



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ  Department of the Treasury Internal Revenue Service	Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-1150 2009
	► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form. ► <i>The organization may have to use a copy of this return to satisfy state reporting requirements.</i>	Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009, and ending 12-31-2009				
B Check if applicable	Please use IRS label or print or type. See Specific Instructions.	C Name of organization PATRIOT OIL COMMUNITY BENEFIT TRUST OF 2002		D Employer identification number 35-6739129
Address change		Number and street (or P O box, if mail is not delivered to street address) 11862 BALBOA BLVD PMB 172		E Telephone number (818) 363-3597
Name change		Room/suite		
Initial return		City or town, state or country, and ZIP + 4 GRANADA HILLS, CA 91344		F Group Exemption Number
Terminated				
Amended return				
Application pending				

◆ Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).	G Accounting method ☒ Cash ☐ Accrual Other (specify) ▶
---	---

I Website: N/A		H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Tax-Exempt status (check only one)— 501(c) (4) (insert no) 4947(a)(1) or 527		

K Check ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ	\$	125,390
--	-----------	---------

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)				
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	123,579
	3	Membership dues and assessments	3	
	4	Investment income	4	1,770
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here		
	a	Gross revenue (not including \$ _ of contributions reported on line 1)	6a	0
	b	Less direct expenses other than fundraising expenses	6b	0
Expenses	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less cost of goods sold	7b	0
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe)	8	41
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	125,390
	10	Grants and similar amounts paid (attach schedule)	10	87,321
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	2,816
Net Assets	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	24
	16	Other expenses (describe)	16	3,657
	17	Total expenses. Add lines 10 through 16	17	93,818
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	31,572
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	406,452
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	438,024

Part II Balance Sheets—If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)										(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	.	.	.	.	.	.	.	.	406,452	22	438,024
23	Land and buildings	.	.	.	.	.	.	.	.		23	
24	Other assets (describe _____)										24	
25	Total assets	.	.	.	.	.	.	.	.	406,452	25	438,024
26	Total liabilities (describe _____)										26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	.								406,452	27	438,024

Form **990-EZ** (2009)

Part VOther Information (Note the statement requirements in the instructions for Part V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
b	Did the organization file Form 1120-POL for this year?	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	0
b	Gross receipts, included on line 9, for public use of club facilities	39b	0
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b	No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed ▶ CA		
42a	The organization's books are in care of ▶ MARY ANNA KIENHOLZ Telephone no ▶ (818) 360-9404 13130 WHISTLER AVE Located at ▶ GRANADA HILLS, CA ZIP + 4 ▶ 91344		
b	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)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ ☒ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45	No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46	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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

50(f) Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

51(d) Total number of other independent contractors each receiving over \$100,000

Please Sign Here	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.			
	***** Signature of officer		2010-04-26 Date	
Paid Preparer's Use Only	WAYDE HUNTER, President Type or print name and title			
	Preparer's signature	DANIEL R MOORE	Date	Check if self-employed ☒
	Firm's name (or yours if self-employed), address, and ZIP + 4			Preparer's identifying number (See instructions)
	Byeman & Cleary CPAs 412 W Broadway Suite 206 Glendale, CA 912041297			EIN Phone no (818) 247-3223
May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No				

Additional Data

Software ID:
Software Version:
EIN: 35-6739129
Name: PATRIOT OIL COMMUNITY BENEFIT TRUST
OF 2002

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
RALPH KROY 11862 BALBOA BLVD PMB 172 GRANADA HILLS, CA 91344	Trustee 1 00	0		
MARY ANNA KIENHOLZ 11862 BALBOA BLVD PMB 172 GRANADA HILLS, CA 91344	Treasurer 2 00	0		
BARBARA IVERSEN 11862 BALBOA BLVD PMB 172 GRANADA HILLS, CA 91344	Trustee 1 00	0		
WAYDE HUNTER 11862 BALBOA BLVD PMB 172 GRANADA HILLS, CA 91344	President 4 00	0		
MARY EDWARDS 11862 BALBOA BLVD PMB 172 GRANADA HILLS, CA 91344	Trustee 1 00	0		
PATRICK CASPARIAN 11862 BALBOA BLVD PMB 172 GRANADA HILLS, CA 91344	Trustee 1 00	0		

TY 2009 Grants and Similar Amounts Paid Schedule

Name: PATRIOT OIL COMMUNITY BENEFIT TRUST
OF 2002

EIN: 35-6739129

Software ID: 09000047

Software Version: 2009v1.3

Item No.	1
Class of Activity	
Donee's Name	BSA TROOP 549
Donee's Address	17246 BRAXTON ST GRANADA HILLS, CA 91344
Amount (FMV)	514
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	
Donee's Name	FRIENDS OF THE GRANADA HILLS LIBRARY
Donee's Address	10640 PETIT AVE GRANADA HILLS, CA 91344
Amount (FMV)	15,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	
Donee's Name	NORTH VALLEY CHARTER ACADEMY
Donee's Address	16651 RINALDI ST GRANADA HILLS, CA 91344
Amount (FMV)	3,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	4
Class of Activity	
Donee's Name	GRANADA HILLS ROTARY FOUNDATION
Donee's Address	PO BOX 3365 GRANADA HILLS, CA 91344
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	5
Class of Activity	
Donee's Name	LOS ANGELES RADIO READING SERVICE
Donee's Address	6216 SYLVIA AVE TARZANA, CA 91335
Amount (FMV)	8,665
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	6
Class of Activity	
Donee's Name	ACTION
Donee's Address	11862 BALBOA BLVD GRANADA HILLS, CA 91344
Amount (FMV)	803
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	7
Class of Activity	
Donee's Name	CITY OF LA - GRANADA HILLS REC CENTER
Donee's Address	16730 CHATSWORTH ST GRANADA HILLS, CA 91344
Amount (FMV)	350
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	8
Class of Activity	
Donee's Name	CITY OF LOS ANGELES SUNSHINE CANYON CAC
Donee's Address	12045 SUSAN DRIVE GRANADA HILLS, CA 91344
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	9
Class of Activity	
Donee's Name	ROBERT FROST MIDDLE SCHOOL
Donee's Address	12314 BRADFORD PLACE GRANADA HILLS, CA 91344
Amount (FMV)	9,747
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	10
Class of Activity	
Donee's Name	FRIENDS OF THE PARK
Donee's Address	17246 VAN GOGH ST Granada Hills, CA 91344
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	11
Class of Activity	
Donee's Name	CITY OF LA DEPT PARKS AND REC
Donee's Address	6335 WOODLEY AVE VAN NUYS, CA 91406
Amount (FMV)	7,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	12
Class of Activity	
Donee's Name	Van Gogh St Elementary School
Donee's Address	17160 Van Gogh Street Granada Hills, CA 91344
Amount (FMV)	41,242
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Expenses Schedule

Name: PATRIOT OIL COMMUNITY BENEFIT TRUST
OF 2002

EIN: 35-6739129

Software ID: 09000047

Software Version: 2009v1.3

Description	Amount
STORAGE UNIT	2,750
SAFETY DEPOSIT BOX	51
POST OFFICE BOX FEE	96
FRANCHISE TAX FEE	10
FILING FEE	750

TY 2009 Other Revenues Schedule

Name: PATRIOT OIL COMMUNITY BENEFIT TRUST
OF 2002

EIN: 35-6739129

Software ID: 09000047

Software Version: 2009v1.3

Description	Amount
REFUND OF FILING FEE	41