Public Disclosure Copy

Patrick P Lee Foundation, Inc.

Form 990-PF

Year End: December 31, 2022

EXTENDED TO NOVEMBER 15, 2023 Return of Private Foundation

Form **990-PF**

Department of the Treasury Internal Revenue Service or Section 4947(a)(1) Trust Treated as Private Foundation
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.



For cale	ndar year 2022 or tax year beginning		, and ending		
Name o	f foundation			A Employer identification	number
	RICK P. LEE FOUNDATION		45-3845576		
	and street (or P.O. box number if mail is not delivered to street a 6 MAIN STREET	ddress)	Room/suite 303	B Telephone number 716-844-31	0.0
	cown, state or province, country, and ZIP or foreign po	ostal code	505	C If exemption application is pe	
WIL	LIAMSVILLE, NY 14221				
G Checl	c all that apply: Initial return		ormer public charity	D 1. Foreign organizations	, check here
	Final return Address change	Amended return Name change		Foreign organizations meacheck here and attach columns	eting the 85% test,
H Check	k type of organization: X Section 501(c)(3) ex			E If private foundation star	
	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Other taxable private founda		under section 507(b)(1)	
	arket value of all assets at end of year J Accounting	-	Accrual	F If the foundation is in a	
(from	Part II, col. (c), line 16) Ot 39 , 288 , 345 . (Part I, colun	her (specify) an (d), must be on cash basi	s.)	under section 507(b)(1)	(B), check here
Part	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	expenses per books	income	`´ income	for charitable purposes (cash basis only)
1	Contributions, gifts, grants, etc., received	750,000.		N/A	
2	Check if the foundation is not required to attach Sch. B Interest on savings and temporary	161,458.	160,210.		STATEMENT 1
3	cash investments	662,400.	660,208.		STATEMENT 2
58	Gross rents	002/1001	00072000		
t	Net rental income or (loss) -43,467.				STATEMENT 3
ω 68	A Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a	-163,455.			
l G	dross sales price for all assets on line 6a 662,636.				
Revenue 2	Capital gain net income (from Part IV, line 2)		0.		
8 9	Net short-term capital gain Income modifications				
I -	Gross sales less returns				
	Less: Cost of goods sold				
(Gross profit or (loss)	607.010			
11	Other income	607,919.	701,010. 1,521,428.		STATEMENT 4
12	Total. Add lines 1 through 11	146,821.	7,341.		139,480.
14	Other employee salaries and wages	91,185.	24,150.		67,035.
1	Pension plans, employee benefits	29,439.	1,472.		27,967.
۔ مدادہ	Legal fees STMT 5	8,077.	0.		8,077.
l Gu	Accounting fees STMT 6	18,075.	904.		17,171.
Ĭ.	Other professional fees STMT 7	764,143.	744,514. 34,438.		19,629.
Administrative Expense 12 0 1 8 1 1 9 1 9 1 9 1	Taxes STMT 8	34,438. 81,248.	22,832.		22,002.
19 19	Depreciation and depletion	12,159.	0.		22,002.
ابة 20	Occupancy	27,535.	1,377.		26,158.
	Travel, conferences, and meetings	13,433.	2,015.		11,418.
Pu 22	Printing and publications	05 051	44.405		41.064
<u>6</u> 23	Other expenses STMT 9	85,971.	44,107.		41,864.
Operating 52	Total operating and administrative expenses. Add lines 13 through 23	1,312,524.	883,150.		380,801.
Ö 25	Contributions, gifts, grants paid	1,330,851.	003,130.		2,372,948.
	Total expenses and disbursements.	_,=,==,,===			
	Add lines 24 and 25	2,643,375.	883,150.		2,753,749.
27	Subtract line 26 from line 12:	605.050			
	Excess of revenue over expenses and disbursements	-625,053.	638,278.		
	Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-)		030,210.	N/A	
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223501 12-06-22 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2022)

1 Cash—non-indused-boaring 2 Savings and temporary cash investments 3 Accounts receivable Less allowance for doubtful accounts 4 Principse receivable Less allowance for doubtful accounts 5 Grants receivable Less allowance for doubtful accounts 5 Grants receivable Less allowance for doubtful accounts 6 Faceivables due from offers, directors, trustees, and other disposalitation of forest, directors, trustees, and other disposalitation of forest directors and other disposalitation of the forest	P	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	-
2 Savings and temporary cash investments 54,538. Lass allowance for doubtful accounts 54,538. 1 Pletdags receivable Less allowance for doubtful accounts 6 General Section 1 Plets and the section of the section 1 Plets and 1 Plets an	•	ui t	column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value
2 Savings and temporary cash investments 54,538. Lass allowance for doubtful accounts 54,538. 1 Pletdags receivable Less allowance for doubtful accounts 6 General Section 1 Plets and the section of the section 1 Plets and 1 Plets an		1	Cash - non-interest-bearing			
Section Sect				1,046,211.	930,639.	930,639.
Less allowance for doubtful accounts 69,714. 54,538. 54,538.			Accounts receivable 54 , 538 •	, ,	,	•
Products receivable				69.714.	54.538.	54.538.
S Grates receivable 6 Heceivables due from officers, directors, trustees, and other disqualified persons 7 Diver trains are are necessary 10 Investments of sale or use 10 Investments - Us. and state government obligations 11 Investments - Corporate block 6 Investments - Corporate block 7 Investments - Corporate block 1 Investments - Corporate block		,		05/1221	3273331	31,3331
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Receivables due from officers, directors, trustees, and other discussified persons		_				
Solution Comparison Compa						
Total reason and total contents		6	, , ,			
Bit						
New		7				
Page Proposed expenses and deferred charges			Less: allowance for doubtful accounts			
Page Proposed expenses and deferred charges	Ś	8	Inventories for sale or use			
b Investments - corporate bonds 11 Investments - corporate bonds 12 Investments - ordinary and equipment basis Lass accomplated deprecation 12 Investments - ordinary and equipment basis Lass accomplated deprecation 13 Investments - ordinary and equipment basis 108,556. 14 Land, buildings, and equipment basis 108,556. 15 Other assets (describe 16 Total assets (describe 17 Accounts payable and accrued expenses 18 instructions, Also, See page 1, Item 1) 19 Deferred revenue 20 Deferred revenue 21 Montgages and other notes payable 22 Other liabilities (describe 22 Total Inlabilities (describe 23 Total Inlabilities (describe 24 A Experiments - ordinary and equipment fund 25 Retained earnings, accomplated flower ASB ASC 958, check here and complete lines 24, 25, 29, and 30. 26 Capital stock, trust principal, or current funds 27 Paid-In capital surplus, or current funds 28 Paid-In capital surplus, or current funds 29 Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) UNREALIZED LOSS ON INVESTMENTS 5 Total net assets or fund beliances and of or year (line 4 finitus) line 5) Part II, column (b), line 29 5 Total net assets or fund beliances and of or year set end of year (line 4 finitus) line 5) Part II, column (b), line 29 6 Total net assets or fund beliances and of year earling of year - Part II, column (b), line 29 6 Total net assets or fund beliances and of year earling of year - Part II, column (b), line 29 6 Total net assets or fund beliances and of year (line 4 minus line 5) Part II, column (b), line 29 6 Total net assets or fund beliances and of year (line 4 minus line 5) Part II, column (b), line 29 6 Total ne	set					
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1 1 1 1 1 1 1 1 1 1		40				
14 Land, buildings, and equipment basis 108,556 108		12	Investments - mortgage loans	45 075 402	20 274 700	20 274 700
		13	Investments - other SIMI IV	45,075,495.	30,414,109.	30,414,109.
15 Other assets (describe 17 Total assets (to be completed by all filers - see the instructions, Also, see page I, item I)		14	Land, buildings, and equipment; basis 108, 336.	05 770	20 270	00 270
Total assets (to be completed by all filers - see the instructions. Also, see page 1, them I) 17 Accounts payable and accrued expenses 18 Grants payable 20 Leans from officers, directors, frustless, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (add lines 17 through 22) 23 Total liabilities (add lines 17 through 22) 24 Net assets with donor restrictions Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30. 25 Net assets with donor restrictions Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30. 27 Paid-in or capital surplus, or land, bldg., and equipment fund 28 Betained earnings, accumulated income, endowment, or other funds 29 Total net assets or fund balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) 2 Inter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) UNNEALIZED LOSS ON INVESTMENTS 5 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29			Less: accumulated depreciation STMT 11 80,177.	25,779.	28,379.	28,379.
Instructions. Also, see page 1, Item 1		15	Other assets (describe)			
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18 Grants payable 1,418,526. 526,429.			instructions. Also, see page 1, item I)	46,217,197.	39,288,345.	39,288,345.
19 Deferred revenue		17	Accounts payable and accrued expenses			
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3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) UNREALIZED LOSS ON INVESTMENTS 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 6 3 0. 4 44,173,618. 5 5,411,702. 6 38,761,916.		•				-625 053
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	U	ruidl	nici assets di Tuntu dalandes al enu di year (nne 4 minus inie 5) - Part II, Col	unni (D), iiile 28	0	

