

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2022
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2022 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **PI UPSILON LAMBDA CHARITABLE FOUNDATION, INC**
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
3540 CRAIN HIGHWAY, SUITE 238
 City or town, state or province, country, and ZIP or foreign postal code
BOWIE MD 20716

D Employer identification number
52-1841201

E Telephone number
301-704-7776

G Gross receipts \$ **96,552**

F Name and address of principal officer:
CHARLES L. SCOTT, III

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

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

J Website: **PULCF.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: _____ **M** State of legal domicile: _____

H(c) Group exemption number _____

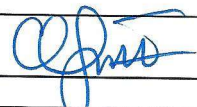
Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O			
	2 Check this box <input type="checkbox"/> 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)		
	4	Number of independent voting members of the governing body (Part VI, line 1b)		
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		
	6	Total number of volunteers (estimate if necessary)		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12		
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11			
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	89,320	96,516
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	58	36
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	89,378	96,552
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	16b	Total fundraising expenses (Part IX, column (D), line 25)	0	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	73,763	87,976
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	73,763	87,976
19	Revenue less expenses. Subtract line 18 from line 12	15,615	8,576	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	155,706	164,282
	22	Net assets or fund balances. Subtract line 21 from line 20	0	0
			155,706	164,282

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

Signature of officer: **CHARLES L. SCOTT, III**  **PRESIDENT** Date: **5/4/2023**

Paid Preparer Use Only

Print/Type preparer's name: **MATTHEW R BRADY, CPA** Preparer's signature: **MATTHEW R BRADY, CPA** Date: **05/23/23** Check if self-employed if 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

For Paperwork Reduction Act Notice, see the separate instructions.

Yes No