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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 private foundations)

Do not enter social security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-1150

2015

Open to Public Inspection

**A** For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

**B** Check if applicable  
☒ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization  
PATRIOT OIL COMMUNITY BENEFIT TRUST FUND OF 2002  
Number and street (or P O box, if mail is not delivered to street address) Room/suite  
16911 SAN FERNANDO MISSION BLVD PMB  
City or town, state or province, country, and ZIP or foreign postal code  
GRANADA HILLS, CA 91344

**D** Employer identification number  
35-6739129  
**E** Telephone number  
(818) 363-3597  
**F** Group Exemption Number

**G** Accounting Method ☒ Cash ☐ Accrual Other (specify) \_\_\_\_\_

**H** Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I** Website: ☒ N/A

**J** Tax-exempt status (check only one) ☐ 501(c)(3) ☒ 501(c) ( 4 ) (insert no ) ☐ 4947(a)(1) or ☐ 527

**K** Form of organization ☐ Corporation ☒ Trust ☐ Association ☐ Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ☒ \$ 175,148

| Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)                  |                                                                                                                                                                                                                    |                                                                                                                                                  |  |  |  |    |    |    |         |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|----|----|----|---------|
| Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/> |                                                                                                                                                                                                                    |                                                                                                                                                  |  |  |  |    |    |    |         |
| Revenue                                                                                                                 | 1                                                                                                                                                                                                                  | Contributions, gifts, grants, and similar amounts received                                                                                       |  |  |  |    |    | 1  |         |
|                                                                                                                         | 2                                                                                                                                                                                                                  | Program service revenue including government fees and contracts                                                                                  |  |  |  |    |    | 2  | 174,329 |
|                                                                                                                         | 3                                                                                                                                                                                                                  | Membership dues and assessments                                                                                                                  |  |  |  |    |    | 3  |         |
|                                                                                                                         | 4                                                                                                                                                                                                                  | Investment income                                                                                                                                |  |  |  |    |    | 4  | 819     |
|                                                                                                                         | 5a                                                                                                                                                                                                                 | Gross amount from sale of assets other than inventory                                                                                            |  |  |  | 5a |    |    |         |
|                                                                                                                         | b                                                                                                                                                                                                                  | Less cost or other basis and sales expenses                                                                                                      |  |  |  | 5b | 0  |    |         |
|                                                                                                                         | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)                                                                                                                            |                                                                                                                                                  |  |  |  |    | 5c |    |         |
|                                                                                                                         | 6                                                                                                                                                                                                                  | Gaming and fundraising events                                                                                                                    |  |  |  |    |    |    |         |
|                                                                                                                         | a                                                                                                                                                                                                                  | Gross income from gaming (attach Schedule G if greater than \$15,000)                                                                            |  |  |  | 6a |    |    |         |
|                                                                                                                         | b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) |                                                                                                                                                  |  |  |  |    | 6b |    |         |
| c Less direct expenses from gaming and fundraising events                                                               |                                                                                                                                                                                                                    |                                                                                                                                                  |  |  |  | 6c | 0  |    |         |
| d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)                    |                                                                                                                                                                                                                    |                                                                                                                                                  |  |  |  | 6d |    |    |         |
| Expenses                                                                                                                | 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 in Schedule O)                                                                                                           |  |  |  |    |    | 8  |         |
|                                                                                                                         | 9                                                                                                                                                                                                                  | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8                                                                                           |  |  |  |    |    | 9  | 175,148 |
|                                                                                                                         | 10                                                                                                                                                                                                                 | Grants and similar amounts paid (list in Schedule O)                                                                                             |  |  |  |    |    | 10 | 98,248  |
|                                                                                                                         | 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 | 910     |
|                                                                                                                         | 14                                                                                                                                                                                                                 | Occupancy, rent, utilities, and maintenance                                                                                                      |  |  |  |    |    | 14 |         |
| Net Assets                                                                                                              | 15                                                                                                                                                                                                                 | Printing, publications, postage, and shipping                                                                                                    |  |  |  |    |    | 15 | 43      |
|                                                                                                                         | 16                                                                                                                                                                                                                 | Other expenses (describe in Schedule O)                                                                                                          |  |  |  |    |    | 16 | 212     |
|                                                                                                                         | 17                                                                                                                                                                                                                 | Total expenses. Add lines 10 through 16                                                                                                          |  |  |  |    |    | 17 | 99,413  |
|                                                                                                                         | 18                                                                                                                                                                                                                 | Excess or (deficit) for the year (Subtract line 17 from line 9)                                                                                  |  |  |  |    |    | 18 | 75,735  |
|                                                                                                                         | 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 | 390,377 |
|                                                                                                                         | 20                                                                                                                                                                                                                 | Other changes in net assets or fund balances (explain in Schedule O)                                                                             |  |  |  |    |    | 20 |         |
|                                                                                                                         | 21                                                                                                                                                                                                                 | Net assets or fund balances at end of year. Combine lines 18 through 20                                                                          |  |  |  |    |    | 21 | 466,112 |