	and Losses for Tax on In		ncom	ne (SEE Z	TTACHE	ים תי	PATEMI		raye o
	the kind(s) of property sold (for exa				(b) How a				(d) Date :	
	arehouse; or common stock, 200 sha		,		P - Pur D - Do	chase	(mo., da	acquired ay, yr.)	(mo., day	
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<u>1a</u>										
<u>b</u>										
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e	(O Democratic mellowed	(-) 04					(1-) ()		\	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost						ain or (loss) (f) minus (
	(or anowable)	pruo ox	ponoo o	71 5010			((o) piuo	(1) 11111145 (.9//	
_ a										
<u>b</u>										
C										
<u>d</u>				<u> </u>	.				1.60	455
e 662,636.		1		6,091	L •				-163,	<u> 455.</u>
Complete only for assets showin	ng gain in column (h) and owned by	I				(I)	Gains (C	ol. (h) gain iot less thar	minus	
(i) FMV as of 12/31/69	(j) Adjusted basis	(k) Exc						(from col. (
	as of 12/31/69	over c	ol. (j), i1	i any						
<u>a</u>										
b										
С										
d										
е									-163,	<u>455.</u>
	∫ If gain, also ente	r in Part I, line 7)					
2 Capital gain net income or (net ca	ıpital loss))- in Part Í, line 7			<u>} 2</u>				-163,4	<u>455.</u>
3 Net short-term capital gain or (los	ss) as defined in sections 1222(5) ar	nd (6):								
If gain, also enter in Part I, line 8,	column (c). See instructions. If (los	s), enter -0- in			}					
Part I, line 8			4040		<u> </u>	10.10		N/A		
Part V Excise Tax Bas	sed on Investment Incom		_				ee ins	struction	ns)	
1a Exempt operating foundations	described in section 4940(d)(2), che			d enter "N/A						
Date of ruling or determination	letter: (at	ttach copy of lett	er if ne	cessary -	see instr	uctions)	1		8,8	872 .
b All other domestic foundations	enter 1.39% (0.0139) of line 27b. Ex	xempt foreign or	ganizati	ions,		ľ				
enter 4% (0.04) of Part I, line 1	2, col. (b)					J				
	ic section 4947(a)(1) trusts and tax						2			0.
3 Add lines 1 and 2							3		8,8	872.
4 Subtitle A (income) tax (domes	tic section 4947(a)(1) trusts and tax	cable foundations	s only; c	others, ent	er -0-)		4			0.
5 Tax based on investment inco	me. Subtract line 4 from line 3. If ze	ero or less, enter	-0				5		8,8	872.
6 Credits/Payments:				_						
a 2022 estimated tax payments a	nd 2021 overpayment credited to 20	022	6a		1	L2,932.				
b Exempt foreign organizations -	tax withheld at source		6b			0.				
	tension of time to file (Form 8868)		6c		1	2,500.				
	y withheld		6d			0.				
	d lines 6a through 6d						7		25,4	432.
	ment of estimated tax. Check here						8			130.
	and 8 is more than 7, enter amount						9			
	than the total of lines 5 and 8, enter						10		16.4	430.
11 Enter the amount of line 10 to b	•		•	16,4	130.	Refunded	11		· · · · ·	0.

Part VI-A Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?
any political campaign? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "See's to a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. c Did the foundation ile Form 1120-PDL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$
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8a Enter the states to which the foundation reports or with which it is registered. See instructions. NY 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 9 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 2022 or the tax year beginning in 2022? See the instructions for Part XIII. If "Yes," complete Part XIII 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions 11 X 12 X 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 X
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If "Yes," attach statement. See instructions 12
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 X
Website address DATID ICK DI. WWW. WOLLDATI CINC (IDC)
Website address PATRICKPLEEFOUNDATION.ORG 14 The books are in care of PATRICK P. LEE FOUNDATION Telephone no. 716-844-3100
Located at 5166 MAIN STREET, 303, WILLIAMSVILLE, NY ZIP+4 14221
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here
· · · · · · · · · · · · · · · · · · ·
and enter the amount of tax-exempt interest received or accrued during the year 16 At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority over a bank, Yes No
The state of the s
securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the
foreign country
Form 990-PF (2022)

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Tart 11 B Ctatemente Hegaranig Activities 161 Willem 1720 May 20 Hegarieu			
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a During the year, did the foundation (either directly or indirectly):			
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1a(1)		X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
a disqualified person?			X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)	Х	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	Х	
(5) Transfer any income or assets to a disqualified person (or make any of either available			
for the benefit or use of a disqualified person)?	1a(5)		_X_
(6) Agree to pay money or property to a government official? (Exception. Check "No"			
if the foundation agreed to make a grant to or to employ the official for a period after			
termination of government service, if terminating within 90 days.)	1a(6)		X
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		X
c Organizations relying on a current notice regarding disaster assistance, check here			
d Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
before the first day of the tax year beginning in 2022?	1d		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
defined in section 4942(j)(3) or 4942(j)(5)):			
a At the end of tax year 2022, did the foundation have any undistributed income (Part XII, lines			
6d and 6e) for tax year(s) beginning before 2022?	2a		X
If "Yes," list the years , , , , ,			
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
statement - see instructions.) N/N	<u>A</u> 2b		
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
during the year?	За		X
b If "Yes," did it have excess business holdings in 2022 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 2022.) $N/2$	A. 3b		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			X
b 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 2022?			X
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Part VI-B Statements Regarding Activities for Which F	orm 4720 May be K	equirea (continu	ued)		Yes	No
5a During the year, did the foundation pay or incur any amount to:	4045(0)\9			5a(1)	163	X
(1) Carry on propaganda, or otherwise attempt to influence legislation (section(2) Influence the outcome of any specific public election (see section 4955); or				3a(1)		
any voter registration drive?		- ·		5a(2)		х
(3) Provide a grant to an individual for travel, study, or other similar purposes'	?			5a(3)		Х
(4) Provide a grant to an organization other than a charitable, etc., organization						
4945(d)(4)(A)? See instructions				5a(4)		Х
(5) Provide for any purpose other than religious, charitable, scientific, literary,						
the prevention of cruelty to children or animals?				5a(5)		X
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described	n Regulations				
section 53.4945 or in a current notice regarding disaster assistance? See instructions						
c Organizations relying on a current notice regarding disaster assistance, check h						
d If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr			/ -			
expenditure responsibility for the grant?			N/A	5d		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).						
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	* '					- V
a personal benefit contract?				6a		X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal denetit contract?			6b		
If "Yes" to 6b, file Form 8870.	haltar transaction?			70		Х
7a At any time during the tax year, was the foundation a party to a prohibited tax s b If "Yes," did the foundation receive any proceeds or have any net income attribu				7a 7b		
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$			+.17+.4	70		
excess parachute payment(s) during the year?				8		х
Part VII Information About Officers, Directors, Truste	es, Foundation Mai	nagers, Highly				
Paid Employees, and Contractors	•					
1 List all officers, directors, trustees, and foundation managers and tr	eir compensation.					
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions employee benefit pla and deferred	io Ins a	(e) Exp ccount,	
(a) Name and address	to position	enter -0-)	compensation		allowa	
		146 004	04 640			_
SEE STATEMENT 12		146,821.	21,612	•		0.
				_		
2 Compensation of five highest-paid employees (other than those incl	uded on line 1). If none,	enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(a) Companyation	(d) Contributions of employee benefit pla	no I	(e) Exp	
(a) Name and address of each employee paid more than \$50,000	devoted to position	(c) Compensation	and deferred compensation	a	allowa	
NONE						
				\perp		
				+		
—				+		
Total number of other employees paid over \$50,000				1		0

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orm 990-PF (2022) PATRICK P. LEE FOUNDATION		-3845576 Page 7
Part VII Information About Officers, Directors, Trustees, Four Paid Employees, and Contractors (continued)	dation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, e	nter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		0
Part VIII-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant s number of organizations and other beneficiaries served, conferences convened, research papers	statistical information such as the	Expenses
1 N/A	Produccu, etc.	
1 N/A		†
-		†
		
		†
		†
3		
·		†
		†
1		
·		†
		†
Part VIII-B Summary of Program-Related Investments	-	
Describe the two largest program-related investments made by the foundation during the tax year	ur on lines 1 and 2.	Amount
1		
		1
		1
2		
		1
		1
All other program-related investments. See instructions.		
NONE		
]
]
]
		7

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Total. Add lines 1 through 3

P	Part IX Minimum Investment Return (All domestic foundations must complete this part. Foreign for	undation	ns, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	20,500,248.
	Average of monthly cash balances	1b	1,066,225.
C	Fair market value of all other assets (see instructions)	1c	24,090,488.
	Total (add lines 1a, b, and c)	1d	45,656,961.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	45,656,961.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	684,854.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	44,972,107.
6_	Minimum investment return. Enter 5% (0.05) of line 5	6	2,248,605.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations, check here and do not complete this part.)	and certa	in
1	Minimum investment return from Part IX, line 6	1	2,248,605.
2a	Tax on investment income for 2022 from Part V, line 5		
b			
C		2c	27,683.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2,220,922.
4	Recoveries of amounts treated as qualifying distributions	4	150,000.
5	Add lines 3 and 4	5	2,370,922.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	2,370,922.
P	Part XI Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	2,753,749.
b	Program-related investments - total from Part VIII-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	• · · · · · · · · · · · · · · · · · · ·	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	2,753,749.
			Form 990-PF (2022)

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
1 Distributable amount for 2022 from Part X,				2,370,922.
line 7 2 Undistributed income, if any, as of the end of 2022:				2,370,322
a Enter amount for 2021 only			575,517.	
b Total for prior years:		0	·	
3 Excess distributions carryover, if any, to 2022:		0.		
a From 2017				
b From 2018				
c From 2019				
d From 2020				
e From 2021				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2022 from Part XI, line 4: \$ 2,753,749.				
a Applied to 2021, but not more than line 2a			575,517.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2022 distributable amount				2,178,232.
e Remaining amount distributed out of corpus	0.			
Excess distributions carryover applied to 2022 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below;				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2021. Subtract line				
4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2022. Subtract				
lines 4d and 5 from line 1. This amount must				100 600
be distributed in 2023				192,690.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2017	0			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2023.	0.			
Subtract lines 7 and 8 from line 6a	0.			
a Excess from 2018				
b Excess from 2019				
c Excess from 2020				
d Excess from 2021				
e Excess from 2022				

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Part XIII Private Operating For	oundations (see ins	structions and Part VI-	A, question 9)	N/A						
1 a If the foundation has received a ruling of	r determination letter that	it is a private operating								
foundation, and the ruling is effective for 2022, enter the date of the ruling										
	b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)									
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years							
income from Part I or the minimum	(a) 2022	(b) 2021	(c) 2020	(d) 2019	(e) Total					
investment return from Part IX for	, ,	, ,	, ,	, ,	. ,					
each year listed										
b 85% (0.85) of line 2a										
c Qualifying distributions from Part XI,										
line 4, for each year listed										
d Amounts included in line 2c not										
used directly for active conduct of										
exempt activities										
e Qualifying distributions made directly										
for active conduct of exempt activities.										
Subtract line 2d from line 2c Complete 3a, b, or c for the										
alternative test relied upon:										
a "Assets" alternative test - enter:										
(1) Value of all assets										
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)										
b "Endowment" alternative test - enter										
2/3 of minimum investment return										
shown in Part IX, line 6, for each year listed										
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	rmation (Complet	o this part only it	the foundation	had \$5 000 or mai	ro in accote					
at any time during the			tile louridation	1180 \$5,000 01 11101	e III assets					
1 Information Regarding Foundatio	n Managers:									
a List any managers of the foundation who	•	han 2% of the total contr	ibutions received by the	foundation before the clos	e of any tax					
year (but only if they have contributed m			ibanono roccivoa by the	Touridation botoro tito ofoo	o or any tax					
NONE										
b List any managers of the foundation who	o own 10% or more of the	stock of a cornoration (or an equally large porti	on of the ownership of a na	rtnorchin or					
other entity) of which the foundation has			or air equally large portion	on or the ownership of a pa	irtiforatilp of					
NONE	· ·									
2 Information Regarding Contributi	on Cront Cift Loon	Cabalarahin ata Dre	aromoi							
, in the second		• • • •	•	e not accept uncolicited rea	queste for funde. If					
Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.										
a The name, address, and telephone number or email address of the person to whom applications should be addressed:										
SEE STATEMENT 13										
	a cubmitted and informati	on and materials they sh	ould include:							
b The form in which applications should b	e sanılılıra alın illibililiği	ion and materials they sh	outu motdue.							
c Any submission deadlines:										
Annual Marian Control of	- analysis to the second	Laure about the Co.	Linda of in-there	alle au fa atour						
d Any restrictions or limitations on awards	s, such as by geographical	ı areas, charitable fields,	kinds of institutions, or	otner factors:						

