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Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

	ORAD	Al-	1545-	1070
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Department of the Treasury

Do not send to the IRS. Keep for your records. Internal Revenue Service ► Go to www.irs.gov/Form8879EO for the latest information. Name of exempt organization Employer identification number PATRIOT RESILIENT INSTITUTE 46-4105905 Name and title of officer WILLIAM C. RAY TREASURER Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here Total revenue, if any (Form 990, Part VIII, column (A), line 12) 2a Form 990-EZ check here Total revenue, if any (Form 990-EZ, line 9) 3a Form 1120-POL check here L b Total tax (Form 1120-POL, line 22) 5a Form 8868 check here buse buse (Form 8868, line 3c) Part II Declaration and Signature Authorization of Officer Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only MALONE, DIRUBBO COMPANY, P.C. 6140 to enter my PIN as my signature **ERO firm name** Enter five numbers, but do not enter all zeros on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Date Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 02056087396 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized RS e-life Frovided for Business Fleturns. RONDA J (KILANOWSKI, 06/03/20 ERO's signature ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So For Paperwork Reduction Act Notice, see back of form. Form 8879-EO (2019)

Form 990-PF

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No. 1545-0047

Department of the Treasury

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

Go to www.irs.gov/Form990PF for instructions and the latest information. Internal Revenue Service Open to Public Inspection For calendar year 2019 or tax year beginning , and ending Name of foundation Employer identification number PATRIOT RESILIENT INSTITUTE 46-4105905 Number and street (or P.O. box number if mail is not delivered to street address) Room/suite Telephone number (see instructions) BOX 7384 603-528-2920 City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending, check here GILFORD NH 03249 G Check all that apply: Initial return Initial return of a former public charity 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the Address change Name change 85% test, check here and attach computation Check type of organization: |X| Section 501(c)(3) exempt private foundation If private foundation status was terminated under Section 4947(a)(1) nonexempt charitable trust section 507(b)(1)(A), check here Other taxable private foundation Fair market value of all assets at J Accounting method: Cash Accrual If the foundation is in a 60-month termination end of year (from Part II, col. (c), Other (specify) under section 507(b)(1)(B), check here 66, 186 (Part I, column (d), must be on cash basis.) line 16) > \$ Part I Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and (b) Net investment amounts in columns (b), (c), and (d) may not necessarily equal (c) Adjusted net for charitable expenses per the amounts in column (a) (see instructions).) income income purposes books (cash basis only) Contributions, gifts, grants, etc., received (attach schedule) 184,824 Check ▶ X if the foundation is **not** required to attach Sch. B Interest on savings and temporary cash investments Dividends and interest from securities Gross rents Net rental income or (loss) Revenue Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications Gross sales less returns and allowances Less: Cost of goods sold Gross profit or (loss) (attach schedule) Other income (attach schedule) Total. Add lines 1 through 11 184,824 Compensation of officers, directors, trustees, etc. 13 39,231 39,231 Expenses Other employee salaries and wages 13,600 13,600 Pension plans, employee benefits 4,535 4,535 Legal fees (attach schedule) Accounting fees (attach schedule) dministrative Other professional fees (attach schedule) Interest Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion Occupancy Travel, conferences, and meetings Printing and publications Other expenses (att. sch.) STMT 1 23 147,031 147,031 Operating Total operating and administrative expenses. Add lines 13 through 23 204,397 204,397 Contributions, gifts, grants paid Total expenses and disbursements. Add lines 24 and 25 ... 204,397 204,397 Subtract line 26 from line 12: 27 Excess of revenue over expenses and disbursements ... -19,573Net investment income (if negative, enter -0-)

For Paperwork Reduction Act Notice, see instructions. DAA

Adjusted net income (if negative, enter -0-)

Form 990-PF (2019)

