EXTENDED TO FEBRUARY 16, 2021

(Rev. January 2020) Department of the Treasury Return of Organization Exempt From Income Tax

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

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

Open to Public

OMB No. 1545-0047

► Go to www.irs.gov/Form990 for instructions and the latest information. 2020 A For the 2019 calendar year, or tax year beginning APR 1, 2019 and ending MAR Check if applicable: C Name of organization D Employer identification number Address change PRINCE'S TRUST AMERICA, INC. Name change 82-5457122 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 45 W. 27TH STREET, 11TH FLOOR 646-768-7878 8,563,689. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return NEW YORK, NY 10001 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: JESSICA GREER MORRIS for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X = 501(c)(3) = 501(c)4947(a)(1) or) ◀ (insert no.) If "No," attach a list. (see instructions) J Website: ► WWW.PRINCESTRUST.US **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 2018 M State of legal domicile: NY Part I Summary Briefly describe the organization's mission or most significant activities: HELP YOUNG PEOPLE TRANSFORM Governance THEIR LIVES BY DEVELOPING THE CONFIDENCE AND SKILLS TO LIVE, LEARN & 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) Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 39 0. 7h **Current Year Prior Year** 8,563,689. Contributions and grants (Part VIII, line 1h) 8 Revenue 0. Program service revenue (Part VIII, line 2g) 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 0. 8,563,689. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 6,231,030. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 6,885. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 45,640. **b** Total fundraising expenses (Part IX, column (D), line 25) 0. 116,867. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 6,400,422. 0. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 0. 2,163,267. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 2,548,901. 0. 20 Total assets (Part X, line 16) 0. 385,634. 21 Total liabilities (Part X, line 26) 三年 0. 2,163,267 22 Net assets or fund balances. Subtract line 21 from line 20 ... 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. Signature of officer Date Sign JESSICA GREER MORRIS, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name GARRETT M. HIGGINS 02/12/21 P00543209 GARRETT M. HIGGINS self-employed Paid Firm's EIN $\ge 27 - 1728945$ Firm's name ▶ PKF O'CONNOR DAVIES, LLP Preparer Firm's address 500 MAMARONECK AVENUE Use Only HARRISON, NY 10528-1633 Phone no. 914-381-8900

May the IRS discuss this return with the preparer shown above? (see instructions)

No

X Yes

Form	1 990 (2019) PRINCE'S TRUST AMERICA, INC.	82-5457122	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission:		
•	PRINCE'S TRUST AMERICA, INC. MISSION IS TO HELP YOUNG P	יב∩סו.ב ייה	
	IMPROVE THEIR LIVES THROUGH PARTNERSHIPS DELIVERING PRA		
	SOLUTIONS THAT LEAD TO IMPROVED CONFIDENCE. THESE HELP		
	YOUNG PEOPLE NEED FOR WORK, SUPPORT THEM IN EDUCATION O	R HELP THEM S	ET
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	? Yes	X No
3		.: 1es	_2 <u>2</u> _ NO
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ners, the total expenses, ar	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$6, 231, 030 • including grants of \$6, 231, 030 •) (Re	venue \$,
	THERE ARE THREE SIGNIFICANT GLOBAL CHALLENGES THAT DRIV		
	THE TRUST THE RISING LEVELS OF YOUTH UNEMPLOYMENT (OVE		
	THE LOW LEVELS OF SECONDARY EDUCATION COMPLETION (264 M		
			1714
	AND YOUNG PEOPLE OUT OF SCHOOL) AND THE WORLD'S RAPIDLY		
	POPULATIONS (OVER HALF OF THE GLOBAL POPULATION IS NOW	UNDER 30).	
	IN LIGHT OF THAT, THE MAIN PRIORITY IS TO HELP YOUNG PE	OPLE TO IMPRO	VE
	THEIR LIVES THROUGH PARTNERSHIPS DELIVERING PRACTICAL S	OLUTIONS THAT	
	LEAD TO IMPROVED CONFIDENCE. THESE HELP SKILL YOUNG PEO		
	SUPPORT THEM IN EDUCATION OR HELP THEM SET UP BUSINESSE		
	SOFFORT THEM IN EDUCATION OR HELF THEM SET OF BUSINESSE	. □ •	
	DURING FY20 THE ORGANIZATION HELD AN APPEAL WHICH RAISE	D FUNDS THAT	
4b	(Code:) (Expenses \$ including grants of \$) (Re	venue \$	
4c	(Code:) (Expenses \$ including grants of \$) (Re	venue \$	
			<u> </u>
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 6,231,030.		