Part XIV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the Y		Payment	,	
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	any foundation manager or substantial contributor	recipient		
a Paid during the year				
CLARKSON UNIVERSITY	NONE	PUBLIC CHARITY	ENGINEERING	
CU BOX 5520			SCHOLARSHIP PROGRAM	
POTSDAM, NY 13699				50,280.
RENSSELAER POLYTECHNIC INSTITUTE 110 EIGHTH STREET TROY, NY 12180	NONE	PUBLIC CHARITY	ENGINEERING SCHOLARSHIP PROGRAM	50,000.
COMMUNITY FOUNDATION FOR GREATER BUFFALO 726 EXCHANGE ST #525 BUFFALO, NY 14210	NONE	PUBLIC CHARITY	BUFFALO TOGETHER COMMUNITY RESPONSE FUND	50,000.
CREIGHTON PREPARATORY SCHOOL 7400 WESTERN AVENUE OMAHA, NE 68114	NONE	PUBLIC CHARITY	BOARD DISCRETIONARY	7,500.
CRISIS SERVICES 100 RIVER ROCK DRIVE, SUITE 300 BUFFALO, NY 14207	NONE	PUBLIC CHARITY	HONORARIUM	250.
Total SEE CO	NTINUATION SHEE	T(S)		2,372,948.
b Approved for future paymentNONE				
NONE				
Total	1	·	3b	0.
				Form 990-PF (2022)

Part XV-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelate	d business income		led by section 512, 513, or 514	(e)	
Zinoi gross amounto amoso caror vico maioatoa.	_ (<u>a</u>)	(b)	(C) Exclu-	(d)	Related or exempt	
1 Program service revenue:	Business code	Amount	sion code	Amount	function income	
a	5545					
b						
c						
d						
e						
f						
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash						
investments			14	161,458.		
4 Dividends and interest from securities			14	662,400.		
5 Net rental income or (loss) from real estate:				,		
a Debt-financed property						
b Not debt-financed property			16	-43,467.		
6 Net rental income or (loss) from personal				·		
property						
7 Other investment income						
8 Gain or (loss) from sales of assets other						
than inventory			18	-163,455.		
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue:						
a OTHER K-1 INVESTMENT						
b INCOME			01	607,919.		
C						
d						
e						
12 Subtotal. Add columns (b), (d), and (e)		0	•	1,224,855.	0.	
13 Total. Add line 12, columns (b), (d), and (e)				13	1,224,855.	
(See worksheet in line 13 instructions to verify calculations.)						

Part XV-B Relationship of Activities to the Accomplishment of Exempt Purposes

LINE NO.	the foundation's exempt purposes (other than by providing funds for such purposes).

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Part XVI

PATRICK P. LEE FOUNDATION Information Regarding Transfers to and Transactions and Relationships With Noncharitable **Exempt Organizations**

1	Did the o	rganization directly or indir	rectly engage in any	of the followin	g with any other organization	on described in section	on 501(c)		Yes	No
'		an section 501(c)(3) organi				JII UESCIIDEU III SECII	on 50 i(c)			
а	•	s from the reporting founda	,	-	· · ·					
u		•						1a(1)		х
										X
b		nsactions:								
-			ble exempt organizat	ion				1b(1)		х
										х
										Х
										Х
	(5) Loar	ns or loan guarantees						1b(5)		Х
	(6) Perf	ormance of services or mer	mbership or fundrais	ing solicitatio	ns			1b(6)		Х
C					ployees					X
					dule. Column (b) should alv				ets,	
	or service	es given by the reporting fo	oundation. If the foun	dation receive	ed less than fair market valu	e in any transaction	or sharing arranger	ment, show in		
	column (d) the value of the goods, o	other assets, or servi	ces received.						
(a) ∟i	ne no.	(b) Amount involved	(c) Name of	noncharitable	exempt organization	(d) Description	of transfers, transactio	ns, and sharing arra	angemer	ıts
				N/A						
2a		•	•	•	or more tax-exempt organi				\ \\	٦
				ction 527?		• • • • • • • • • • • • • • • • • • • •		Yes	X	No
<u>b</u>	If "Yes," c	omplete the following sche (a) Name of org			(h) Tune of examination	T .	(c) Description of re	alationahin		
		(a) Name of organic	allization		(b) Type of organization		(c) Description of re	elationship		
		N/A								
	Und	ler penalties of perjury, I declare	that I have examined this	s return, includin	I g accompanying schedules and s	I statements, and to the be	est of my knowledge		r	1-1-
Sig	and and	belief, it is true, correct, and cor	mplete. Declaration of pro	eparer (other that	n taxpayer) is based on all inform	ation of which preparer h	nas any knowledge.	May the IRS of return with the	e prepare	er
He	re				1	DIRECTOR		shown below Yes		str. No
	Sig	nature of officer or trustee			Date	Title	•	res] NO
	Joig	Print/Type preparer's na		Preparer's si		Date	Check if	PTIN		
							self- employed			
Pa	id	JON K. PELL	ISH	JON K.	PELLISH	11/14/23		P00625	801	
Pre	eparer			IS BES			Firm's EIN 16	-146800		
Us	e Only	1 11 11 0 11 a 11 0								
		Firm's address 45	BRYANT WO	ODS NO	RTH					
			ERST, NY				Phone no. (7	16) 630	-24	00
							·	Form 99 0)-PF	(2022)

PATRICK P. LEE FO	DONDATION	45-384	# D D	/0 P	AGE I	OF I
Part IV Capital Gains and Los	ses for Tax on Investment Income					
(a) List and 2-story br	describe the kind(s) of property solo ick warehouse; or common stock, 20	d, e.g., real estate, 00 shs. MLC Co.		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a K-1 SHORT TERM	CAPITAL GAIN			P		
b K-1 LONG TERM O				P		
c FIDELITY LONG T		5				
d SRA PRIVATE EQU				P		
e DISPOSITION OF	INVESTMENT IN AL	DAMAS OPPORTUNITI	ES	P		
f FIDELITY SHORT	TERM CAPITAL LOS	SS				
g						
h						
i						
j						
k						
1						
m						
n						
0						
(e) Gross sales price	(f) Depreciation allowed	(g) Cost or other basis			Gain or (loss)	
	(or allowable)	plus expense of sale		(e) p	lus (f) minus (g)	006 011
a (14.710)		296,911.				296,911.
b 614,712.		421 520				$\frac{614,712.}{421,520}$
C		431,530.				431,530.
d 25 030		97,650.				97,650.
e 25,038. f 22,886.						25,038.
						22,886.
g						
h i						
;						
k						
1						
m						
n						
0						_
	g gain in column (h) and owned by t	he foundation on 12/31/69		(I) Los	ses (from col. (h))	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		Gains (excess o	of col. (h) gain over ot less than "-0-")	col. (k),
a					-:	296,911.
b						614,712.
С					- /	431,530.
d						-97,650.
е						25,038.
f						22,886.
g						
h						
i						
j						
k						
1						
m						
n						
0						
2 Capital gain net income or (net ca	pital loss) {	in Part I, line 7 -" in Part I, line 7	2			163,455.
Net short-term capital gain or (los		` \ \				
If gain, also enter in Part I, line 8, If (loss), enter "-0-" in Part I, line 8	column (c).	}	3		N/A	

Part XIV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to any foundation manager Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient or substantial contributor DIVINE SAVIOR HOLY ANGELS HIGH SCHOOL NONE PUBLIC CHARITY DLS DISCRETIONARY 4257 N. 100TH STREET GRANT MILWAUKEE, WI 53222 3,000. ECMC FOUNDATION NONE PUBLIC CHARITY HELP CENTER AND 462 GRIDER ST. INTENSIVE OUTPATIENT BUFFALO, NY 14215 PROGRAM 51,600. ECMC FOUNDATION PUBLIC CHARITY TRAUMA NONE 462 GRIDER ST. CENTER/EMERGENCY DEPT. BUFFALO, NY 14215 CAPITAL CAMPAIGN 26,001. ERIE COMMUNITY COLLEGE NONE PUBLIC CHARITY STEM SCHOLARSHIP 121 ELLICOTT STREET, ROOM 110 PROGRAM BUFFALO, NY 14203 50,026. FEEDMORE WNY FOUNDATION NONE PUBLIC CHARITY MEMORIAL 92 HOLT STREET BUFFALO, NY 14206 250. PUBLIC CHARITY BUILDING RENOVATION GERARD PLACE NONE 2515 BAILEY AVENUE BUFFALO, NY 14215 100,000. HORIZON HEALTH SERVICES NONE PUBLIC CHARITY HONORARIUM 55 DODGE ROAD GETZVILLE, NY 14068 250. HORIZON HEALTH SERVICES NONE PUBLIC CHARITY FAMILY AND CAREGIVER SUPPORT SERVICES 55 DODGE ROAD GETZVILLE, NY 14068 50,000. PUBLIC CHARITY VALUE NETWORK -HORIZON HEALTH SERVICES NONE 55 DODGE ROAD PROFESSIONAL GETZVILLE, NY 14068 DEVELOPMENT 42,838. PUBLIC CHARITY WORKFORCE - CLINICAL HORIZON HEALTH SERVICES NONE 55 DODGE ROAD SHIFT GETZVILLE, NY 14068 50,000. 2,214,918. Total from continuation sheets