Part II

Balance Sheets

(see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

|    |                                                                             | (A) Beginning of year | (B) End of year |         |
|----|-----------------------------------------------------------------------------|-----------------------|-----------------|---------|
| 22 | Cash, savings, and investments                                              | 390,377               | 22              | 466,112 |
| 23 | Land and buildings                                                          |                       | 23              |         |
| 24 | Other assets (describe in Schedule O)                                       |                       | 24              |         |
| 25 | Total assets                                                                | 390,377               | 25              | 466,112 |
| 26 | Total liabilities (describe in Schedule O)                                  |                       | 26              |         |
| 27 | Net assets or fund balances (line 27 of column (B) must agree with line 21) | 390,377               | 27              | 466,112 |

Part III

Statement of Program Service Accomplishments

(see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?  
The primary purpose of the POCBT is to fund worthy projects that will protect, enhance, beautify, educate, reward or be of general benefit to the residents in the area within its established boundaries The board of directors of The North Valley Coalition of Concerned Citizens (a 501(c)3 corporation) acts as trustees of POCBT They evaluate the merits and approve the final amounts of any grants or expenditures to or for residents, community organizations, schools and parks located within its boundaries In addition, grants may be made to any other organization or department of any City or County that directly services, benefits or has a nexus within the boundaries This would include fire & police departments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28

SCHOOLS (LAUSD)Local Los Angeles Unified School District schools were our main focus this year The American Heart Association was funded to teach CPR training for 2015/16 school year by providing twenty-six CPR Multi-Use Kits to Granada Hills Charter School, John F Kennedy High School, and Valley Academy of Arts & Sciences (VAAS) Due to the sustainability of the kits use for up to three years, this grant has the potential to train approximately 8,037 faculty, staff, and students in one year and up to 24,000 over three years In addition, Kennedy also received a public address system for their marching band, and VAAS banners and portable A-frame signs Robert Frost Middle School received help on many projects such as i) funding for buses to support their Music Department activities (i e Music in the Parks Competition, Magic Mountain Trip, Disney Community Arts Showcase, and Disney California Adventure for school year 2015/16) ii) funded a performance of St Petersburg Choir iii) provided funds for a temporary accompanist for the Choir iv) Funded early reservations for Worldstrides Heritage Performance Program for the 2016 Choir competition v) music stands, drum sticks, self-storage cart/chairs, additional microphones for the public address system Van Gogh Elementary Charter School received funding for their After School Music Scholarship Fund conducted by the Kadima Conservatory of Music for a sixth school year in a row to assist with tuition to encourage the children to take up music CITY/COUNTY SCL-CACCo-funded a portion of a Waste Characterization Study initiated by the Sunshine Canyon Landfill-Community Advisory Committee to assist the Committee and the community in determining the nature of the waste deposited at the landfill and its potential to generate odors PARKSOMelveny and Bee Canyon parks, which are both owned by the City of Los Angeles, closely followed the school funding with a number of projects funded and completed i) video security system was expanded to enhance the project which we had started one year previously ii) a combination water fountain/pet drinking station installed to complete the project of replacing all of the existing water fountains started one year earlier iii) provided a chainsaw and accessories for R&Ps use in both parks COMMUNITY/SAFETY AWARENESSCo-sponsored the 2015 Valley Disaster Preparedness Fair, provided funding for handouts, and assisted them in incorporating MISCELLANEOUSWe continue to provide a guaranteed \$18,000 fund for the Granada Hills Chamber of Commerces Holiday Parade 2015 in order to prevent the event from being cancelled, to allow planning to be initiated, and if necessary to pay for the costs of traffic control which had previously been born by the City but was being cut due to budget cuts We also provided free storage space at our Community Storage Unit for community organizations such as the GHNNC, Valley Disaster Preparedness Team, and the SCL-CAC, which service our Trusts area, as well as community members who have material such as documents or letters that are being disposed of but are worthy of saving for posterity We continue to provide several loaner file cabinets for the GHNNC Lastly, we purchased five 13 x 13 pop up canopies expressly to loan out to needy organization and/or community events upon request  
(Grants \$ 98,248) If this amount includes foreign grants, check here