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Form 990 (2019) PRINCE'S TRUST AMERICA, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			,,
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			.,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			.,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes." <i>complete</i>	11f	Λ	_
ıza		12a	Х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa	21	
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b		174		
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Form	990 (2019) PRINCE'S TRUST AMERICA, INC. 82-5457	122	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)		1	
00	Did the experiention was at according to 000 of swants an ather positions to an fauld are at it individuals an		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00		X
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Α.
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete</i>			
	, , ,	23	Х	
240	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	22	
2 4 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
h	Schedule K. If "No," go to line 25a	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		X
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		1
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	00		
٠.	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
De	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pal	Statements Regarding Other IRS Filings and Tax Compliance			

	Check if Schedule O contains a response or note to any line in this Part V							
					Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0				I	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming					
	(gambling) winnings to prize winners?			1c				

Form 990 (2019) PRINCE'S TRUST AMERICA, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a ther the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements. 12a 0 b if at least one is reported on line 2a, did the organization file all irequired federal employment tax returns? Note: if the sum of lines 1 and 2a is greater than 250, you may be required to a-fie (see instructions) 3b I/ fives, has it filed a form 900°T for this year? If "No" to line 3b, provide an explanation on Schradule O 3c I/ fives, has it filed a form 900°T for this year? If "No" to line 3b, provide an explanation on Schradule O 3c I/ fives, has it filed a form 900°T for this year? If "No" to line 3b, provide an explanation on Schradule O 3c I/ fives, has it filed a form 900°T for this year? If "No" to line 3b, provide an explanation on Schradule O 3c I/ fives to line the name of the foreign country. 5c If "Yes to line the name of the foreign country but the name of the foreign country and the second of the seco				Yes	No						
their for the calendary year ending with or within the year covered by this return 2a	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to _{(N)(c)} (see instructions). 3a		filed for the calendar year ending with or within the year covered by this return 2a 0									
3a X X b if "Yes," inclicate the number of Finds No. 1 and the organization have unrelated business gross income of \$1,000 or more during the year? 5b if "Yes," inclicate the number of the regarization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account) in origing organization have a bank account, securities account, or other financial accounts (FBAR). 5c instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c in if "yes' to line \$5 or \$0, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c in if "yes' to line \$5 or \$0, did the organization the Form 88861" and years than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c in "Yes in the same and year of the organization in the organization accounts in the party of a prohibited tax shelter transaction? 6c in "Yes in the organization necesses of S75 made parity as a contribution and parity for goods and services provided to the payor? 7c in the organization receive and promise dispose of tangible personal property for which it was required to the Form 8882? 6c if "Yes," indicate the number of Forms 822? filed during the year 6c if the organization received an contribution of qualified intellectual property, did the organization file a Form 1086-07? 7d if the organization received an contribution of qualified intellectual property, did the organization file a Form 1086-07? 7d if the organization received an contribution of qualified intellectual property, did the organization file a Form 1086-07? 7d if the organization received an contribution of a contribution of a contribution of a contribution of an indicent type and the payor of the payor of the pay	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b								
b If Yes, *has it filed a Form 990 T for this year? If *No* to fine 3b, provide an explanation on Schedule O 4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? b If Yes, *enter the name of the foreign country \$\frac{1}{2}\$ be a high provide of the organization for file foreign country \$\frac{1}{2}\$ see instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a \frac{1}{2}\$ b Did any taxabile party neity the organization file Form 8886-17? 5b Did any taxabile party neity the organization file Form 8886-17? 5c Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c Did the organization shall may receive deductible contributions under section 170(c). b If Yes,* did the organization neity the donor of the value of the goods or senices provided? 7b Organizations that may receive deductible contributions under section 170(c). c Did the organization receive a pyrement in exess of \$5\frac{1}{2}\$ male party as a contribution and party for goods and services provided to the payor? 7c Did the organization receive any experiment of the value of the goods or senices provided? 7c Did the organization receive any experiment of the yale of the goods or senices provided? 7d Did the organization received a contribution of undifficed the leading property for which it was required to the ferom 8282? 7d Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X 7f Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contr		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
4a A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? b if "Yes," enter the name of the foreign country See instructions for filing requirements for EnCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5a Was the organization aparty to a prohibited tax shefter transaction at any time during the tax year? 5b Id any texable party notify the organization that it was or is a party to a prohibited tax shefter transaction? 5c If "Yes" to line 5a or 5b, did the organization the from 88667? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of a charitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles of a charitable contributions? 7 Organizations that may receive deductible contributions under section 170(c). a lod the organization include with every solicitation are express statement that such contributions or gifts were not tax deductibles or the value of the goods or services provided? 7 Organizations that may receive deductible contributions under section 170(c). a lod the organization include with every solicitation and partly for goods and services provided to the payor? 7 If If Yes, include the number of Forms 8822 filed during the year. b lift the organization received a contribution of qualified prepare to the value of the goods or services provided? 7 If John the organization received a contribution of qualified intellectual property, did the organization file a Form 1089 or a sequence of the organization received a contribution of qualified intellectual property, did the organization file a Form 1089 or a sequence of the organization received a contribution of cars	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х						
4a A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? b if "Yes," enter the name of the foreign country See instructions for filing requirements for EnCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5a Was the organization aparty to a prohibited tax shefter transaction at any time during the tax year? 5b Id any texable party notify the organization that it was or is a party to a prohibited tax shefter transaction? 5c If "Yes" to line 5a or 5b, did the organization the from 88667? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of a charitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles of a charitable contributions? 7 Organizations that may receive deductible contributions under section 170(c). a lod the organization include with every solicitation are express statement that such contributions or gifts were not tax deductibles or the value of the goods or services provided? 7 Organizations that may receive deductible contributions under section 170(c). a lod the organization include with every solicitation and partly for goods and services provided to the payor? 7 If If Yes, include the number of Forms 8822 filed during the year. b lift the organization received a contribution of qualified prepare to the value of the goods or services provided? 7 If John the organization received a contribution of qualified intellectual property, did the organization file a Form 1089 or a sequence of the organization received a contribution of qualified intellectual property, did the organization file a Form 1089 or a sequence of the organization received a contribution of cars	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
b If "Yes," enter the name of the foreign country. ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization in the property of prohibited tax shelter transaction? 5b X b Did any taxable party notify the organization that it was or is a parry to a prohibited tax shelter transaction? 5c X b Did any taxable party notify the organization that it was or is a parry to a prohibited tax shelter transaction? 5c X c If "Yes" to line Sa or 5b, did the organization file Form 888-77 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b Organizations that may receive deductible contributions under section 170(c). 8b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8b If "Yes," did the organization notify the donor of the value of the open goods or services provided? 7b If Yes, "Indicate the number of Forms 8282? flied during the year 6b If Yes, "Indicate the number of Forms 8282? flied during the year 7c X 7d If Yes If the organization received a contribution of qualified intellectual property, did the organization flie a Form 1098-C? 7c X 7d If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization flie a Form 1098-C? 7d If Sponsoring organization make and stribution sunder section 4986? 9a Sponsoring organization make a distribution of the organization flie a Form 1098-C? 7b If the organization have excess business holdings at any time during the year? 9a Did the sponsoring organization make a dist											
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a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
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11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	а		-								
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			15		X						
If "Yes," complete Form 4720, Schedule O.											
	16		16		X						
		If "Yes," complete Form 4720, Schedule O.		000	(00:12:						