	Part	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	year
-	1	should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing	85,686	64,359	64,35
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable			
	E wen	Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see			
		instructions)			
	7	Other notes and loans receivable (att. schedule)			
		Less: allowance for doubtful accounts ▶ 0			
ts	8	Inventories for sale or use		1,391	1,39
Assets	9	Prepaid expenses and deferred charges		436	43
As	10a	Investments – U.S. and state government obligations (attach schedule)		100	1
	b	Investments – corporate stock (attach schedule)			
	c	Investments – corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment: basis			
		Less: accumulated depreciation (attach sch.)			
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment: basis			
		Land, buildings, and equipment: basis Less: accumulated depreciation (attach sch.)			
	15	Other assets (describe			
	16	Total assets (to be completed by all filers – see the			
			05 606	66 106	
\exists	17	Accounts payable and accrued expenses	85,686	66,186	66,18
	18	Accounts payable and accrued expenses Grants payable		73	
S		Grants payable Deferred revenue			
	20				
Liabilities	21	Loans from officers, directors, trustees, and other disqualified persons			
ľË	22	Mortgages and other notes payable (attach schedule)			
1	23	Other liabilities (describe ▶)			
+	23	Total liabilities (add lines 17 through 22)	0	73	
اي		Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30.			
Ö	24				
Balances	24 25	Net assets without donor restrictions	85,686	66,113	
g	25	Net assets with donor restrictions			
		Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30.			
2	00				
6	26	Capital stock, trust principal, or current funds			
ASSETS OF PL	27	Paid-in or capital surplus, or land, bldg., and equipment fund	<u>-</u>		
SS	28	Retained earnings, accumulated income, endowment, or other funds			
-		Total net assets or fund balances (see instructions)	85,686	66,113	
Ver	30	Total liabilities and net assets/fund balances (see			
7		instructions)	85,686	66,186	
-	Part I	3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 29 (must	t agree with		
2000	end-c	of-year figure reported on prior year's return)	• • • • • • • • • • • • • • • • • • • •		85,686
	Enter	amount from Part I, line 27a		2	-19,573
		increases not included in line 2 (itemize)		3	
	11111111111111111111111111111	ines 1, 2, and 3		[사용자 (1882년 1982년 1982년 1982년 1982년 1982년 1982년 1982년 1982년 - 1982년 1982년 1982년 1982년 1982년 1982년 1982년 1982년 1	66,113
		eases not included in line 2 (itemize)		5	
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b)	, line 29	6	66,113
					Form 990-PF (201

Enter qualifying distributions from Part XII, line 4

Part VI instructions.

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If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the

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Forn	n 990-PF (2019) PATRIOT RESILIENT INSTITUTE 46-4105905			Page 4
<u>P</u>	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instruc	tions	s)
1a				
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			
	here ▶ and enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of			
	Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			0
3	Add lines 1 and 2		-	
4	1 3 (
5	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) Tax based on investment income. Subtract line 4 from line 2 to 15.			U
6	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- Credits/Payments:			0
1070				
a	2019 estimated tax payments and 2018 overpayment credited to 2019 6a			
b	Exempt foreign organizations – tax withheld at source 6b			
C	Tax paid with application for extension of time to file (Form 8868) 6c			
_a	Backup withholding erroneously withheld 6d			
7	Total credits and payments. Add lines 6a through 6d		11300 O 11400 O 114	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11_	Enter the amount of line 10 to be: Credited to 2020 estimated tax ▶ Refunded ▶ 11			
	art VII-A Statements Regarding Activities		Birth Allings and have	-
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	.		
	instructions for the definition	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	.	1	1 21
	published or distributed by the foundation in connection with the activities.			
C	Did the foundation file Form 1120-POL for this year?	1c		y
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	.	\vdash	1 2
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers. > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			V
	If "Yes," attach a detailed description of the activities.	- -		A
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			V
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	. 3	-	X
b	If "Yes" has it filed a tay return on Form 900-T for this year?	4a	_	A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	4 4b	-	37
_	If "Yes," attach the statement required by General Instruction T.	. 5	-	X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	 By language in the governing instrument, or 			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state levy remain in the contribution is the contribution of the contrib			
7	conflict with the state law remain in the governing instrument?	. 6	X	
	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	. 7	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
L	NH			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
^	(or designate) of each state as required by General Instruction G? If "No," attach explanation	. 8b	X	
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See instructions for Part XIV. If "Yes,"			
200 300	complete Part XIV	9	X	
	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	_ 10		X
		Form 99)0-PF	(2019)
		1		

Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2019.) N/A3b Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019? .

