Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2021 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) U Do not enter social security numbers on this form as it may be made public. U Go to www.irs.gov/Form990 for instructions and the latest information.

<u> </u>	For the 2021 0	alendar year, or tax year beginning , and ending				
В	Check if applicable:	le: C Name of organization PI UPSILON LAMBDA			D Employer identification number	
	Address change	change CHARITABLE FOUNDATION, INC				
ī	Name change	Doing business as			<u>841201</u>	
╡	Number and street (or P.O. box if mail is not delivered to street address) Room/suite			E Telephone number 301-704-7776		
╡	Initial return 3546 CRAIN HIGHWAY, SUITE 238 Final return/ City or town, state or province, country, and ZIP or foreign postal code			301-	104-1110	
╝	terminated	BOWIE MD 20716			eipts\$ 89,378	
	Amended return	F Name and address of principal officer:		G Gross rece	<u> </u>	
ī	Application pending	H(a) Is this a group return for subordinates? Yes No				
_	I I I I I I I I I I I I I I I I I I I			H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions		
	Tay ayamat atatus	X 501(c)(3) 501(c) () t (insert no.) 4947(a)(1) or 527	-			
<u>. </u>	Tax-exempt status:	DILL CE ODC			.11	
J			H(c) Group exe	mption numbe		
	Form of organization: Part I Su	X Corporation Trust Association Other U L Immary	Year of formation:		M State of legal domicile:	
		-				
	l CEE	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE 0				
Governance		JLL JOHLDOLL V				
rnal		•				
š	2 Chook th	2 Check this box u if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	2 Check th				7	
ø	3 Number	of voting members of the governing body (Part VI, line 1a)		3	0	
ties	4 Number	of independent voting members of the governing body (Part VI, line 1b)		. 4	0	
Activities		nber of individuals employed in calendar year 2021 (Part V, line 2a)			0	
Ac		nber of volunteers (estimate if necessary)		6	0	
	/a lotal unr	elated business revenue from Part VIII, column (C), line 12			0	
	b Net unre	ated business taxable income from Form 990-T, Part I, line 11	Prior Yea	7b	Current Year	
Revenue	8 Contributions and grants (Part VIII, line 1h)			0,446	89,320	
	9 Program	service revenue (Part VIII, line 2g)		3, 110	0 0	
	10 Investme	stment income (Part VIII, column (A), lines 3, 4, and 7d)		435	58	
	11 Other rev	1 Other revenue (Part VIII, column (A), lines 5, 4, and 70)			0	
	1			0,881	89,378	
Net Assets or Expenses Fund Balances		Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0,001	<u></u>	
		Denefits poid to by for members (Dort IV, solumn (A) line 4)			0	
	15 Colorino	other comparection, employee benefits (Part IV, column (A) lines 5, 10)			0	
	15 Salaries,	nal fundraising fees (Part IX, column (A), line 11e) draising expenses (Part IX, column (D), line 25) u			<u>0</u>	
	b Total fun	draining eventures (Part IX, column (A), line 11e)				
		tal fundraising expenses (Part IX, column (D), line 25) u her expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		8,275	73,763	
				8,275	73,763	
		tal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		2,606	15,615	
		evenue less expenses. Subtract line 18 from line 12 Beginning o		rent Year	End of Year	
	20 Total ass	20 Total assets (Part X, line 16)		0,090	155,706	
ASS	21 Total liab	ilities (Part X, line 26)		0	0	
ž,	22 Net asse	ts or fund balances. Subtract line 21 from line 20	140	0,090	155,706	
		gnature Block				
		perjury, I declare that I have examined this return, including accompanying schedules and state	ments, and to the be	est of my kn	owledge and belief it is	
		omplete. Declaration of preparer (other than officer) is based on all information of which prepare		•		
	Frank T. Malone			6/	1/2022	
Sid	Sign Signature of officer			Date		
	re	FRANK T. MALONE PRES	IDENT			
		ype or print name and title				
	Print/Type	e preparer's name Preparer's signature	Date	Check	if PTIN	
Pai	``	W R BRADY, CPA MATTHEW R BRADY, CPA	06/01	/22 self-em		
Pre	parer Firm's na	DDADY DENNED & COMPANY THE	<u> </u>	irm's EIN }	27-1337276	
Use Only 3026 MITCHELLVILLE RD., STE 203				o Env j		
	Firm's ac	. POWIE MD 20716 2726		Phone no.	301-249-0703	
Mar		at the section with the second of the second	'		Yes No	
		st this return with the preparer shown above? See instructions				