Part XIV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to any foundation manager Foundation Purpose of grant or Amount status of contribution Name and address (home or business) or substantial contributor recipient LOYOLA UNIVERSITY MARYLAND, INC. NONE PUBLIC CHARITY THE PATRICK P. LEE 4501 N. CHARLES STREET FOUNDATION FELLOWSHIP BALTIMORE, MD 21210 10,000. MARTON COUNTY COMMUNION ON YOUTH NONE PUBLIC CHARITY DLS DISCRETIONARY 1375 WEST 16TH STREET GRANT INDIANAPOLIS, IN 46202 570. MENTAL HEALTH ADVOCATES OF WESTERN NONE PUBLIC CHARITY ERIE COUNTY NEW YORK ANTI-STIGMA COALITION 1021 BROADWAY, 5TH FLOOR BUFFALO , NY 14212 5,000. MONROE COMMUNITY COLLEGE FOUNDATION NONE PUBLIC CHARITY STEM SCHOLARSHIP 1000 E. HENRIETTA ROAD PROGRAM ROCHESTER, NY 14623 9,000. NATIONAL ALLIANCE ON MENTAL ILLNESS -NONE PUBLIC CHARITY KNOW YOUR RIGHTS TRAINING NEW YORK 150 BROADWAY, SUITE 406 MENANDS, NY 12204 75,000. NIAGARA COUNTY COMMUNITY COLLEGE NONE PUBLIC CHARITY STEM SCHOLARSHIP FOUNDATION, INC. PROGRAM 3111 SAUNDERS SETTLEMENT SANBURN, NY 14132 10,000. NIAGARA COUNTY COMMUNITY COLLEGE NONE PUBLIC CHARITY MENTAL HEALTH SUPPORTS FOUNDATION, INC. FOR COLLEGE STUDENTS 3111 SAUNDERS SETTLEMENT SANBURN, NY 14132 50,000. OCEAN REEF COMMUNITY FOUNDATION, INC. NONE PUBLIC CHARITY BOARD DISCRETIONARY 35 OCEAN REEF DRIVE, SUITE 148 KEY LARGO, FL 33037 75,000. OPERATION BREAKTHROUGH NONE PUBLIC CHARITY DLS DISCRETIONARY 3039 TROOST AVENUE GRANT KANSAS CITY, MO 64109 1,000. RECOVERY OPTIONS MADE EASY PUBLIC CHARITY THE KIRSTEN VINCENT NONE 366 HERTEL AVENUE, SUITE 150 RESPITE AND RECOVERY BUFFALO, NY 14207 300,000. Total from continuation sheets

Part XIV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to any foundation manager Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient or substantial contributor RENSSELAER POLYTECHNIC INSTITUTE NONE PUBLIC CHARITY MENTAL HEALTH SUPPORTS 110 EIGHTH STREET FOR COLLEGE STUDENTS TROY, NY 12180 47,956. ROCHESTER INSTITUTE OF TECHNOLOGY NONE PUBLIC CHARITY MENTAL HEALTH SUPPORTS 116 LOMB MEMORIAL DRIVE FOR COLLEGE STUDENTS ROCHESTER, NY 14623 50,000. ROCHESTER INSTITUTE OF TECHNOLOGY PUBLIC CHARITY WORKFORCE - CLINICAL NONE 116 LOMB MEMORIAL DRIVE SHIFT ROCHESTER, NY 14623 50,000. ROCHESTER INSTITUTE OF TECHNOLOGY NONE PUBLIC CHARITY ENGINEERING 116 LOMB MEMORIAL DRIVE SCHOLARSHIP PROGRAM ROCHESTER, NY 14623 127,360. SAINT LOUIS UNIVERSITY NONE PUBLIC CHARITY ENGINEERING 1 N GRAND BLVD SCHOLARSHIP PROGRAM ST. LOUIS, MO 63103 105,248. SAINT LOUIS UNIVERSITY NONE PUBLIC CHARITY MENTAL HEALTH SUPPORTS 1 N GRAND BLVD. FOR COLLEGE STUDENTS ST. LOUIS, MO 63103 48,088. ST. JAMES CATHOLIC SCHOOL NONE PUBLIC CHARITY BOARD DISCRETIONARY 903 PARK AVENUE FALLS CHURCH, VA 22046 2,500. SUICIDE PREVENTION AND CRISIS NONE PUBLIC CHARITY CRISIS RESPONSE SERVICES, INC. DIVERSION COORDINATOR 100 RIVER ROCK DRIVE, SUITE 300 BUFFALO, NY 14207 37,000. SYRACUSE UNIVERSITY NONE PUBLIC CHARITY ENGINEERING 900 SOUTH CROUSE AVENUE SCHOLARSHIP PROGRAM SYRACUSE, NY 13244 50,148. TEENWORKS NONE PUBLIC CHARITY DLS DISCRETIONARY 2820 N. MERIDAN ST., SUITE 1250 GRANT INDIANAPOLIS, IN 46208 2,000.

Total from continuation sheets

Part XIV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to any foundation manager Foundation Purpose of grant or Amount status of contribution Name and address (home or business) or substantial contributor recipient UNITED STATES DEPARTMENT OF EDUCATION NONE PUBLIC CHARITY DLS AWARD 400 MARYLAND AVE, SW WASHINGTON, DC 11361 13,500. UNIVERSITY AT BUFFALO FOUNDATION NONE PUBLIC CHARITY WNY MEDICAL PO BOX 900 SCHOLARSHIP FUND BUFFALO, NY 14226 (PSYCHIATRY FOCUS) 96,000. UNIVERSITY OF ROCHESTER PUBLIC CHARITY INTERCEPT - CLINICAL NONE 300 EAST RIVER ROAD HIGH RISK PROGRAM ROCHESTER, NY 14627 245,760. UNIVERSITY OF ROCHESTER NONE PUBLIC CHARITY ENGINEERING 301 EAST RIVER ROAD SCHOLARSHIP PROGRAM ROCHESTER, NY 14628 124,403. UNIVERSITY OF ROCHESTER NONE PUBLIC CHARITY PSYCHIATRIC NURSE 300 EAST RIVER ROAD PRACTITIONER ROCHESTER, NY 14627 SCHOLARSHIP PROGRAM 72,500. UNIVERSITY OF ROCHESTER SCHOOL OF NONE PUBLIC CHARITY HONORARIUM NURSING 300 EAST RIVER ROAD ROCHESTER, NY 14627 250. UNIVERSITY PSYCHIATRIC PRACTICE, INC. NONE PUBLIC CHARITY PSYCHOLOGY DOCTORAL 462 GRIDER ST, 11TH FLOOR INTERNSHIP BUFFALO, NY 14215 133,100. UPSTATE FOUNDATION NONE PUBLIC CHARITY FAMILY AND CAREGIVER 750 E. ADAMS STREET CAB326 SUPPORT SERVICES SYRACUSE, NY 13210 50,000. UPSTATE FOUNDATION NONE PUBLIC CHARITY WORKFORCE - CLINICAL 750 E. ADAMS STREET CAB326 SHIFT SYRACUSE, NY 13210 49,570. Total from continuation sheets

Schedule B

(Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Schedule B (Form 990) (2022)

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number

F	PATRICK P. LEE FOUNDATION	45-3845576
Organization type (check	cone):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	n is covered by the General Rule or a Special Rule.	
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	ule. See instructions.
General Rule		
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaliny one contributor. Complete Parts I and II. See instructions for determining a contributor	· · · · · · · · · · · · · · · · · · ·
Special Rules		
sections 509(a)(1 contributor, durin	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (EZ, line 1. Complete Parts I and II.	and that received from any one
contributor, durir literary, or educa	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from the year, total contributions of more than \$1,000 exclusively for religious, charitable, stional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (b) instead of the contributor name and address), II, and III.	scientific,
year, contribution is checked, ente purpose. Don't c	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from secularizely for religious, charitable, etc., purposes, but no such contributions totaled refer the total contributions that were received during the year for an exclusively religion complete any of the parts unless the General Rule applies to this organization because ble, etc., contributions totaling \$5,000 or more during the year	more than \$1,000. If this box bus, charitable, etc., it received nonexclusively
answer "No" on Part IV, lin	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B ne 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-Fing requirements of Schedule B (Form 990).	

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

Schedule B (Form 990) (2022)

Name of organization Employer identification number

PATRICK P. LEE FOUNDATION

45-3845576

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PATRICK P. LEE 13 SUNRISE CAY KEY LARGO, FL 33037	\$ 750,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Occuplete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupate Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

PATRICK P. LEE FOUNDATION

45-3845576

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
223453 11-15	00		Schedule B (Form 990) (2022)

Page 4

Schedule B (Form 990) (2022) Name of organization **Employer identification number** PATRICK P. LEE FOUNDATION 45-3845576 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

223454 11-15-22

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return.

FORM 990-PF

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form2220 for instructions and the latest information

2022

PATRICK P. LEE FOUNDATION

Employer identification number 45-3845576

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

Part I Required Annual Payment	return	, but do not attach Fe	01111 2220.		
1 Total tax (see instructions)				1	8,872.
2 a Personal holding company tax (Schedule PH (Form 1120), I	ina 26) i	included on line 1	2a		
b Look-back interest included on line 1 under section 460(b)(24		
contracts or section 167(g) for depreciation under the incom	•		2b		
contracts of cocton for (g) for approximation and of the moon	10 10100				
c Credit for federal tax paid on fuels (see instructions)			2c		
d Total. Add lines 2a through 2c					
3 Subtract line 2d from line 1. If the result is less than \$500, or				2d	
does not owe the penalty		•	•	3	8,872.
4 Enter the tax shown on the corporation's 2021 income tax re					-
or the tax year was for less than 12 months, skip this line ar	ıd enter	the amount from line 3 o	n line 5	4	35,303.
5 Required annual payment. Enter the smaller of line 3 or line	ne 4. If t	he corporation is require	d to skip line 4,		
enter the amount from line 3				5	8,872.
Part II Reasons for Filing - Check the boxes be		t apply. If any boxes are o	checked, the corporation	must file Form 2220	
even if it does not owe a penalty. See instructions					
6 The corporation is using the adjusted seasonal insta	llment r	nethod.			
7 The corporation is using the annualized income inst	allment	method.			
8 The corporation is a "large corporation" figuring its f	irst requ	iired installment based oi	n the prior year's tax.		
Part III Figuring the Underpayment					1
	\rightarrow	(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) th	e				
15th day of the 4th (Form 990-PF filers: Use 5th month),					
6th, 9th, and 12th months of the corporation's tax year	9	05/15/22	06/15/22	09/15/22	12/15/22
10 Required installments. If the box on line 6 and/or line 7					
above is checked, enter the amounts from Sch A, line 38. If					
the box on line 8 (but not 6 or 7) is checked, see instruction					
for the amounts to enter. If none of these boxes are checked	´	0.010	0 010	0.010	0 010
enter 25% (0.25) of line 5 above in each column	10	2,218.	2,218.	2,218.	2,218.
11 Estimated tax paid or credited for each period. For					
column (a) only, enter the amount from line 11 on line 15.		000			10 000
See instructions	11	932.			12,000.
Complete lines 12 through 18 of one column					
before going to the next column.	,,				
12 Enter amount, if any, from line 18 of the preceding column	12				12,000.
14 Add amounts on lines 16 and 17 of the preceding column	14	932.	0.	3,504.	5,722. 6,278.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	334.	· ·	U •	0,4/0.
16 If the amount on line 15 is zero, subtract line 13 from line	16		1,286.	3,504.	
14. Otherwise, enter -0-17 Underpayment. If line 15 is less than or equal to line 10,	10		1,200.	3,304.	
subtract line 15 from line 10. Then go to line 12 of the next					
column. Otherwise, go to line 18	17	1,286.	2,218.	2,218.	
18 Overpayment. If line 10 is less than line 15, subtract line 10		1,200	2,210.	2,210.	
from line 15. Then go to line 12 of the next column	18				
nom mile to. Then yo to mile 12 of the flext column	10				

For Paperwork Reduction Act Notice, see separate instructions.

