

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2021

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

U Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning, and ending

B Check if applicable: C Name of organization PI UPSILON LAMBDA CHARITABLE FOUNDATION, INC D Employer identification number 52-1841201 E Telephone number 301-704-7776 F Name and address of principal officer: FRANK T. MALONE

I Tax-exempt status: X 501(c)(3) 501(c) ( ) t (insert no.) 4947(a)(1) or 527

J Website: U PULCF.ORG H(c) Group exemption number U

K Form of organization: X Corporation Trust Association Other U L Year of formation: M State of legal domicile:

Part I Summary

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O 2 Check this box u if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 7 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 0

Table with 3 columns: Description, Prior Year, Current Year. Rows include Revenue (8-12) and Expenses (13-19). Total revenue: 70,881; Total expenses: 73,763; Net assets or fund balances: 140,090.

Part II Signature Block

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

Sign Here: Frank T. Malone, Signature of officer, 6/1/2022, Date, FRANK T. MALONE, PRESIDENT, Type or print name and title

Paid Preparer Use Only: MATTHEW R BRADY, CPA, Preparer's signature, Date 06/01/22, Check self-employed, PTIN P00633145, Firm's name BRADY, RENNER & COMPANY, INC., Firm's EIN 27-1337276, Firm's address 3026 MITCHELLVILLE RD., STE 203 BOWIE, MD 20716-2726, Phone no. 301-249-0703

May the IRS discuss this return with the preparer shown above? See instructions Yes No