Form 990-PF (2019)

	Statements Regarding Activities for Which Form	4720 May Be	Required (co.	ntinued)			
5a	During the year did the foundation pay or incur any amount to:	TO THE CONTRACTOR OF T			T	Yes	No
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	П	Yes X No		100	-110
	(2) Influence the outcome of any specific public election (see section 4955); or	to carry on,					
	directly or indirectly, any voter registration drive?		П	Yes X No			
	(5) Provide a grant to an individual for travel, study, or other similar purposes?		·····	Yes X No			
	(4) Provide a grant to an organization other than a charitable, etc., organization	described in		21 10			
	section 4945(d)(4)(A)? See instructions			Yes X No			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, o	or educational	·····	163 [7] 140			
	purposes, or for the prevention of cruelty to children or animals?			Yes X No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions	described				
	in Regulations section 53.4945 or in a current notice regarding disaster assistar	nce? See instruction	ne	NT / 7\	-		
	Organizations relying on a current notice regarding disaster assistance, check h	nore		N/A	5b		
C	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from	om the tay		P L			
	because it maintained expenditure responsibility for the grant?	on the tax	NT / 7\ []	у п			
	If "Yes," attach the statement required by Regulations section 53.4945-5(d).		N/A	Yes No			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pa						
-	on a personal benefit contract?	ay premiums					
b	***************************************	• • • • • • • • • • • • • • • • • • • •	Ц	Yes X No			
	Did the foundation, during the year, pay premiums, directly or indirectly, on a pe If "Yes" to 6b, file Form 8870.	ersonal benefit conf	ract?		6b		X
7a			-				
h	and any to tak your, was the loundation a party to a prombled tax sr	nelter transaction?	📙	Yes X No			
0	If "Yes," did the foundation receive any proceeds or have any net income attribu	table to the transa	ction?	N/.A	7b		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,	,000,000 in					
-	remuneration or excess parachute payment(s) during the year?	· · · · · · · · · · · · · · · · · · ·		Yes X No			
Pa	art VIII Information About Officers, Directors, Trustees, Fo	undation Man	agers, Highly	Paid Employ	ees,		
4 1	and Contractors			1			
7 L	ist all officers, directors, trustees, and foundation managers and their comp	pensation. See in	structions.				
		(b) Title, and average	(c) Compensation	(d) Contributions to	Π		
	(a) Name and address	hours per week	(If not paid,	employee benefit		ense acc	
~~~		devoted to position	enter -0-)	plans and deferred compensation	otner	allowan	ces
SE	E STATEMENT 2				<b> </b>		
					_		
					<del> </del>		
2	Compensation of five highest-paid employees (other than those included or	n line 1 – see ins	tructions). If non	e enter			
	"NONE."			,			
		(L) Tile and a		(d) Contributions to			<del></del>
	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit	(e) Expe	ense acc	ount,
		devoted to position		plans and deferred compensation	other	allowand	es
NO	NE .			Componduct	-		
************							-
	***   *********************************						
••••							
• • • • •	***************************************						
otal	number of other employees paid over \$50,000						
- 441	The state of the complete paid over \$50,000	·····					0
				Fo	m 990	-PF	2019)
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Part VIII Information	T RESILIENT INSTITUTE	46-4105905	Page
and Contrac	About Officers, Directors, Trustees, Factors (continued)	oundation Managers, Highly Paid E	mployees,