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI					X			
sec	tion A. Governing Body and Management								
		1 1	ا د		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	_3						
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		اہ						
b	Enter the number of voting members included on line 1a, above, who are independent	1b	_2						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with any other	- 1						
	officer, director, trustee, or key employee?			2		X			
3	Did the organization delegate control over management duties customarily performed by or under th	e direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?			3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form S	90 was filed?		4		X			
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?								
6	Did the organization have members or stockholders?			6	X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximation of the power to elect or	point one or							
	more members of the governing body?		[7a	X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockholders, or							
	persons other than the governing body?		[7b	Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		[
а	The governing body?		[8a	X				
b	Each committee with authority to act on behalf of the governing body?		- 1	8b		Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched at the							
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)							
		,	_		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?		[10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?		[10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before filing the form?	? [11a	X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?		12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	Yes," describe							
	in Schedule O how this was done			12c	Х				
13	Did the organization have a written whistleblower policy?			13	Х				
14	Did the organization have a written document retention and destruction policy?			14		X			
15	Did the process for determining compensation of the following persons include a review and approva	al by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
	The organization's CEO, Executive Director, or top management official			15a		X			
b	Other officers or key employees of the organization			15b		X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment with a							
	taxable entity during the year?			16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	• •							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ								
200	exempt status with respect to such arrangements?			16b					
	tion C. Disclosure								
17 40	List the states with which a copy of this Form 990 is required to be filed NY Coating \$100 years in a required to replicate the states of the states with the states with the states of		-\(C\	I. A		L.			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	110 990-1 (Section 501(S(ک)(ر	oniy)	avalla	υie			
	for public inspection. Indicate how you made these available. Check all that apply.								
40	· ,	on Schedule O)		£: · ·	.:				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	ornilet of interest policy,	and	ıınanı	ial				
00	statements available to the public during the tax year.	also and reserved.							
20	State the name, address, and telephone number of the person who possesses the organization's bounded ${\tt JESSICA}$ GREER MORRIS - $646-768-7878$	oks and records							
	45 W. 27TH STREET, 11TH FLOOR, NEW YORK, NY 10001								
	15 H. Z.III DIMBEL, IIII I BOOK, NEW TORK, NI 10001								

