment earnings, gains, and losses									
۰	Grants or scholarships									
u										
е	Other expenditures for facilities									
_	and programs									
Ť	Administrative expenses									
g	End of year balance				<u> </u>					
2	Provide the estimated percentage of the curi		•	g, column (	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment >	%								
С	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%.								
3а	Are there endowment funds not in the posse	ssion of the organiza	ation tha	at are held a	and administered	for the	organızatıon			
	by:								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Sched	dule R?				3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment	funds.						
Pai	rt VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answere	d "Yes" to Form 990	, Part IV	, line 11a. S	See Form 990, Par	rt X, line	10.			
	Description of property	(a) Cost or o	_				mulated	(d) Boo	k value	——— }
	, , , ,	basis (investr		1 ' '	(other)	•	ciation	(4)		
1a	Land						<del></del>			
b	Buildings	• •	-							
c	Leasehold improvements									
d	Equipment	-								
	Other									
		aual Form 000 Do-4	Y solu-	nn (P) has	10(c) )			<u> </u>		
rota	I. Add lines 1a through 1e (Column (d) must e	<u>quai roim 990, Part</u>	∧, colur	ıırı (¤), ∥ne	10(0).)			4.1.5.7		0.
							Scne	dule D (Forn	n <del>99</del> 0)	<b>∠</b> ∪13

C/O BANK OF STOCKTON, TRUSTEE

Schedule D (Form 990) 2013 C/O BANK OF	STOCKTON,	TRUSTEE	94-6244818 Page
Part Ⅶ Investments - Other Securities.			•
Complete if the organization answered "Yes"	to Form 990, Part IV, I	ine 11b. See Form 990, P	art X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	uation: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) STOCK - ABBOTT LABS	2,84	6. COST	
(B) STOCK - CVS CAREMARK CORP	3,51	2. COST	
(C) STOCK - CONOCOPHILLIPS	5,17	0. COST	
(D) STOCK - EXPRESS SCRIPTS	1,16	6. COST	
(E) STOCK - FISERV INC	4,46	8. COST	
(F) STOCK - HARBOR			
(G) INTERNATIONAL FD	10,92	5. COST	
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	688,06	3.	
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	to Form 990, Part IV, I	ne 11c. See Form 990, P	art X, line 13
(a) Description of investment	(b) Book value	(c) Method of val	uation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	to Form 990, Part IV, I	ne 11d. See Form 990, P	art X, line 15.
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 15)		<b>&gt;</b>
Part X Other Liabilities.			
Complete if the organization answered "Yes"	to Form 990, Part IV, I	ne 11e or 11f. See Form 9	990, Part X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	<u></u>		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)	*	
2. Liability for uncertain tax positions. In Part XIII, provide		te to the organization's fin	ancial statements that reports the
organization's liability for uncertain tax positions under		_	•
			Schedule D (Form 990) 201

HELEN H. DANNER TRUST C/O BANK OF STOCKTON,

Schedule D (Form 990) 2013

TRUSTEE

94-6244818 Page 4

Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 2 Net unrealized gains on investments 2a b Donated services and use of facilities 2b Recoveries of prior year grants 2c Other (Describe in Part XIII.) 2đ Add lines 2a through 2d Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 Donated services and use of facilities Prior year adjustments 2b c Other losses 2c Other (Describe in Part XIII.) e Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) 4b Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. 332054 Schedule D (Form 990) 2013

- Schedule D (Form 990)

#### HELEN H. DANNER TRUST C/O BANK OF STOCKTON, TRUSTEE

Schedule D (Form 990)

\_\_332421\_05-01-13 \_ \_\_\_ \_\_

Part XIII Supplemental Information (continued)