3 Five highest-paid independ	lent contractors for professional services. See	instructions. If none, enter "NONF"	
(a) Name	e and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			(c) compensation
al number of others receiving ov	ver \$50,000 for professional services		
- January J	Direct Charitable Activities		. 7
at the foundation's four largest direct charita- ganizations and other beneficiaries served,	able activities during the tax year. Include relevant statistical inform, conferences convened, research papers produced, etc.	mation such as the number of	Evenese
SEE STATEMENT			Expenses
art IX-B Summary of			
	F Program-Related Investments (see instruments made by the foundation during the tax year on lines 1 and	nstructions)	
N/A			Amount
			H4
ther program and the state of t			
other program-related investments. See in	structions.		
. Add lines 1 through 3			
			Form <b>990-PF</b> (2019)

-	ALL PERSONS	-	-	-		-	_
_		0	00	_P	-		
-0	2777	-	were r	Party Street	1000	100	

Excess from 2015

Excess from 2016

Excess from 2017

Excess from 2018

Excess from 2019 .....

P	art XIV Private Operating Fou	ndations (see in:	structions and Pa	rt VII-A, question 9	))		
1a	If the foundation has received a ruling or of	determination letter that	at it is a private opera	iting			
	foundation, and the ruling is effective for 2				0	1/14/1	4
b	Check box to indicate whether the foundat		ating foundation descri	The same of the sa	42(j)(3) or 4942	2(j)(5)	
2a	Enter the lesser of the adjusted net	Tax year	(1.) 0040	Prior 3 years		(e) To	otal
	income from Part I or the minimum	(a) 2019	<b>(b)</b> 2018	(c) 2017	(d) 2016		
	investment return from Part X for						
h	each year listed 85% of line 2a						0
D	*****						
C	Qualifying distributions from Part XII,						
	line 4, for each year listed						0
d	Amounts included in line 2c not used directly						
200	for active conduct of exempt activities				·		
е	Qualifying distributions made directly						
	for active conduct of exempt activities.					=	
2	Subtract line 2d from line 2c						
3	Complete 3a, b, or c for the						
122	alternative test relied upon:						
а							
	(1) Value of all assets						
	(2) Value of assets qualifying under						
1.0	section 4942(j)(3)(B)(i)						
b	- To the character took of the 270						
	of minimum investment return shown in						
	Part X, line 6, for each year listed						0
C	"Support" alternative test – enter:						
	(1) Total support other than gross investment income (interest,						
	dividends, rents, payments on						
	securities loans (section						
	512(a)(5)), or royalties)						
	(2) Support from general public						
	and 5 or more exempt						
	organizations as provided in						
	section 4942(j)(3)(B)(iii)						
	(3) Largest amount of support from						
	an exempt organization  (4) Gross investment income						
Pa	rt XV Supplementary Informa	tion (Complete 1	this part only if t	he foundation ha	d \$5,000 or more	in accet	
	any time during the year	ar – see instruct	ions.)	ne iounuation na	a \$5,000 or more	in assets	s at
1	Information Regarding Foundation Man	agers:					all and a second
a	List any managers of the foundation who h	ave contributed more	than 2% of the total	contributions received b	y the foundation		
	before the close of any tax year (but only if	they have contribute	ed more than \$5,000).	(See section 507(d)(2).	)		
-	N/A						
b	List any managers of the foundation who or				portion of the		
	ownership of a partnership or other entity) of	of which the foundation	on has a 10% or great	ter interest.			
	N/A						
2	Information Regarding Contribution, Gra	ınt, Gift, Loan, Scho	olarship, etc., Progra	ıms:			