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensatior from the organization and related organizations
(1) DAME MARTINA MILBURN FREASURER - SEE SCH O.	1.00	X		x				0.	240,038.	18,151
(2) JEREMY GREEN	4.00	1								
CHAIR		Х		х				0.	0.	0
(3) ROMERO BRITTO	1.00									
BOARD MEMBER		Х						0.	0.	C

Par	t VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C	I .					
	(A)	(B)			•	C)	_		(D)	(E)			(F)	
	Name and title	Average		not c		more	than		Reportable	Reportable	- 1		timate	
		hours per week					is botl or/trus		compensation	compensation	- 1		nount	ot
		(list any	To.						from the	from relate organizatior			other pensa	tion
		hours for	direct				P		organization	(W-2/1099-MI			om the	
		related	ee or	stee			nsate		(W-2/1099-MISC)	(** =	/		anizati	
		organizations	trust	lal tru		oyee	ompe					and	d relate	ed
		below \	Individual trustee or director	Institutional trustee	Ser	Key employee	Highest compensated employee	Former				orga	anizatio	ons
		line)	Indi	lnst	Officer	Key	High	Pon						
			1											
			-											
											\longrightarrow			
			-											
				\vdash			-							
			-											
				-			-							
			1											
							+				-			
			1											
				\vdash							-			
			1											
				\vdash							-			
			1											
			1											
1b	Subtotal							▶	0.	240,0	38.	1	8,1	51.
	Total from continuation sheets to Part VI								0.	•	0.			0.
	Total (add lines 1b and 1c)							•	0.	240,0	38.	1	8,1	51.
2	Total number of individuals (including but n							no re	eceived more than \$100,	000 of reportabl	<u></u> -			
	compensation from the organization													0
													Yes	No
3	Did the organization list any former officer,	director, trust	ee, ł	кеу е	empl	loye	e, or	r hig	hest compensated emp	loyee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4	X	
5	Did any person listed on line 1a receive or a	ccrue comper	ısati	on fi	rom	any	unre	elate	ed organization or individ	dual for services				
_	rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ıch i	oers	son				<u></u>	5		X
	tion B. Independent Contractors													
1	Complete this table for your five highest co	•	•							,	pensat	tion fro	om	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	ithin		ear.				
	(A) Name and business	address	NI	ONE	7				(B) Description of s	ervices	C	(C ompe		n
			147	2111					2 000p.11011 011 0		<u> </u>			
						_		_			L			
								П						
2	Total number of independent contractors (in	ncluding but n	ot lir	nited	d to	thos	se lis	sted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	zation 🕨				()						000	