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

Form 2220 (2022)

Page 2

Part IV Figuring the Penalty

			(a)	(b)	(c)	(d)
19	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19				
20	Number of days from due date of installment on line 9 to the					
	date shown on line 19	20				
21	Number of days on line 20 after 4/15/2022 and before 7/1/2022	21				
22	Underpayment on line 17 x Number of days on line 21 x 4% (0.04)	22	\$	\$	\$	\$
23	Number of days on line 20 after 6/30/2022 and before 10/1/2022	23				
24	Underpayment on line 17 x Number of days on line 23 x 5% (0.05)	24	\$	\$	\$	\$
25	Number of days on line 20 after 9/30/2022 and before 1/1/2023	25				
26	Underpayment on line 17 x Number of days on line 25 x 6% (0.06)	26	\$	\$	\$	\$
27	Number of days on line 20 after 12/31/2022 and before 4/1/2023	27	SEE	ATTACHED W	ORKSHEET	
28	Underpayment on line 17 x Number of days on line 27 x 7% (0.07)	28	\$	\$	\$	\$
29	Number of days on line 20 after 3/31/2023 and before 7/1/2023	29				
30	Underpayment on line 17 x Number of days on line 29 x *% 365	30	\$	\$	\$	\$
31	Number of days on line 20 after 6/30/2023 and before 10/1/2023	31				
32	Underpayment on line 17 x Number of days on line 31 x *% 365	32	\$	\$	\$	\$
33	Number of days on line 20 after 9/30/2023 and before 1/1/2024	33				
34	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$	\$
35	Number of days on line 20 after 12/31/2023 and before 3/16/2024	35				
36	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$	\$
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	\$
38	Penalty. Add columns (a) through (d) of line 37. Enter the to line for other income tax returns	tal he	ere and on Form 1120, lin	e 34; or the comparable	38	\$ 130.

 $^{^{\}star}$ Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form **2220** (2022)

FORM 990-PF UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s)				Identifying Numb	er
PATRICK P.	LEE FOUNDATI	ON		45-3845	576
(A)	(B)	(C) Adjusted	(D) Number Days	(E) Daily	(F)
*Date	Amount	Balance Due	Balance Due	Penalty Rate	Penalty
		-0-			
05/15/22	2,218.	2,218.			
05/15/22	-932.	1,286.	31	.000109589	4 .
06/15/22	2,218.	3,504.	15	.000109589	6.
06/30/22	0.	3,504.	77	.000136986	37.
09/15/22	2,218.	5,722.	15	.000136986	12.
09/30/22	0.	5,722.	76	.000164384	71.
12/15/22	2,218.	7,940.			
12/15/22	-12,000.	-4,060.			
12/31/22	0.	-4,060.	135	.000191781	
enalty Due (Sum of Colu	umn F)				130.

^{*} Date of estimated tax payment, withholding credit date or installment due date.

212511 04-01-22

FORM 990-PF INTERES	ST ON SAVING	S AND TEMPO	RARY CASH	INVESTMENTS	STATEMENT 1
SOURCE	(A) REVENU PER BOO	-	(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME	
K-1 INTEREST		161,	458.	160,210.	
TOTAL TO PART I, LII	161,	458.	160,210.		
FORM 990-PF	DIVIDENDS	AND INTERES	T FROM SE	CURITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENU PER BOC		
FIDELITY ACCOUNT #4140 K-1 DIVIDEND	481,868.	0.	481,8	68. 479,6	76.
INCOME STATE STREET	180,337.	0.	180,3	37. 180,3	37.
BALANCED RESERVES	195.	0.	1	95. 1	95 .
TO PART I, LINE 4	662,400.	0.	662,4	660,2	08.
FORM 990-PF		RENTAL EXPEN	SES		STATEMENT 3
DESCRIPTION			IVITY MBER	AMOUNT	TOTAL
NET RENTAL LOSS FROM	43,467.				
TOTAL RENTAL EXPENSI	ES				43,467.
NET RENTAL INCOME TO	O FORM 990-F	F, PART I,	LINE 5B		-43,467.

FORM 990-PF	OTHER 1	NCOME		STATEMENT 4
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
OTHER K-1 INVESTMENT INCOME		607,919.	701,010.	
TOTAL TO FORM 990-PF, PART I,	LINE 11	607,919.	701,010.	
FORM 990-PF	LEGAI	FEES		STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	8,077	. 0	•	8,077.
TO FM 990-PF, PG 1, LN 16A	8,077	. 0	•	8,077.
FORM 990-PF DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		STATEMENT 6 (D) CHARITABLE PURPOSES
ACCOUNTING FEES	18,075	904	•	17,171.
TO FORM 990-PF, PG 1, LN 16B	18,075	904	•	17,171.
FORM 990-PF C	THER PROFES	SSIONAL FEES		STATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT FEES PAYROLL PROCESSING FEES	744,476. 1,222.			0. 1,184.
RECRUTING/JOB PLACEMENT FEES	18,445	. 0	•	18,445.

FORM 990-PF	TAX	ES	S	TATEMENT 8
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FOREIGN TAXES	21,842.	21,842.		0.
PROPERTY TAXES	3,244.			3,082.
PAYROLL TAXES	18,748.	578.		18,170.
NYS FILING FEE NYS CT-13 AND FEDERAL	750.	0.		750.
EXCISE TAXES	36,664.	250.		0.
TO FORM 990-PF, PG 1, LN 18	81,248.	22,832.		22,002.
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 9
	(A) EXPENSES	(B) NET INVEST-	(C) ADJUSTED	(D) CHARITABLE
DESCRIPTION	PER BOOKS	MENT INCOME	NET INCOME	PURPOSES
EQUIPMENT REPAIR &				
MAINTENANCE	6,182.	309.		5,873.
MISCELLANEOUS EXPENSE	21,829.	0.		21,829.
MARKETING & PUBLIC RELATIONS	1,102.	0.		1,102.
POSTAGE, MAILING SERVICE	645.			645.
SUPPLIES	1,463.	73.		1,390.
INSURANCE - LIABILITY	5,166.			4,908.
PROFESSIONAL DEVELOPMENT NET RENTAL LOSS FROM K-1	6,117.	0.		6,117.
	43,467.	43,467.		0.
INVESTMENTS	10,10,0	•		

OTHER INVESTMENTS		STATEMENT 10
VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
FMV	187.452.	187,452.
FMV	-	503,406.
FMV	-	1,783,045.
FMV	1,224,039.	1,224,039.
FMV		
	3,395,165.	3,395,165.
FMV	17,880,198.	17,880,198.
FMV	368,092.	368,092.
FMV	973,862.	973,862.
FMV	1,000,948.	1,000,948.
FMV	8,492,269.	8,492,269.
FMV	1,156,056.	1,156,056.
FMV	783,164.	783,164.
FMV	196,152.	196,152.
FMV	330,941.	330,941.
LINE 13	38,274,789.	38,274,789.
	VALUATION METHOD FMV FMV FMV FMV FMV FMV FMV FMV FMV FM	VALUATION METHOD BOOK VALUE FMV 187,452. FMV 503,406. FMV 1,783,045. FMV 1,224,039. FMV 3,395,165. FMV 17,880,198. FMV 973,862. FMV 973,862. FMV 1,000,948. FMV 8,492,269. FMV 1,156,056. FMV 783,164. FMV 196,152. FMV 330,941.

FORM 990-PF DEPRECIATION OF ASSE	TS NOT HELD FOR	INVESTMENT	STATEMENT 11
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
OFFICE FURNITURE	37,717.	37,717.	0.
OFFICE FURNITURE	2,113.	2,113.	0.
OFFICE FURNITURE	1,272.	1,272.	0.
COPY MACHINE	5,342.	5,342.	0.
OFFICE FURNITURE	30,000.	17,750.	12,250.
NEW PHONE SYSTEM	2,895.	2,895.	0.
DELL DESKTOP	1,019.	612.	407.
POWEREDGE R440 FILE SERVER	3,002.	2,002.	1,000.
WEBSITE	5,950.	4,627.	1,323.
OWL (50%)	535.	252.	283.
HVAC REPAIR	1,905.	424.	1,481.
MEMORY FOX	1,620.	585.	1,035.
SERVER SWITCH	180.	55.	125.
FOUNDANT LICENSE FRO GRANT			
SOFTWARE	11,500.	4,313.	7,187.
ALLAIRE NEW LAPTOP	2,630.	146.	2,484.
MONITOR	449.	12.	437.
TOTAL TO FM 990-PF, PART II, LN 14	108,129.	80,117.	28,012.