	Check here ▶ ☐ if the foundation only n						
	unsolicited requests for funds. If the foundation		nts, etc., to individuals	s or organizations unde	r other conditions,		
	complete items 2a, b, c, and d. See instruc					A	
а	The name, address, and telephone number	or email address of	the person to whom a	applications should be a	addressed:		
	SEE STATEMENT 4						
h	The form in which and in the	ubmalities at a second of the					
D	The form in which applications should be s SEE STATEMENT 5	ubmitted and informa	ition and materials the	y should include:			
<u> </u>	Any submission deadlines:						
G	N/A						
<u>ط</u>		ich oc hir saassaalt		dele 12-1- en en en			
W	Any restrictions or limitations on awards, su factors:	ion as by geographic	al areas, chantable fie	eias, kinas of institutions	s, or other		
	SEE STATEMENT 6						
AA	V I I I I I I I V I V			<del></del>		Form 990-	DE (note:
						roin 330*	<b>1</b> (2019)

and the second s	entary Inform				A CANADA DE LA SECUCIÓN DE LA CASA DEL CASA DEL CASA DE LA CASA DE	
7 1 1 1 1	41.43 AD	During the	e Year or Approved for	or Future Payment		
Recip	pient		If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (	home or busin	ess)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
Paid during the year						
N/A						
		*				
T1						
		61				
			9*			
otal	<del></del>				> 3a	<del>777 - 310 - 377 - 377 - 377 - 377 - 377 - 377 - 377 - 377 - 377 - 377 - 377 - 377 - 377 - 377 - 377 - 377 - 37</del>
pproved for future payme	ent					
Α						
		IF.				
		1	I.S.		1	
otal						

	mounts unless otherwise	e indicated.	Activities Unrelated	l business income	Exclude	d by section 512, 513, or 514	1
1 Program	service revenue:		(a) Business code	(b) Amount	(c) Exclusion code	(d)	(e) Related or exempt function income (See instructions.)
a							
b							
С							
d							
е							<del>                                     </del>
f							
g Fees	and contracts from gove	mment agencies					
2 Membersh	ip dues and assessmen	nts					
3 Interest or	savings and temporary	cash investments					
4 Dividends	and interest from securi	ties	• • • • • • • • • • • • • • • • • • • •				
5 Net rental	income or (loss) from re	al estate:			1		
a Debt-fi	nanced property	• • • • • • • • • • • • • • • • • • • •					
is that de	property						
o ivot icital	modifie of (1022) HOLL DE	ersonal property	1 1				
/ Other inve	stment income						
o Calli Ol (IO	55) HOTH Sales OF ASSETS	other than inventory	1 1				
9 Net income	or (loss) from special e	events					
0 Gross prof	it or (loss) from sales of	inventory	•••				
1 Other reve	nue: a						
b							
c							
d					1		
е							
2 Subtotal. A	dd columns (b), (d), and	(e)				0	
3 Total. Add	line 12, columns (b), (d)	, and (e)				13	
JCC WOINSHIEE	till line 13 instructions to	o verify calculations.)				manan	
Part XVI-E		of Activities to the	Accomplishme	nt of Exempt P	urpose	3	
Line No.	Explain below how ea	ach activity for which inco	me is reported in colu	umn (e) of Part XVI	-A contribu	uted importantly to the	
N/A	accomplishment of th	e foundation's exempt p	urposes (other than b	y providing funds fo	or such pu	rposes). (See instructi	ons.)
IV/A							
****							
					***		
							Form <b>990-PF</b> (2019)
							Form <b>990-PF</b> (2019)

	XVII	जा जुल	IILAUOIIS	and the second second				and Relation	ships Wit	h Nonchar	itable E	xemp	age 1 ot
1 [	Did the org	anizatio	n directly or in	directly engag	e in any of the	following with a	ny other	organization des	scribed		1	Yes	No
"	1 Section 3	טונט (כ)	other than sect	ion 501(c)(3)	organizations) o	or in section 527	7, relating	g to political				163	140