28a

98,248

29

(Grants \$ ) If this amount includes foreign grants, check here

29a

30

(Grants \$ ) If this amount includes foreign grants, check here

30a

31

Other program services (describe in Schedule O)  
(Grants \$ ) If this amount includes foreign grants, check here

31a

32

Total program service expenses (add lines 28a through 31a)

32

98,248

Part IV

List of Officers, Directors, Trustees, and Key Employees

(list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

| (a) Name and title           | (b) Average hours per week devoted to position | (c)Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|------------------------------|------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| RAY COTE<br>Trustee          | 1 00                                           | 0                                                                         |                                                                                         |                                            |
| WAYDE HUNTER<br>President    | 4 00                                           | 0                                                                         |                                                                                         |                                            |
| BARBARA IVERSEN<br>Trustee   | 1 00                                           | 0                                                                         |                                                                                         |                                            |
| MEG VOLK<br>Trustee          | 2 00                                           | 0                                                                         |                                                                                         |                                            |
| RALPH KROY<br>ACT INTERM TRS | 1 00                                           | 0                                                                         |                                                                                         |                                            |
|                              |                                                |                                                                           |                                                                                         |                                            |
|                              |                                                |                                                                           |                                                                                         |                                            |
|                              |                                                |                                                                           |                                                                                         |                                            |
|                              |                                                |                                                                           |                                                                                         |                                            |
|                              |                                                |                                                                           |                                                                                         |                                            |
|                              |                                                |                                                                           |                                                                                         |                                            |
|                              |                                                |                                                                           |                                                                                         |                                            |
|                              |                                                |                                                                           |                                                                                         |                                            |
|                              |                                                |                                                                           |                                                                                         |                                            |

Form990-EZ(2015)

Part V

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V . . . . . ☐

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes | No |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 33  | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .                                                                                                                                                                                                                                                                           | 33  | No |
| 34  | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .                                                                                                                                                                                    | 34  | No |
| 35a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .                                                                                                                                                                                                                                                          | 35a | No |
| b   | If "Yes," to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O . . . . .                                                                                                                                                                                                                                                                                                             | 35b | No |
| c   | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .                                                                                                                                                                                                                              | 35c | No |
| 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 ▶ <div>37a</div>                                                                                                                                                                                                                                                                                                                                           |     |    |
| b   | Did the organization file <b>Form 1120-POL</b> for this year? . . . . .                                                                                                                                                                                                                                                                                                                                                                                 | 37b | No |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .                                                                                                                                                                                                           | 38a | No |
| b   | If "Yes," complete Schedule L, Part II and enter the total amount involved . <div>38b</div>                                                                                                                                                                                                                                                                                                                                                             |     |    |
| 39  | Section 501(c)(7) organizations Enter <div></div>                                                                                                                                                                                                                                                                                                                                                                                                       |     |    |
| a   | Initiation fees and capital contributions included on line 9 . . . . . <div>39a</div>                                                                                                                                                                                                                                                                                                                                                                   | 0   |    |
| b   | Gross receipts, included on line 9, for public use of club facilities . . . . . <div>39b</div>                                                                                                                                                                                                                                                                                                                                                          | 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), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .                                                                                                            | 40b | No |
| c   | Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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 ▶ _____                                                                                                                                                                                                                                                                                                                                                                                       |     |    |
| 42a | The organization's books are in care of ▶ RALPH KROY Telephone no ▶ (818) 360-0563<br>Located at ▶ 12901 TITIAN AVE 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)?<br>If "Yes," enter the name of the foreign country ▶ _____<br><br>See the instructions for exceptions and filing requirements for <b>FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</b> | 42b | No |
| c   | At any time during the calendar year, did the organization maintain an office outside the U S ?<br>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 <b>Form 1041</b> - Check here . . . . . <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <div>43</div>                                                                                                                                                                                          |     |    |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .                                                                                                                                                                                                                                                                                                            | 44a | No |
| b   | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .                                                                                                                                                                                                                                                                                                     | 44b | No |
| c   | Did the organization receive any payments for indoor tanning services during the year? . . . . .                                                                                                                                                                                                                                                                                                                                                        | 44c | No |
| d   | If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .                                                                                                                                                                                                                                                                                                          | 44d | No |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .                                                                                                                                                                                                                                                                                                                                                       | 45a | No |
| 45b | 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .                                                                                                                                                                                            | 45b | No |

|    |                                                                                                                                                                                                      |     |    |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
|    |                                                                                                                                                                                                      | Yes | No |
| 46 | Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . |     |    |
|    |                                                                                                                                                                                                      | 46  | No |