Part VII Investments - Other Securities. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
STOCK - INTERNATIONAL BUSINESS MACHINES	5,369.	COST
STOCK - ISHARES COHEN & STEERS REALTY	4,916.	COST
STOCK - JOHNSON & JOHNSON	5,441.	COST
STOCK - MCKESSON HBOC INC.	2,818.	COST
STOCK - ORACLE CORP	4,513.	COST
STOCK - 3M CO. PREFERRED STOCK - DEUTSCHE BANK CON CAP	3,161.	COST
TRUST PREF PERPETUAL CALL @ \$25.00	23,750.	COST
MUTUAL FUND - DODGE & COX INCOME FUND #147 LOCAL GOVERNMENT OBLIGATIONS - GOLDMAN SACHS	21,885.	COST
GOVT INCOME - IN 657	41,000.	COST
STOCK - APPLE COMPUTER INC	2,047.	COST
STOCK - THE CHEESECAKE FACTORY INC	954.	COST
STOCK - HOME DEPOT INC	2,725.	COST
STOCK - ISHARES: S&P MIDCAP INDEX	31,703.	COST
STOCK - ISHARES: S&P SMALLCAP 600	30,978.	COST
STOCK - 80 SHS PPG IND INC	4,928.	COST
STOCK - SPECTRA ENERGY COP	2,932.	COST
RIVERSIDE CALIF PUB FING AUTH 5.82%	43,319.	COST
STOCK - ACCENTURE PLC CL A	5,964.	COST
STOCK - AGL RESOURCES INC.	4,109.	COST
STOCK - AMERICAN EXPRESS	5,074.	COST
STOCK - COCA COLA CO	3,440.	COST
STOCK - COSTCO WHOLESALE CORP.	3,924.	COST
STOCK - GUGGENHEIM S&P MIDCAP400 PURE GROWTH	34,992.	COST
STOCK - UNITED TECHNOLOGIES CORP	6,735.	COST
STOCK - COMCAST CORP CL A	6,288.	COST
STOCK - ABBVIE INC	3,085.	COST
		<u> </u>

Schedule D (Form 990)

### HELEN H. DANNER TRUST C/O BANK OF STOCKTON, TRUSTEE

332421 05-01-13

Schedule D (Form 990) C/O BANK OF S'
Part XIII Supplemental Information (continued)

Part VII Investments - Other Securities. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
GENERAL ELECTRIC CAP CORP	57,158.	COST
2,454.912 SHS GOLDMAN SACHS HIGH YIELD FD	17,624.	COST
3,993.618 SHS PIMCO LOW DURATION FUND	41,631.	COST
2,495.014 SHS MERGER FUND	40,000.	COST
35 SHS TRW AUTOMOTIVE HOLDINGS	2,504.	COST
50 SHS TOYOTA MOTOR CORPORATION	5,170.	COST
25 SHS CHEVRON CORPORATION	3,117.	COST
100 SHS PLAINS ALL AMERICAN PIPELINE	4,322.	COST
100 SHS JP MORGAN CHASE & CO	4,634.	COST
350 SHS REGIONS FINANCIAL	3,255.	COST
100 SHS SPDR KBW REGIONAL BANKING	3,558.	COST
75 SHS TRAVELERS COMPANIES INC	5,862.	COST
100 SHS AMERISOURCEBERGEN	4,577.	COST
75 SHS MYLAN	2,867.	COST
30 SHS WATERS CORP	3,202.	COST
100 SHS FORTUNE BRANDS HOME & SECURITY	1,308.	COST
100 SHS GENERAL ELECTRIC COMPANY	2,447.	COST
40 SHS PARKER HANNIFIN CORP	4,348.	COST
125 SHS ELECTRONIC ARTS INC	3,331.	COST
175 SHS TAIWAN SEMICONDUCTOR ADR	3,090.	COST
40 SHS VISA INC	6,353.	COST
50 SHS PACKAGING CORP OF AMERICA	2,924.	COST
100 SHS VERIZON COMMUNICATIONS	4,735.	COST
40 SHS NEXTERA ENERGY, INC	3,260.	COST
100 SHS ISHARES: MSCI EAFE SMALL CAP INDEX	4,291.	COST
900 SHS GUGGENHEIM S&P MIDCAP 400 PURE VALUE	36,522.	COST

Schedule D (Form 990)

C/O BANK OF STOCKTON, TRUSTEE

Part XIII | Supplemental Information (continued)

Part VII Investments - Other Securities. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1118.568 SHS WEITZ PARTNERS III OPPORTUNITY	15,000.	COST
260 SHS PIMPCO 1-5 YEAR US TIPS INDEX ETF	13,827.	COST
650 SHS SPDR BARCLAY'S CAPITAL CONVERTIBLE	30,979.	COST
55 SHS ADOBE SYSTEMS, INC.	4,030.	COST
68.433 SHS DODGE & COX INTERNATIONAL FUND 450.248 SHS TOUCHSTONE SANDS CAPITAL INSTL	3,000.	COST
GRWTH 493.097 SHS VIRTUS EMERGING MRKTS	10,000.	COST
OPPORTUNITIES	5,000.	COST
	<u>.</u>	
		-

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047

Open to Public Inspection

> ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. ▶ Attach to Form 990.