a T	rganization ransfers fi	Service Control of the Control of th	reporting foun	dation to a no	ncharitable exe	empt organizatio	n of:						
1	1) Cash										1a(1		X
- 188.	2) Other a	assets						• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	1a(2)		X
	Other trans	() [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [											
(1)	) Sales (	or assets	to a nonchar	table exempt	organization					5.	15(1)		X
(2	-, 1 01010	303 OI B	ssets iloili a i	ionichantable (	exempt organiz	ation		· · · · · · · · · · · · · · · · · · ·			1b(2)	7	X
1976					ets						1b(3)		X
			arrangement guarantees	S									X
(6	) Perform	ance of	services or m	ombombin or				33					X
c SI	haring of t	acilities	equipment m	ciling lists of									X
		1			· · · · · · · · · · · · · · · · · · ·	JEANS CHILLING INCOME		) should always			1c		X
		,		100, 00111	DICTO THE INHOW	ing scriedule. Co	olumn (b	II Should always	show the fair	market			
va	alue in any	transac	tion or sharing	arrangement	show in colum	nn (d) the value	. If the fo	oundation receive	ed less than	fair market			
(a) L	ine no.	(b) A	mount involved	(c) Name	of noncharitable exe	empt omanization	of the g	goods, other asse					
N/A					o. Honorical table CA	Shipt organization	-	(a) Description	of transfers, tran	sactions, and shar	ing arrangem	ents	
						***							
							-						
												-	
							$\neg$						
							1-						
·													
							1			to the tenedon target and			
									1-/				
												***********	
aes	Yes," com	section plete th	ectly or indirect 501(c) (other to e following schorganization	han section 50	01(c)(3)) or in s	section 527?	ax-exem	pt organizations		••••••	Ye	s X	No
N/2	Witness Co.	rianio oi	organization		(b) Type of	organization			(c) Description	of relationship			
	+						-						
							+-+						
							-						
							1						
	Under pena	Ities of pe	jury, I declare that	I have examined	this return, including	g accompanying scl	hedules an	d statements, and to	the best of my	nowledge and he	lief it is two		
	correct, and	complete	. Declaration of pro	eparer (other than	taxpayer) is based	on all information o	f which pre	eparer has any knowl	ledge.				7
ign										May the IRS of with the prepare			- 1
ere										See instruction			No
									TREASU	IRFR		Constructed and the second	لـــــا
	Signatu	re of office	er or trustee			Date	е		itle	)I\LiI\			
	Print/Type	preparer's	name			Preparer's signat	ure			T Date			_
aid								danous	Ski	Date		Check	_] if
eparer	RONDA	J KI	LANOWSKI	, CPA		RONDA J I	KIDANO	OWSKI, CPA	1	06/	03/20	self-emplo	yed
se Only	Firm's nar	ne 🕨	MALONE	E, DIRU	BBO & C	OMPANY,	P.C.			The state of the s	00234	528	
J.1.1.	Firm's add	lress 🕨		NION AV	E, STE	1					-0436	-	
					03246-2						3-528	_	Name and Address of the Owner, where
				We Washington							Form 990	Control of the Contro	NAME AND ADDRESS OF THE OWNER, WHEN
												(2	:019)
A													

	16140 Patriot Resilient Institute 46-4105905 FYE: 12/31/2019	Federal	Statements	S			
	Statement	ent 1 - Form 990-PF. P	art I. Line 23	- Other Expenses	S		
	Description	Total	Net Investment		Adjusted Net	Charitable	
	EXPENSES NON PROGRAM EXPENSES			₩.	8,667	\$	
	MEALS/LODGING ACTIVITIES/TRANSPORTATION FACILITATORS OTHER MISC NON-PROGRAM EXPENS	104,965 16,164 3,032			104,965 16,164 3,032		
	TOTAL	-	₹S-	\$	1 1	\$	
-	Statement 2 - Form 99	990-PF. Part VIII. Line	1 - List of O	Officers, Directors,	Trustees, Etc.		
	Name and Address	Title	Average	Compensation	Renefite	T	
	ALYSSA MOSHER 50 FOXGLOVE ROAD GILFORD NH 03249	PROGRAM COOR	40.00	) [		0	0
	KURT WEBER 50 FOXGLOVE ROAD GILFORD NH 03249	PRESIDENT	2.00	0		0	0
	WILLIAM C. RAY 50 FOXGLOVE ROAD GILFORD NH 03249	TREASURER	2.00	0		0	0