Pai	rt VI	Statement of Revenue	•			
		Check if Schedule O contains a response or note to any lin	e in this Part VIII			
			(A) Total revenue	(B) Related or exempt function revenue	(C)	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d e f	Total. Add lines 1a-1f Business Code	8,563,689.			sections 512 - 514
Pro		All other program service revenue				
	3	Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts)				
	4 5	Royalties (i) Real (ii) Personal				
	6 a	Less: rental expenses 6b Rental income or (loss) 6c				
	7 a	Ret rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis				
Revenue	c	and sales expenses 7b Gain or (loss) 7c Net gain or (loss)				
Other R		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a				
	b	Less: direct expenses 8b				
		Net income or (loss) from fundraising events				
		Gross income from gaming activities. See Part IV, line 19 Less: direct expenses 9b				
		Net income or (loss) from gaming activities				
	10 a	Gross sales of inventory, less returns				
	h	and allowances 10a Less: cost of goods sold 10b				
		Net income or (loss) from sales of inventory				
<u>"</u>		Business Code				
snos	11 a					
Miscellaneous Revenue	b					
Scel	C					
Ĕ		All other revenue Total. Add lines 11a-11d				
	12	Total revenue. See instructions	8,563,689.	0.	0.	0.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 6,231,030. 6,231,030. individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 4,564. 4,564. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 626. 626. Other employee benefits 9 1,695. 1,695. 10 Payroll taxes Fees for services (nonemployees): Management 14,591. 14,591. Legal 41,308. 41,308. Accounting Lobbying 45,640. 45,640. Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 38,919. 130. 38,789. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 1,127. 1,127. Office expenses 13 7,274. 7,274. Information technology 14 15 Royalties 529. 529. 16 Occupancy 3,350. 3,350. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 9,769. 9,769. FUNDRAISING EVENTS All other expenses 6,400,422. 6,231,030. 75,194. 94,198. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Pai	rt X	Balance Sheet		
		Check if Schedule O contains a response or note to any line in this		
			Beginning of year End	(B) of year
	1	Cash - non-interest-bearing	1 6	49,321.
	2	Savings and temporary cash investments	2	
	3	Pledges and grants receivable, net	3 1,8	12,750
	4	Accounts receivable, net	4	
	5	Loans and other receivables from any current or former officer, dire	ctor,	
		trustee, key employee, creator or founder, substantial contributor, or	or 35%	
		controlled entity or family member of any of these persons	5	
	6	Loans and other receivables from other disqualified persons (as def		
		under section 4958(f)(1)), and persons described in section 4958(c)	(3)(B) 6	
S.	7	Notes and loans receivable, net	7	
Assets	8	Inventories for sale or use	8	
As	9	Prepaid expenses and deferred charges		86,830
	10a	Land, buildings, and equipment: cost or other		
		basis. Complete Part VI of Schedule D 10a		
	b	Less: accumulated depreciation	10c	
	11	Investments - publicly traded securities		
	12	Investments - other securities. See Part IV, line 11		
	13	Investments - program-related. See Part IV, line 11	13	
	14	Intangible assets	I I I	
	15	Other assets. See Part IV, line 11	15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	0. 16 2,5	48,901
	17	Accounts payable and accrued expenses		52,134
	18	Grants payable	I I I	
	19	Deferred revenue		33,500
	20	Tax-exempt bond liabilities		
	21	Escrow or custodial account liability. Complete Part IV of Schedule		
s	22	Loans and other payables to any current or former officer, director,		
Liabilities		trustee, key employee, creator or founder, substantial contributor, of	or 35%	
abil		controlled entity or family member of any of these persons	22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		
	24	Unsecured notes and loans payable to unrelated third parties	24	
	25	Other liabilities (including federal income tax, payables to related th		
		parties, and other liabilities not included on lines 17-24). Complete l	Part X	
		of Schedule D	25	
	26	Total liabilities. Add lines 17 through 25		85,634.
		Organizations that follow FASB ASC 958, check here X		
Ses		and complete lines 27, 28, 32, and 33.		
anc	27	Net assets without donor restrictions	27 2	48,182.
Bal	28	Net assets with donor restrictions		15,085.
nd		Organizations that do not follow FASB ASC 958, check here		
Fu		and complete lines 29 through 33.		
S O	29	Capital stock or trust principal, or current funds	29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		
As	31	Retained earnings, endowment, accumulated income, or other fund	ds 31	
Net Assets or Fund Balances	32	Total net assets or fund balances		63,267
_	33	Total liabilities and net assets/fund balances		48,901.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	1 2	8,56 6,40	3,6	89. 22
3		3	2,16		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,10	J , Z	0.
5		5			•
6	Net unrealized gains (losses) on investments	6			
7	Donated services and use of facilities	7			
8	Investment expenses Prior period adjustments	8			
9		9			0.
	, , , , , , , , , , , , , , , , , , , ,	9			<u> </u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,16	3 2	67.
Pai	rt XII Financial Statements and Reporting	10	2,10	<u> </u>	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XII				
	ones in constant of sometime and soperior of note to any into in the constant			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis X Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		_X_
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	-			
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	222	
			Form	990	(2019)

932012 01-20-20

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **Employer identification number** PRINCE'S TRUST AMERICA, 82-5457122 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")					8563689.	8563689.
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf					0.	
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge					0.	
4	Total. Add lines 1 through 3					8563689.	8563689.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						6492131.
6	Public support. Subtract line 5 from line 4.						2071558.
	ction B. Total Support			1			
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	(-,	(-,	(2) = 2 · ·	(=, = = : =	8563689.	8563689.
	Gross income from interest,						
_	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources					0.	
9	Net income from unrelated business						-
·	activities, whether or not the						
	business is regularly carried on					0.	
10	Other income. Do not include gain						-
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						8563689.
	Gross receipts from related activities,	etc (see instructio	ns)	1		12	
	First five years. If the Form 990 is for	•					-
	organization, check this box and stop						> X
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (li	ine 6, column (f) di	vided by line 11, o	column (f))		14	%
	Public support percentage from 2018					15	%
	33 1/3% support test - 2019. If the o					nore, check this box	and
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the c						
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation		•	ightharpoons
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"			-		-	
b	10% -facts-and-circumstances test						
-	more, and if the organization meets the	-					
	organization meets the "facts-and-circ				-		ightharpoons
18	Private foundation. If the organization		•	•	, ,,		
				, ,	,		