FORM 990-PF	PART VII - LIST TRUSTEES AND	OF OFFICERS, DI		STAT	EMENT 12
NAME AND ADDRESS		TITLE AND AVRG HRS/WK			EXPENSE
PATRICK P. LEE 5166 MAIN STREET, WILLIAMSVILLE, NY		CHAIRMAN 5.00	0.	0.	0.
JANE MOGAVERO 5166 MAIN STREET, WILLIAMSVILLE, NY	SUITE 303 14221	EXECUTIVE DIREG		21,612.	0.
LEE WORTHAM 5166 MAIN STREET, WILLIAMSVILLE, NY		VICE CHAIRMAN 2.00	0.	0.	0.
BARBARA RHEE 5166 MAIN STREET, WILLIAMSVILLE, NY	SUITE 303 14221	SECRETARY 2.00	0.	0.	0.
JOHN RHEE, MD 5166 MAIN STREET, WILLIAMSVILLE, NY		DIRECTOR 2.00	0.	0.	0.
MICHELE LEE 5166 MAIN STREET, WILLIAMSVILLE, NY		DIRECTOR 2.00	0.	0.	0.
CYNTHIA LEE 5166 MAIN STREET, WILLIAMSVILLE, NY	SUITE 303 14221	DIRECTOR 2.00	0.	0.	0.
ARTHUR MICHALEK 5166 MAIN STREET, WILLIAMSVILLE, NY		TREASURER 2.00	0.	0.	0.
JON PELLISH 5166 MAIN STREET, WILLIAMSVILLE, NY		DIRECTOR 2.00	0.	0.	0.
SUZANNE STERN 5166 MAIN STREET, WILLIAMSVILLE, NY		DIRECTOR 2.00	0.	0.	0.

0.

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII

146,821. 21,612.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XIV, LINES 2A THROUGH 2D

STATEMENT 13

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

PATRICK P. LEE FOUNDATION 5166 MAIN STREET, SUITE 303 WILLIAMSVILLE, NY 14221

TELEPHONE NUMBER

716-844-3100

FORM AND CONTENT OF APPLICATIONS

PATRICK P. LEE FOUNDATION (THE FOUNDATION) PROACTIVELY IDENTIFIES NONPROFIT ORGANIZATIONS WORKING IN ITS FOCUS AREAS OF EDUCATION AND MENTAL HEALTH. NONPROFITS MAY ALSO PROVIDE INFORMATION ON PROGRAMS ALIGNING WITH THE FOUNDATION'S STATED GOALS IN EACH FOCUS AREA. THE MAJORITY OF GRANTS ARE INITIATED BY THE FOUNDATION EITHER THROUGH DIRECT CONTACT OR REQUESTS FOR PROPOSALS. AS PART OF ITS SCHOLARSHIP PROGRAM, THE FOUNDATION PROVIDES EDUCATION GRANTS TO SELECT LEE SCHOLARS THROUGH ITS DISTINGUISHED LEE SCHOLAR AWARD.

ANY SUBMISSION DEADLINES

THE FOUNDATION BOARD MEETS QUARTERLY TO APPROVE GRANT AWARDS.

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE LEE FOUNDATION IS A PRIVATE FOUNDATION DEDICATED TO EDUCATION AND MENTAL HEALTH.

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1 990-PF

Asset No.	Description	Date Acquired	Method	Life	C o n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
12	OFFICE FURNITURE	12/19/08	SL	10.00	16	37,717.				37,717.	37,717.		0.	37,717.
25	OFFICE FURNITURE	01/27/09	SL	10.00	16	2,113.				2,113.	2,113.		0.	2,113.
26	OFFICE FURNITURE	09/21/09	SL	10.00	16	1,272.				1,272.	1,272.		0.	1,272.
39	COPY MACHINE	04/24/13	SL	5.00	16	5,342.				5,342.	5,342.		0.	5,342.
84	OFFICE FURNITURE	02/10/17	SL	10.00	16	30,000.				30,000.	14,750.		3,000.	17,750.
85	NEW PHONE SYSTEM	02/27/17	SL	5.00	16	2,895.				2,895.	2,799.		96.	2,895.
97	(D)LAPTOP	12/11/18	SL	3.00	16	1,827.				1,827.	1,827.		0.	1,827.
108	(D)LAPTOP AND DOCKING STATION	03/22/19	SL	5.00	16	695.				695.	382.		313.	695.
109	DELL DESKTOP	12/20/19	SL	5.00	16	1,019.				1,019.	408.		204.	612.
110	(D)GLM 2 YEAR SUBSCRIPTION	01/02/20	SL	2.00	16	11,000.				11,000.	11,000.		0.	11,000.
111	POWEREDGE R440 FILE SERVER	12/22/20	SL	3.00	16	3,002.				3,002.	1,001.		1,001.	2,002.
112	WEBSITE	08/24/20	SL	3.00	16	5,950.				5,950.	2,644.		1,983.	4,627.
113	OWL (50%)	07/26/21	SL	3.00	16	535.				535.	74.		178.	252.
114	HVAC REPAIR	08/20/21	SL	6.00	16	1,905.				1,905.	106.		318.	424.
115	MEMORY FOX	11/23/21	SL	3.00	16	1,620.				1,620.	45.		540.	585.
121	SERVER SWITCH	01/13/22	SL	3.00	16	180.				180.			55.	55.
122	FOUNDANT LICENSE FRO GRANT SOFTWARE	03/07/22	SL	2.00	16	11,500.				11,500.			4,313.	4,313.
123	ALLAIRE NEW LAPTOP	10/14/22	SL	3.00	16	2,630.				2,630.			146.	146.

228111 04-01-22

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1 990-PF

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
124	MONITOR	11/18/22	SL	3.00		16	449.				449.			12.	12.
	* TOTAL 990-PF PG 1 DEPR						121,651.				121,651.	81,480.		12,159.	93,639.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						106,892.			0.	106,892.	81,480.			89,113.
	ACQUISITIONS						14,759.			0.	14,759.	0.			4,526.
	DISPOSITIONS/RETIRED						13,522.			0.	13,522.	13,209.			13,522.
	ENDING BALANCE						108,129.			0.	108,129.	68,271.			80,117.
	ENDING ACCUM DEPR LESS DISPOSITIONS											80,117.			
	ENDING BOOK VALUE											28,012.			

228111 04-01-22

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

EXTENDED TO NOVEMBER 15, 2023 Form **990-T Exempt Organization Business Income Tax Return** OMB No. 1545-0047 (and proxy tax under section 6033(e)) For calendar year 2022 or other tax year beginning Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Open to Public Inspection for 501(c)(3) Organizations Only Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service Name of organization (Check box if name changed and see instructions.) Check hox if address changed. **B** Exempt under section Print PATRICK P. LEE FOUNDATION 45-3845576 EGroup exemption numbe (see instructions) X 501(c)(3 Number, street, and room or suite no. If a P.O. box, see instructions. Type 5166 MAIN STREET, 303 220(e) 408(e) 408A]530(a) City or town, state or province, country, and ZIP or foreign postal code]529(a) [WILLIAMSVILLE, NY 14221 529A Check box if 39,288,345. C Book value of all assets at end of year an amended return. X 501(c) corporation 501(c) trust 401(a) trust State college/university Other trust Check organization type Claim a refund shown on Form 2439 Check if filing only to Claim credit from Form 8941 Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation Enter the number of attached Schedules A (Form 990-T) X No During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes If "Yes," enter the name and identifying number of the parent corporation. PATRICK P. LEE FOUNDATION 716-844-3100 The books are in care of Telephone number **Total Unrelated Business Taxable Income** Total of unrelated business taxable income computed from all unrelated trades or businesses (see 90,576. instructions) 2 Reserved 2 90,576. 3 3 Add lines 1 and 2 4 Charitable contributions (see instructions for limitation rules) 4 90,576. Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 5 5 Deduction for net operating loss. See instructions 6 6 Total of unrelated business taxable income before specific deduction and section 199A deduction. 7 90,576. Subtract line 6 from line 5 1,000. Specific deduction (generally \$1,000, but see instructions for exceptions) 8 8 9 Trusts. Section 199A deduction. See instructions 9 1,000. 10 Total deductions. Add lines 8 and 9 10

Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7,

Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on

Alternative minimum tax (trusts only)

Tax rate schedule or

Tax on noncompliant facility income. See instructions

Total. Add lines 3 through 6 to line 1 or 2, whichever applies

For Paperwork Reduction Act Notice, see instructions.

Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)

Schedule D (Form 1041)

223701 01-16-23

11

3

4

5

6

LHA

Tax Computation

Other tax amounts. See instructions

Proxy tax. See instructions

89,576.

18,811.

18,811

Form 990-T (2022

11

<u>2</u> 3

4

5

6

Form 9		,							Р	age 2
Part		Tax and Payments			1					
1a		ign tax credit (corporations attach Form 11	18; trusts attach Form 1116)		-		-			
b					-		-			
С		eral business credit. Attach Form 3800 (see					-			
d		lit for prior year minimum tax (attach Form								
е		Il credits. Add lines 1a through 1d					1e		0 0	11
2		tract line 1e from Part II, line 7					2	<u></u>	8,8	<u> </u>
3	Othe	er amounts due. Check if from: Form 4								
			(attach statement)				3			
4	Tota	Itax. Add lines 2 and 3 (see instructions).	·	•				4	<u> </u>	1 1
							4	<u></u>	8,8	
5		ent net 965 tax liability paid from Form 965		ı	1		5			0.
6a		ments: A 2021 overpayment credited to 202		-						
b	2022	estimated tax payments. Check if section	643(g) election applies	<u>6b</u>						
С										
d	Fore	ign organizations: Tax paid or withheld at s	ource (see instructions)	6d						
е		kup withholding (see instructions)								
f		lit for small employer health insurance prem								
g	Othe	er credits, adjustments, and payments:								
		Form 4136 (Other Tot	al 6g						
7	Tota	I payments. Add lines 6a through 6g					7			
8	Estir	nated tax penalty (see instructions). Check	if Form 2220 is attached				8			71.
9	Tax	due. If line 7 is smaller than the total of line	es 4, 5, and 8, enter amount owed				9	1	9,6	<u>32.</u>
10		rpayment. If line 7 is larger than the total o					10			
11	Ente	r the amount of line 10 you want: Credited	I to 2023 estimated tax			Refunded	11			
Part	IV	Statements Regarding Certain A	Activities and Other Informa	tion (se	ee instru	ctions)				
1	At ar	ny time during the 2022 calendar year, did t	the organization have an interest in c	or a signat	ture or of	ther authority			Yes	No
	over	a financial account (bank, securities, or oth	ner) in a foreign country? If "Yes," the	e organiza	ation may	y have to file				
		EN Form 114, Report of Foreign Bank and								
	here	•				,				Х
2	Duri	ng the tax year, did the organization receive	e a distribution from, or was it the gra	antor of, c	or transfe	eror to. a				
		gn trust?	,	-		•				Х
		es," see instructions for other forms the org								
3		r the amount of tax-exempt interest receive	•			\$				
4		r available pre-2018 NOL carryovers here	\$ Do not				rvover			
•		vn on Schedule A (Form 990-T). Don't reduc	•					.		
5		-2017 NOL carryovers. Enter the Business	· ·	•		-		.		
3		amounts shown below by any NOL claimed	•		•					
	ti iC E	Business Activity				st-2017 NOL c	arryover			
		9000		\$	ilable po		93,1			
		5000	303	\$			<i>J</i>	•••		
	Did t	the organization change its method of acco	unting? (ago instructions)	Φ						Х
6a		9	,		1100					
b		is "Yes," has the organization described th	le change on Form 990, 990-EZ, 990	-PF, OF FC	ביווו ווועכ	orii No,				
Part		ain in Part V Supplemental Information								
		• • • • • • • • • • • • • • • • • • • •		0						
Provide	e the e	explanation required by Part IV, line 6b. Also	o, provide any other additional inforn	nation. Se	ee instrud	ctions.				
	- 1	Jnder penalties of perjury, I declare that I have examined the	his return, including accompanying schedules and	d statements	and to the	hest of my knowled	dge and be	lief it is true		
Sign		correct, and complete. Declaration of preparer (other than t					age and be	ilei, it is true	,	
Here			LARGIN	m T 7 7 77	DIDE		-	discuss this		ith
		Signature of officer	Date EXECU	LIAE	DIKE			shown below		7 a.
		Ī	11110		-		_	? X Ye	S	No
		Print/Type preparer's name	Preparer's signature	Date		Check i	f PTIN			
Paid						self- employed				
Prepa	arer			11/14		1		0625		
Use (/IS BESAW & KERSHNE	R LLI	P	Firm's EIN	16	-146	800	2
	•		NOODS NORTH					_		
		Firm's address AMHERST , N	7 14228			Phone no. (716)	630-	-24	<u> </u>