	DONALD E. MORRISSEY 50 FOXGLOVE ROAD GILFORD NH 03249	VICE PRESIDE	2.00	0		0	0
	MARK CORRY 50 FOXGLOVE ROAD GILFORD NH 03249	DIRECTOR	1.00	0		0	0
	CINDI CURTIS	SECRETARY	2.00	0		0	0
							1-2

		Expenses	0	0			2
	. Trustees.	Benefits		0			
S	Officers, Directors,	Compensation	0	0			
I Statements	Line 1 - List of (continued)	Average	1.00	1.00	1.00		
Federal	- Form 990-PF. Part VIII. Etc.	Life	DIRECTOR	DIRECTOR	DIRECTOR		
16140 Patriot Resilient Institute 46-4105905 FYE: 12/31/2019	Statement 2	Name and Address 50 FOXGLOVE ROAD GILFORD NH 03249	JEFF GAUDET 50 FOXGLOVE ROAD GILFORD NH 03249	SANDI MOORE-BEINORAS 50 FOXGLOVE ROAD GILFORD NH 03249	LINDA ROBINSON 50 FOXGLOVE ROAD GILFORD NH 03249		

16140 Patriot Resilient Institute

46-4105905

FYE: 12/31/2019

### **Federal Statements**

# Statement 3 - Form 990-PF, Part IX-A, Line 1 - Summary of Direct Charitable Activities

Description

PATRIOT RESILIENT LEADER INSTITUTE RUNS CAMP RESILIENCE FOR SERVICE MEMBERS, VETERANS, FIRST RESPONDERS, AND THEIR LOVED ONES. CAMP RESILIENCE RETREATS COMBINE FACILITATED PEER-TO-PEER COUNSELING AND OUTDOOR EXPERIENTIAL LEARNING ACTIVITIES TO HELP ATTENDEES TO IMPROVE THEIR PHYSICAL, MENTAL, AND EMOTIONAL WELL-BEING.

# Statement 4 - Form 990-PF, Part XV, Line 2a - Name, Address and Email for Applications

Description

PATRIOT RESLIENT LEADER INSTITUTE PO BOX 7384 GILFORD NH 03247 INFO@CAMP-RESILIENCE.ORG

# Statement 5 - Form 990-PF, Part XV, Line 2b - Application Format and Required Contents

Description

APPLICATIONS ARE ACCESSED ONLINE AT CAMP-RESILIENCE.ORG

#### **VETERANS:**

- 1) COMPLETE THE ONLINE APPLICATION.
- 2) HAVE YOUR TREATING THERAPIST/PHYSICIAN SUBMIT THE APPLICANT VERIFICATION FORM
- 3) SUBMIT THE \$75 REFUNDABLE RESERVATION FEE, WHICH IS REQUIRED 7 DAYS PRIOR TO THE SESSION. IT WILL BE FULLY REFUNDED AFTER COMPLETION OF THE RETREAT.

REQUIRED INFORMATION INCLUDES: PERSONAL INFORMATION INCLUDING MEDICAL INFORMATION; BRANCH AND DATES OF SERVICE; AND MEDICAL INFORMATION

#### FIRST RESPONDERS:

- 1) COMPLETE THE ONLINE APPLICATION.
- 2) SUBMIT THE \$75 REFUNDABLE RESERVATION FEE, WHICH IS REQUIRED 7 DAYS PRIOR TO THE SESSION. IT WILL BE FULLY REFUNDED AFTER COMPLETION OF THE RETREAT.

REQUIRED INFORMATION INCLUDES: PERSONAL INFORMATION INCLUDING MEDICAL INFORMATION; OCCUPATION; AND MEDICAL INFORMATION

## Form 990-PF, Part XV, Line 2c - Submission Deadlines

Description

N/A

Federal Statements

Federal Statements

FYE: 12/31/2019

Statement 6 - Form 990-PF. Part XV. Line 2d - Award Restrictions or Limitations

Description

APPLICANT MUST SHOW THEY ARE PHYSICALLY, PSYCHOLOGICALLY AND EMOTIONALLY CAPABLE OF COMPLETING AND BENEFITING FROM RETREATS.

- 000 DE I	Underdistribution and Excess Distributions for Part XIII		
Form 990-PF	For calendar year 2019, or tax year beginning	, ending	2019
PATRIOT RES	ILIENT INSTITUTE		ver Identification Number 4105905

### Undistributed Income Carryovers

Form	990-PF.	Dort	VIII
COIIII	33U-PF.	ran	AIII

	Prior Undistributed Income				Next Year Carryover	
Tax Year	Nontaxable or Previously Taxed	Taxable in 2019	Total per Year	Current Year Decreases	Nontaxable or Previously Taxed	Taxable in 2020
Years prior						1112020
20 15						
20 16						
20 17						
2018						
2019			0			
al Carryove	r to Next Year		<u> </u>			<del> </del>

* Carryover amount includes 4942(a) amounts

## Excess Distribution Carryovers Form 990-PF, Part XIII

		Current Year	Next Year
	ceding Tax Year cess Distributions	Decreases	Carryover
2014	3,020	3,020	
2015	373	373	
2016			
2017			
2018			
Current Year	Excess Distribution Generated (	2019)	0
Total Carryov	er to Next Year		Ď l