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	slow, please comp	Diete Fait II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	nother than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						,,
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				1		<u></u>
14	First five years. If the Form 990 is for	ŭ			•	. , . ,	. —
Sa	check this box and stop here ction C. Computation of Publi						P
	•			oolumn (f))		15	0/
	Public support percentage for 2019 (li		•	.,,		15	<u>%</u>
	Public support percentage from 2018 ction D. Computation of Inves					ן וס ן	<u>%</u>
	•			ino 13 column (f)		17	
	Investment income percentage for 20 Investment income percentage from 2					18	<u>%</u>
	a 33 1/3% support tests - 2019. If the						
196	more than 33 1/3%, check this box ar					41	▶ □
k	33 1/3% support tests - 2018. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	ind
00	line 18 is not more than 33 1/3%, chece Private foundation. If the organization						
/()	ELIVATE TOURGATION, IT THE ORGANIZATION	н ою пот спеск а	DOX ON line 14 19	a or igo check th	us dox and see in:	SITUCHORS	■

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
0.5		
3с		
00		
4a		
-1 a		
41-		
4b		
_		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Pai	Supporting Organizations (continued)			
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations	I		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations		1	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
800	the supported organization(s).	1		
Sec	nion b. All Type III Supporting Organizations		V	NI -
	Did the averagination was ide to each of its averaged averaginations by the last day of the fifth wearth of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
2	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a			
3				
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sec	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
· a				
b				
c		ctions)		
2	Activities Test. Answer (a) and (b) below.	0110113)	Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	За		
b				
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must of	omplete Sec	tions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	t V	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exer			
2	Amou	nts paid to perform activity that directly furthers exemp			
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	3		
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which th	e organization is responsive		
	(provi	de details in Part VI). See instructions.			
9	Distrib	outable amount for 2019 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Under	rdistributions, if any, for years prior to 2019 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2019			
а	From	2014			
b	From	2015			
С	From	2016			
d	From	2017			
	From				
		of lines 3a through e			
		ed to underdistributions of prior years			
		ed to 2019 distributable amount			
<u>i</u>		over from 2014 not applied (see instructions)			
		inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2019 from Section D,			
	line 7:	·			
		ed to underdistributions of prior years ed to 2019 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
		ining underdistributions for years prior to 2019, if			
J	_	Subtract lines 3g and 4a from line 2. For result greater			
	-	rero, explain in Part VI. See instructions.			
6		ining underdistributions for 2019. Subtract lines 3h			
•	and 4				
	Part \				
7		ss distributions carryover to 2020. Add lines 3			
	and 4	•			
8		down of line 7:			
а	Exces	s from 2015			
b	Exces	s from 2016			
С	Exces	s from 2017			
d	Exces	s from 2018			
е	Exces	s from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2019

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
DAVID AND MOLLY PYOTT FOUNDATION	855,000.	683,726.
DEBORAH LOEB BRICE FOUNDATION	617,000.	445,726.
EBOR CHARITABLE TRUST	3,172,775.	3,001,501.
KATE JAMES AND HANS BISHOP	1,575,000.	1,403,726.
MARIANNE METROPOULOS	1,000,000.	828,726.
GALATORIE FOUNDATION	300,000.	128,726.
Total Excess Contributions to Schedule A, Part II, Line 5		6,492,131.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

82-5457122

Name of the organization **Employer identification number** INC.

PRINCE'S TRUST AMERICA

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization 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 Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

PRINCE'S TRUST AMERICA, INC.

82-5457122

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DAVID AND MOLLY PYOTT FOUNDATION PO BOX 9410 AVON, CO 81620-9410	\$ 855,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DEBORAH LOEB BRICE FOUNDATION 152 WEST 57TH STREET, 32RD FLOOR NEW YORK, NY 10019	\$617,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	EBOR CHARITABLE TRUST 270 W PEARL AVE JACKSON, WY 83001	\$ <u>3,172,775</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	MARIANNE METROPOULOS 200 GREENWICH AVENUE GREENWICH, CT 06830	\$ 1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	GALATOIRE FOUNDATION 209 BOURBON STREET NEW ORLEANS, LA 70112	\$300,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	HANS BISHOP AND KATE JAMES 2219 QUEEN ANNE AVENUE N #738 SEATLLE, WA 98109	\$ <u>1,575,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

PRINCE'S TRUST AMERICA, INC.

82-5457122

Part I	art 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				
7	GUFFEY FAMILY FOUNDATION PO BOX 1501 PENNINGTON , NJ 08534	\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
8	PARK WEST GALLERY CHARITABLE FOUNDATION 29469 NORTHWESTERN HWY SOUTHFIELD, MI 48034	\$\$	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
9	ALEX SCHULTZ 1600 CORTE VIA LOS ALTOS, CA 94024	\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
	Hame, address, and Zin 111	\$	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.)				
(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

PRINCE'S TRUST AMERICA, INC.

82-5457122

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional 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
		\$	

Name of organization **Employer identification number** PRINCE'S TRUST AMERICA, INC. 82-5457122 Part III 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 Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

PRINCE'S TRUST AMERICA, INC.