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service 501(c)(3) Organizations Only B Employer identification number Name of the organization PATRICK P. LEE FOUNDATION 45-3845576 900003 **D** Sequence: Unrelated business activity code (see instructions) Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales **b** Less returns and allowances 1c Cost of goods sold (Part III, line 8) 2 2 Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D (Form 1041 or Form 9,548. 9,548. 1120)). See instructions 4a b Net gain (loss) (Form 4797) (attach Form 4797). See instructions) 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 14 174,196. 174,196. Rent income (Part IV) 6 Unrelated debt-financed income (Part V) 7 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) Exploited exempt activity income (Part VIII) 10 10 Advertising income (Part IX) 11 11 Other income (see instructions; attach statement) 12 12 13 183,744. **Total.** Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income Compensation of officers, directors, and trustees (Part X) 2 2 Salaries and wages 3 3 Repairs and maintenance 4 4 Interest (attach statement). See instructions 5 5 6 Taxes and licenses 6 Depreciation (attach Form 4562). See instructions 7 Less depreciation claimed in Part III and elsewhere on return 8b 8 9 Depletion _____ 9 10 Contributions to deferred compensation plans 10 Employee benefit programs 11 11 12 Excess exempt expenses (Part VIII) 12 Excess readership costs (Part IX) 13 13 14 Other deductions (attach statement) 14 Total deductions. Add lines 1 through 14 15 15 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, 16

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

16

183,744.

93,168.

90,576.

17

18

Deduction for net operating loss. See instructions STMT 15 STMT 18

column (C)

Unrelated business taxable income. Subtract line 17 from line 16

Pac	ıe	4

Part	III Cost of Goods Sold Enter met	hod of inventory valua	ution		. <u>«.ge =</u>
1	Inventory at beginning of year	,		1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year			1 _ 1	
8	Cost of goods sold. Subtract line 7 from line 6. Enter l			_	
9	Do the rules of section 263A (with respect to property	produced or acquired	for resale) apply to the	organization?	Yes No
Part	IV Rent Income (From Real Property and	l Personal Prope	rty Leased with R	eal Property)	
1	Description of property (property street address, city, s	tate, ZIP code). Chec	k if a dual-use. See instr	ructions.	
	A				
	В 🗌				
	c				
	D	T	_		
		A	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
					•
3	Total rents received or accrued. Add line 2c columns A	through D. Enter her	e and on Part I, line 6, c	olumn (A)	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
_					0.
5 Part	Total deductions. Add line 4 columns A through D. Er V Unrelated Debt-Financed Income (s	iter here and on Part	, line 6, column (B)		<u> </u>
			Chapte if a dual upa Car	inatulationa	
1	Description of debt-financed property (street address, o	city, state, ZIP code).	Check ii a dual-use. See	e instructions.	
	A				
	B				
	D				
		Α	В	С	
2	Gross income from or allocable to debt-financed		Ь	0	
_					
3	property Deductions directly connected with or allocable				
3	to debt-financed property				
•	Straight line depreciation (attach statement)				
a b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable				
4	ů .				
_	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
e	financed property (attach statement)	9	6 %	%	
6 7	Divide line 4 by line 5	<u> </u>	oj %	<u>%</u>	<u>%</u>
7	Gross income reportable. Multiply line 2 by line 6	Enter have and av	ort L line 7 column (A)		0.
8	Total gross income (add line 7, columns A through D)	. Enter here and on P	art i, line /, column (A)		<u> </u>
	Allocable deductions Multiply line Calby line C				
9	Allocable deductions. Multiply line 3c by line 6	rough D. Entailheir	od on Dort Libra 7 and	mn (P)	0.
10	Total allocable deductions. Add line 9, columns A thr Total dividends-received deductions included in line				0.
11		10			
	01-16-23			Scheaule .	A (Form 990-T) 2022

Schedule A (Form 990-T) 2022

	VI Interest, Annu		oyalties, and Re	ents fror	n Control	led Or	ganizations	S (se	ee instruct	ions)	r age o	
			_			E	xempt Contro	lled Or	ganization	ıs		
	 Name of controlled organization 		2. Employer identification number	incon	unrelated me (loss) structions)	4. Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income		in the aniza-	income in column 5	
<u>(1)</u>												
(2)												
(3)												
(4)												
	. Tavabla lassass				Controlled Or	-		-£ l		- 44	Dadinationa dinadi.	
,	7. Taxable Income	in	Net unrelated acome (loss) e instructions)	1	otal of specif syments mad		that is inc controlling gross	luded	in the zation's		Deductions directly connected with one in column 10	
(1)												
(2)												
(3)												
(4)												
							Add colum Enter here line 8, c	and or	n Part I,	Ente	columns 6 and 11. r here and on Part I, ne 8, column (B)	
Totals									0.		0.	
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee inst	ructions)	ı		
		cription of			2. Amou incon	nt of	3. Deduction directly connected (attach states	ons ected		asides tatemen	5. Total deductions and set-asides (add cols 3 and 4)	
(1)												
(2)												
(3)												
(4)												
Totals					Add amou column 2. here and or line 9, colu	Enter n Part I,					Add amounts in column 5. Enter here and on Part I, line 9, column (B)	
Part	VIII Exploited E	xempt A	ctivity Income,	Other 1	Than Adve	ertising	g Income	see ins	structions)			
1	Description of exploite	ed activity:										
2	Gross unrelated busin	ess incom	e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2		
3	Expenses directly con	nected wit	h production of unre	elated busi	iness income	e. Enter l	here and on Pa	art I,				
	line 10, column (B)									3		
4	Net income (loss) from											
										4		
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expen			•								
	4. Enter here and on F	Part II, line	12							7		

Schedule A (Form 990-T) 2022

Part	IX Advertising Income					
1	Name(s) of periodical(s). Check	box if reporting two o	r more periodicals on a d	consolidated basis.		
	A					
	В					
	c 🗆					
	D					
Enter a	amounts for each periodical listed	above in the corresp	onding column.			
	•	•	Α	В	С	D
2	Gross advertising income					
	Add columns A through D. Ente		ine 11, column (A)		•	0.
а	9	,	, , , , , , , , , , , , , , , , , , , ,			
3	Direct advertising costs by perio	odical				
а	Add columns A through D. Ente		ine 11, column (B)			0.
	-					
4	Advertising gain (loss). Subtract	: line 3 from line				
	2. For any column in line 4 show	ving a gain,				
	complete lines 5 through 8. For	any column in				
	line 4 showing a loss or zero, do	not complete				
	lines 5 through 7, and enter zero	o on line 8				
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line					
	line 5, subtract line 6 from line 5	5. If line 5 is less				
	than line 6, enter zero					
8	Excess readership costs allowed					
	deduction. For each column sho	owing a gain on				
	line 4, enter the lesser of line 4 of	or line 7				
а	Add line 8, columns A through D	D. Enter the greater of	the line 8a, columns tot	al or zero here and or	1	
_	Part II, line 13					0.
Part		fficers Directors	s and Truetaas 💪	ee instructions)		
	X Compensation of O	Thocis, Directors	s, and musices (Si			
		moers, Director.			3. Percentage	4. Compensation
. GIT	1. Name	moors, Directors	2. Title		3. Percentage of time devoted	attributable to
		moors, Directors			of time devoted to business	
1)		moors, Directors			of time devoted to business %	attributable to
1)		moers, Directors			of time devoted to business %	attributable to
1) 2) 3)		moers, Directors			of time devoted to business %	attributable to
1) 2) 3)		moers, Directors			of time devoted to business %	attributable to
1) 2) 3) 4)	1. Name	moors, Directors			of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name		2. Title		of time devoted to business %	attributable to
(1) (2) (3) (4)	1. Name 1. Name		2. Title		of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name		2. Title		of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name		2. Title		of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name		2. Title		of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name		2. Title		of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name		2. Title		of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name		2. Title		of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name		2. Title		of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name		2. Title		of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name		2. Title		of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name		2. Title		of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name		2. Title		of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name		2. Title		of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name		2. Title		of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name		2. Title		of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Name		2. Title		of time devoted to business %	attributable to unrelated business

FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 14
DESCRIPTION		NET INCOME OR (LOSS)
ADAMAS OPPORTUNITIES,	L.P ORDINARY BUSINESS INCOME	
(LOSS)		-23.
AG REALTY FUND IX, LF	- ORDINARY BUSINESS INCOME (LOSS)	15,187.
	LP - ORDINARY BUSINESS INCOME (LOSS) E CAPITAL LLC - ORDINARY BUSINESS	5,077.
INCOME (LOSS)		153,955.
TOTAL INCLUDED ON SCH	EDULE A, PART I, LINE 5	174,196.
FORM 990-T (A)	POST 2017 NOL SCHEDULE	STATEMENT 15

PRIOR YEAR POST 2017 NOL	NOL DEDUCTION	CARRYFORWARD OF POST 2017 NOL
93,168.	93,168.	0.