**Employer identification number** ž 94-6244818 SEE FORM 990, PAGE 2, (h) Purpose of grant or assistance PART 3 FOR DETAILS X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of 24,104 cash grant TRUSTEE (c) IRC section if applicable 94-1044400 501(C)(3) HELEN H. DANNER TRUST OF STOCKTON, General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? C/O BANK 1 (a) Name and address of organization SAN JOAQUIN DELTA COLLEGE or government Name of the organization STOCKTON, CA 95207 5151 PACIFIC AVE Part I Part

Schedule I (Form 990) (2013) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule | (Form 990) (2013) C/O BANK OF STOCKTON, TRUSTEE

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III Gran be dublicated if additional snape is needed

Page 2

94-6244818

Fart III can be duplicated if additional space is needed					•
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	ured in Part I, line	2, Part III, column	(b), and any other ac	ditional information.	
PART I, LINE 2:					
EXPLANATION: THE TRUST WAS CREATED	ON MAY	6, 1971, A	AT WHICH TIME	THE ASSETS	
WERE DISTRIBUTED TO THE TRUST FROM	THE ESTATE	OF	HELEN ELIZABETH	TH DANNER.	
THE TRUSTEE HAS INVESTED THE TRUST'S		NAND COLL	ASSETS AND COLLECTED THE	INCOME. THE	
TRUSTEE THEREFROM AND PERIODICALLY	DISTRIBUTES	THE	TRUST'S NET	INCOME	
DIRECTLY TO SAN JOAQUIN DELTA COLLEGE.		V JOAQUIN	SAN JOAQUIN DELTA COLLEGE,	GE, A PUBLIC	
INSTITUTION OF HIGHER LEARNING, IS	ORGANIZED	ED AND OPE	AND OPERATED UNDER	THE LAWS OF	
THE STATE OF CALIFORNIA (CALIFORNIA	A EDUCATI	EDUCATION CODE,	SECTION 25450	150 46 SEQ).	
THE COLLEGE IN TURN SELECTS THE STU	STUDENTS WHO	ARE TO	RECEIVE FI	FINANCIAL AID	
332102 10-20-13					Schedule I (Form 990) (2013)

HELEN H. DANNER TRUST 94-6244818 Page 2 C/O BANK OF STOCKTON, TRUSTEE Schedule I (Form 990) Part IV Supplemental Information AND ALLOCATES THE DISTRIBUTED FUNDS TO SUCH STUDENTS. Schedule I (Form 990)

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury

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.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. HELEN H. DANNER TRUST

Employer identification number

C/O BANK OF STOC	KTON, TRU	STEE	94	<u>-024481</u>	<u>.                                    </u>
FORM 990, PART VI, SECTION B, LI					
EXPLANATION: THE FORM 990 IS AVA	ILABLE FC	R REVIEW B	Y THE ADMI	NISTRAT	'IVE
COMMITTEE. THE ASSIGNED TRUST OF	FICER REV	IEWS THE F	ORM 990 PR	IOR TO	FILING.
FORM 990, PART VI, SECTION C, LI	NE 18:				
EXPLANATION: UPON REQUEST THE OR	GANIZATIÇ	N WILL MAK	E ITS FORM	1023,	990,
AND 990-T AVAILABLE FOR PUBLIC I	NSPECTION	•	·		
FORM 990, PART VI, SECTION C, LI	NE 19:				
EXPLANATION: THESE ITEMS ARE MAD	E AVAILAE	LE UPON RE	QUEST.		
		<del></del>	<del></del>		
		-			
		<del></del>			
			<del></del>		<del>-</del>
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					<del>-</del> ·