Employer identification number 82-5457122

Schedule D (Form 990) 2019

Par	t I Organizations Maintaining Donor Advised	d Funds or Other	'Si	milar Funds o	r Acc	coun	ts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.					
		(a) Donor adv	ised	funds	(b) Fund	ds and other accounts
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in $\boldsymbol{\nu}$	vriting that the assets	held	d in donor advised	d funds	3	
	are the organization's property, subject to the organization's e						Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that	grar	nt funds can be us	sed on	ly	
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for	any	other purpose co	onferrin	ng	
Б.	impermissible private benefit?						Yes No
Par				on Form 990, Pa	art IV, I	ine 7.	
1	Purpose(s) of conservation easements held by the organization	-	y).				
	Preservation of land for public use (for example, recreat	tion or education)	_			-	important land area
	Protection of natural habitat	L		Preservation of a	certifi	ed his	toric structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation cont	ribut	tion in the form of	a con		•
	day of the tax year.				- 1		Held at the End of the Tax Year
а	Total number of conservation easements				├	2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a				•		
_	listed in the National Register				L	2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	rganız	ation (during the tax
_	year >						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
•	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	nandling of violations,	, and	enforcing conse	rvation	ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violetions, and	onfo	roing concentation	n 000	mont	a during the year
7	S	iling of violations, and	emic	ording conservation	ni ease	emem	s during the year
8	Does each conservation easement reported on line 2(d) above	a catisfy the requirem	onto	of section 170(h)	(4)(D)(i)		
Ü							Yes No
9	and section 170(h)(4)(B)(ii)?						
3							
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.						
Par	t III Organizations Maintaining Collections of	Art, Historical T	rea	sures, or Oth	er Si	milar	Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		-			
1a	If the organization elected, as permitted under FASB ASC 95		ever	nue statement and	d balar	nce sh	eet works
	of art, historical treasures, or other similar assets held for pub	•					
	service, provide in Part XIII the text of the footnote to its finan	ŕ				•	
b	If the organization elected, as permitted under FASB ASC 956					sheet	works of
	art, historical treasures, or other similar assets held for public						
	provide the following amounts relating to these items:	,	,			•	,
	(i) Revenue included on Form 990, Part VIII, line 1					▶ 5	.
							<u> </u>
2	If the organization received or held works of art, historical trea					rovide	
	the following amounts required to be reported under FASB A				, , , , ,		
а	Revenue included on Form 990, Part VIII, line 1	-				> 5	.
	Assets included in Form 990, Part X					> 9	

932051 10-02-19

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Par	t III 🔾 O	rganizations Maintaining C	ollections of Ar	t, Histo	rical Tre	asures, or Ot	her S	imilaı	Assets	(continu	ued)	
3	Using the	e organization's acquisition, accessi	on, and other record	s, check a	any of the t	following that mal	ke signi	ficant ι	ise of its	,	,	
	collection	n items (check all that apply):										
а	Pu	blic exhibition	d	ı 🔲 L	oan or exc	hange program						
b	Sc Sc	holarly research	е	· 🗌 c	Other							
С	Pre	eservation for future generations										
4	Provide a	a description of the organization's co	ollections and explain	n how the	y further th	ne organization's	exempt	purpos	se in Part	XIII.		
5	During th	ne year, did the organization solicit o	r receive donations of	of art, hist	torical treas	sures, or other sin	nilar as	sets				
	to be sol	d to raise funds rather than to be ma	aintained as part of th	he organi	zation's co	llection?				Yes		No
Par		scrow and Custodial Arran								line 9, or		
		ported an amount on Form 990, Pa										
1a	Is the org	ganization an agent, trustee, custodi	an or other intermed	iary for co	ontribution	s or other assets	not incl	uded				
	on Form	990, Part X?								Yes		No
b		explain the arrangement in Part XIII										
		-	•							Amount		
С	Beginnin	g balance						1c				
	-	s during the year						1d				
		ons during the year						1e				
f		alance						1f				
2a		organization include an amount on F								Yes	\Box	No
		explain the arrangement in Part XIII.	• •				•			_	一	
Par		ndowment Funds. Complete										
		·	(a) Current year		ior year	(c) Two years ba		Three v	ears back	(e) Four y	vears b	ack
1a	Beginnin	g of year balance	(4,) = 1, , = 1,	()	,	(-) · · · - j - · · · - · · · · · ·	(-,			(-/		
		tions										
		stment earnings, gains, and losses										
		r scholarships										
		penditures for facilities										
C												
	and prog											
		rative expenses								-		—
g	-	ear balance	ent veer and belene	. /lina 1 a	aalumn (a'	\\				<u> </u>		—
2		he estimated percentage of the curr			column (a)) rieiu as.						
		esignated or quasi-endowment		_%								
		nt endowment										
С			%									
_	•	entages on lines 2a, 2b, and 2c sho	•									
за		e endowment funds not in the posse	ssion of the organiza	ition that	are neld ar	nd administered to	or the o	organiza	ation	Г.		
	by:										Yes	<u>No</u>
		lated organizations								3a(i)	+	
	(ii) Relat	ted organizations								3a(ii)	+	
		on line 3a(ii), are the related organiza								3b		
Do:		in Part XIII the intended uses of the		wment fu	nds.							
Par		and, Buildings, and Equipm										
	С	omplete if the organization answere										
		Description of property	(a) Cost or o		` '	1 '	•	umulate	ed	(d) Book	value	
			basis (investr	nent)	basis	(other)	depre	ciation				
		s										
С	Leasehol	d improvements										
d	Equipme	nt										
T-4-1	مطا انمم	a to through to (O.) (i)		.,	(D) !: - 1	0 - 1						Λ