FORM 990-T	DESCRIPTION OF ORGANIZATION'S	UNRELATED	STATEMENT 16
SCHEDULE A	BUSINESS ACTIVIT	Ϋ́	

UNRELATED BUSINESS TAXABLE INCOME FROM PASSTHROUGH INVESTMENTS

TO FORM 990-T, SCHEDULE A, LINE E

990-T SCH	A POST-20	17 NET OPERATING	LOSS DEDUCTION	STATEMENT 17
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18 12/31/19 12/31/20	81,733. 3,695. 35,584.	27,844. 0. 0.	53,889. 3,695. 35,584.	53,889. 3,695. 35,584.
NOL CARRYO	VER AVAILABLE THIS	YEAR	93,168.	93,168.

SCH A (990-T) SCHEDULE A NOL DETAIL	STATEMENT 18
TAXABLE INCOME FROM ALL ENTITIES THIS ENTITIES PORTION OF TAXABLE INCOME	183,744. 183,744.
THIS ENTITIES PERCENTAGE OF PRE-2018 NET OPERATING LOSS THIS ENTITIES ALLOWED PRE-2018 NET OPERATING LOSS	100.00%
TAXABLE INCOME AFTER PRE-2018 NET OPERATING LOSS 80% INCOME LIMITATION	183,744. 146,995.
POST-2017 AVAILABLE LESSER OF POST-2017 NET OPERATING LOSS OR 80% LIMITATION	93,168. 93,168.

SCHEDULE D (Form 1120)

Name

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2022

PATRICK P. LEE FOUNDATION

Employer identification number

45-3845576

Did the corporation dispose of any investme					Yes X No		
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.							
Part I Short-Term Capital Ga	ins and Losses - Ass	ets Held One Year	or Less				
See instructions for how to figure the amounts to enter on the lines below. (d) (e) (g) Adjustments to gain or loss from Form(s) 894			49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the			
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column	(g)	result with column (g)		
Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b							
1b Totals for all transactions reported on							
Form(s) 8949 with Box A checked							
2 Totals for all transactions reported on							
Form(s) 8949 with Box B checked							
3 Totals for all transactions reported on							
Form(s) 8949 with Box C checked							
4 Short-term capital gain from installment sale	s from Form 6252, line 26 or 37			4			
5 Short-term capital gain or (loss) from like-kir	nd exchanges from Form 8824			5			
6 Unused capital loss carryover (attach compu	tation)			6	(
7 Net short-term capital gain or (loss). Combin	ne lines 1a through 6 in column	h		7			
Part II Long-Term Capital Ga	ins and Losses - Asse	ets Held More Than	n One Year				
See instructions for how to figure the amounts to enter on the lines below. (d) (e) (g) Adjustments to ga or loss from Form(s) 89-					(h) Gain or (loss) Subtract column (e) from		
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column		column (d) and combine the result with column (g)		
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b							
8b Totals for all transactions reported on							
Form(s) 8949 with Box D checked							
9 Totals for all transactions reported on							
Form(s) 8949 with Box E checked							
10 Totals for all transactions reported on							
Form(s) 8949 with Box F checked					9,548.		
11 Enter gain from Form 4797, line 7 or 9	11 12						
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37							
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824							
14 Capital gain distributions	14	2 - 12					
15 Net long-term capital gain or (loss). Combin	15	9,548.					
Part III Summary of Parts I an					Г		
16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)					9,548.		
	17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)						
18 Add lines 16 and 17. Enter here and on Form	18	9,548.					
Note: If losses exceed gains, see Capital Lo	sses in the instructions.						

221051 12-16-22

LHA

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2022

Attachment Sequence No. 12A

Form 8949 (2022)

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

PATRICK P. LEE							845576
Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which b	ation as Form 109	you received any 99-B. Either will s	Form(s) 1099-B o show whether you	r substitute statem r basis (usually you	ent(s) from r cost) was	your broker. A sultreported to the IF	bstitute S by your
Part II Long-Term. Transaction	ons involving capita	al assets vou held r	more than 1 vear are	generally long-term (s	ee instructio	ons). For short-term to	ransactions.
see page 1. Note: You may aggregate all							
codes are required. Enter the	totals directly on S	Schedule D, line 8a	ı; yoù aren't required	to report these transa	actions on F	orm 8949 (see instru	ctions).
You must check Box D, E, or F below. Of you have more long-term transactions than will	Check only one bo	X. If more than one be or more of the boxes	ox applies for your long- complete as many form	term transactions, complete with the same box check	ete a separate ked as vou ne	Form 8949, page 2, for e	each applicable box.
(D) Long-term transactions rep					-		
(E) Long-term transactions rep	-	•	-	•		,	
X (F) Long-term transactions not	* *	,	•				
1 (a)	(b)	(c)	(d)	(e)		it, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other		ou enter an amount	Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the	column (f	(g), enter a code in . See instructions.	Subtract column (e)
		(Mo., day, yr.)		Note below and see Column (e) in	(f)	(g)	from column (d) & combine the result
				the instructions	Code(s)	Amount of adjustment	with column (g)
ADAMAS						adjustificiti	127
OPPORTUNITIES,							
L.P.							1,872.
AG REALTY FUND IX,							1,072
LP							5,627.
AG REALTY FUND IX							3,027.
(A) LP							2,049.
(А) ПР							2,049.
2 Totals. Add the amounts in colun	nns (d), (e), (a), a	nd (h) (subtract					
negative amounts). Enter each to							
Schedule D, line 8b (if Box D abo							
above is checked), or line 10 (if E							9,548.
Note: If you checked Box D above b			was incorrect, ente	er in column (e) the	hasis as r	enorted to the IPS	
you officered box b above b	at the basis rept			5. 11. 551411111 (6 <i>)</i> 1116	Judio as I	sported to the inc	, and onto an

adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Name

Employer identification number

PATRICK P. LEE FOUNDATION				45-3845576			
Did the corporation dispose of any investmer If "Yes," attach Form 8949 and see its instruc					Yes X No		
Part I Short-Term Capital Gai	ns and Losses - Ass	ets Held One Year	or Less				
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part I, line 2, column (49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)		
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b							
1b Totals for all transactions reported on							
Form(s) 8949 with Box A checked							
2 Totals for all transactions reported on							
Form(s) 8949 with Box B checked							
3 Totals for all transactions reported on							
Form(s) 8949 with Box C checked							
4 Short-term capital gain from installment sales				4			
5 Short-term capital gain or (loss) from like-kind				5			
6 Unused capital loss carryover (attach computa				6	(
7 Net short-term capital gain or (loss). Combine	e lines 1a through 6 in column	h		7			
Part II Long-Term Capital Gai	ns and Losses - Asse	ets Heid More Tha	n One Year		T (1) (2) (1)		
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	ter on the lines below. Copy				(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)		
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b							
8b Totals for all transactions reported on							
Form(s) 8949 with Box D checked							
9 Totals for all transactions reported on							
Form(s) 8949 with Box E checked							
10 Totals for all transactions reported on							
Form(s) 8949 with Box F checked			1		9,548.		
11 Enter gain from Form 4797, line 7 or 9	11						
12 Long-term capital gain from installment sales	12						
13 Long-term capital gain or (loss) from like-kind	13						
14 Capital gain distributions	14	0.540					
15 Net long-term capital gain or (loss). Combine	15	9,548.					
Part III Summary of Parts I and		Llane (line 45)	Т	16	1		
16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)					0 5/0		
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)				17	9,548. 9,548.		
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns Note: If losses exceed gains, see Capital Losses in the instructions.					7,340.		
Mule. II 105565 EXCEEU Yallis, SEE Capital Los	ses in the mondenous.						

LHA

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2022

Attachment Sequence No. 12A

Form 8949 (2022)

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

PATRICK P. LEE FOUNDATION						45-3	45-3845576	
Before you check Box D, E, or F belo statement will have the same inform broker and may even tell you which	ow, see whether yation as Form 109	you received any 99-B. Either will s	Form(s) 1099-B c show whether you	r substitute statem r basis (usually you	ent(s) from r cost) was	your broker. A sul reported to the IR	ostitute 'S by your	
Part II Long-Term. Transacti see page 1.	ons involving capita							
Note: You may aggregate a codes are required. Enter the	e totals directly on S	Schedule D, line 8a	; yoù aren't required	to report these transa	actions on F	orm 8949 (see instru	ctions).	
You must check Box D, E, or F below. (If you have more long-term transactions than will	Check only one bo fit on this page for one	x. If more than one be or more of the boxes,	ox applies for your long- complete as many form	term transactions, compl is with the same box chec	ete a separate ked as you ne	Form 8949, page 2, for e	ach applicable box.	
(D) Long-term transactions re								
(E) Long-term transactions rep X (F) Long-term transactions no	•	•		ported to the IRS				
1 (a)	(b)	(c)	(d)	(e)		t, if any, to gain or	(h)	
Description of property	Date acquired (Mo., day, yr.)	Date sold or disposed of	Proceeds (sales price)	Cost or other basis. See the Note below and	in column	ou enter an amount (g), enter a code in	Gain or (loss). Subtract column (e) from column (d) &	
(Example: 100 sh. XYZ Co.)					column (f)	. See instructions.		
		(Mo., day, yr.)		see Column (e) in	(f) Code(s)	(g) Amount of	combine the result	
3 D 3 M 3 C				the instructions	0000(3)	adjustment	with column (g)	
ADAMAS OPPORTUNITIES,								
L.P.							1,872.	
AG REALTY FUND IX,							1,072.	
LP							5,627.	
AG REALTY FUND IX							<u> </u>	
(A) LP							2,049.	
	-							
2 Totals. Add the amounts in colu	mns (d), (e), (g), a	nd (h) (subtract						
negative amounts). Enter each to	tal here and inclu	ude on your						
Schedule D, line 8b (if Box D ab	**	•					0.540	
above is checked), or line 10 (if I	Box F above is cl	necked)					9,548.	

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form **8949** (2022)