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

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

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 title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| NONE                                |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |

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 business address of each independent contractor | (b) Type of service | (c) Compensation |
|--------------------------------------------------------------|---------------------|------------------|
| NONE                                                         |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |

d Total number of other independent contractors each receiving over \$100,000. . . . .

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A . . . . . ☐ Yes ☐ No

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

|                                                                                                                                                               |                                                                               |  |                      |                                       |                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--|----------------------|---------------------------------------|---------------------------------------------------------------------------|
| Sign Here                                                                                                                                                     | <div>*****</div> <div>Signature of officer</div>                              |  |                      | <div>2016-08-04</div> <div>Date</div> |                                                                           |
|                                                                                                                                                               | <div>WAYDE HUNTER President</div> <div>Type or print name and title</div>     |  |                      |                                       |                                                                           |
| Paid Preparer Use Only                                                                                                                                        | Print/Type preparer's name<br>DANIEL RMOORE                                   |  | Preparer's signature | Date                                  | Check <input checked="" type="checkbox"/> if self-employed PTIN P00293381 |
|                                                                                                                                                               | Firm's name <div>Byeman &amp; Cleary CPAs</div>                               |  |                      |                                       | Firm's EIN <div></div>                                                    |
|                                                                                                                                                               | Firm's address <div>412 W Broadway Suite 206<br/>Glendale, CA 912041297</div> |  |                      |                                       | Phone no (818) 247-3223                                                   |
| May the IRS discuss this return with the preparer shown above? See instructions . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                                               |  |                      |                                       |                                                                           |

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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.**

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**

**2015**

**Open to Public  
Inspection**

Name of the organization  
PATRIOT OIL COMMUNITY BENEFIT TRUST FUND  
OF 2002

**Employer identification number**

35-6739129

**990 Schedule O, Supplemental Information**

| Return Reference                                        | Explanation                                                                                                                                        |
|---------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Grants and Similar Amounts Paid In Excess of \$5,000 1  | Donee's Name Van Gogh St Elementary School   Donee's Address 17160 Van Gogh Street Granada Hills CA 91344   Cash Amount Given \$8750               |
| Grants and Similar Amounts Paid In Excess of \$5,000 2  | Donee's Name CITY OF LA DEPT PARKS AND REC   Donee's Address 3900 WEST CHEVY CHASE DR LOS ANGELES CA 90039   Cash Amount Given \$24073             |
| Grants and Similar Amounts Paid In Excess of \$5,000 4  | Donee's Name ROBERT FROST MIDDLE SCHOOL   Donee's Address 12314 BRADFORD PLACE GRANADA HILLS CA 91344   Cash Amount Given \$9735                   |
| Grants and Similar Amounts Paid In Excess of \$5,000 23 | Donee's Name LOS ANGELES SCHOOL DIST JFK HIGH SCHOOL   Donee's Address 11254 GOTHIC AV E GRANADA HILLS CA 91344   Cash Amount Given \$23180        |
| Grants and Similar Amounts Paid In Excess of \$5,000 26 | Donee's Name VALLEY DISASTER PREPARDNESS FAIR   Donee's Address BILL HOPKINS, 16765 AR MSTEAD ST GRANADA HILLS CA 91344   Cash Amount Given \$7430 |
| Grants and Similar Amounts Paid In Excess of \$5,000 27 | Donee's Name CITY & COUNTY SCL-CAC   Donee's Address 16911 SAN FERNANDO BLVD GRANADA HILLS CA 91344   Cash Amount Given \$20000                    |
| Other Expenses 1                                        | POST OFFICE BOX FEE \$110                                                                                                                          |
| Other Expenses 2                                        | BANK FEES \$52                                                                                                                                     |
| Other Expenses 4                                        | WEB SITE \$40                                                                                                                                      |
| Other Expenses 5                                        | FILING FEE \$10                                                                                                                                    |