Schedule D (Form 990) 2019

	RUST AMERICA, .	INC.	82-545/122 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	r end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E) (F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	r end-of-year market value
(1)			· · · · · · · · · · · · · · · · · · ·
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes'		11d. See Form 990, Part X, line 15.	
) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
Total. (Column (b) must equal Form 990. Part X. col. (B) lin			
Part X Other Liabilities.	<u>le 15.)</u>		· • ·
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. lin	ne 25.
1. (a) Description of liability	orr orr occ, r are re, mic	110011111000101111000,1141111,1111	(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(5)			
(6)			
(7)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

(8)

Par	t XI Reconciliation of Revenue per Audited Financial Stat	ements With Revenu	ıe per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	8,563,689.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		_
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1		3	8,563,689.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	-		0
	Add lines 4a and 4b			0.
5 Dar	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) † XII Reconciliation of Expenses per Audited Financial Sta	tomonte With Evnon	5	8,563,689.
Pai		•	ises per neturi	l.
	Complete if the organization answered "Yes" on Form 990, Part IV, line		1.1	6 400 422
1	Total expenses and losses per audited financial statements		1	6,400,422.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	00		
a	Donated services and use of facilities			
b	Prior year adjustments			
۲ C	Other losses			
d e	Other (Describe in Part XIII.)		2e	0.
3	Add lines 2a through 2d Subtract line 2e from line 1			6,400,422.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			0,100,122.
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18			6,400,422.
	t XIII Supplemental Information.	-,1		•
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; I	Part V, line 4; Part X	, line 2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an			
PAR	RT X, LINE 2:			
THE	ORGANIZATION RECOGNIZES THE EFFECT OF	INCOME TAX PO	SITIONS ON	ILY IF
THC	OSE POSITIONS ARE MORE LIKELY THAN NOT C	F BEING SUSTA	INED. MANA	GEMENT
HAS	S DETERMINED THAT THE ORGANIZATION HAD N	O UNCERTAIN T	AX POSITIO	NS THAT
			~	
WOL	JLD REQUIRE FINANCIAL STATEMENT RECOGNIT	TON OR DISCLO	SURE. AT M	IARCH 31,
200	OO TUTTE INT NO DRIOD WELD INCOME THE		m mo nyava	
<u> </u>	20, THERE ARE NO PRIOR YEAR INCOME TAX R	ETURNS SUBJEC	T TO EXAMI	NATION BY
mit.	THE THE TAXABLE AND LOCAL INCOME MAY AT	IMILOD TMT FIG		
THE	FEDERAL, STATE AND LOCAL INCOME TAX AU	THORITIES.		

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

 \blacktriangleright Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

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

2019
Open to Public Inspection

Name of the organization

Employer identification number

Schedule F (Form 990) 2019

	INCE'S TRUST	AMERICA,	INC.		82-545712	22
Pa	rt I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organization answered "	Yes" on
	Form 990, Part IV					
1				ds to substantiate the amount of its gra		
	the grantees' eligibility for	or the grants or a	assistance, and t	the selection criteria used to award the	grants or assistance?X	Yes No
2	For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and other assistance outs	side the
	United States.					
3		ne following Part (b) Number of		an be duplicated if additional space is no		(f) Total
	(a) Region	offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
URC	NDE	0	0	GRANTMAKING		6 231 030
JAU)PE	0	0	GRANIMAKING		6,231,030.
3 a	Subtotal	0	0			6,231,030.
	Total from continuation					
	sheets to Part I	0	0			0.
С	Totals (add lines 3a and 3b)	0	0			6,231,030.

932071 10-12-19

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any										
recipient who rec	recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.									
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
		EUROPE	GENERAL SUPPORT	4810475.	WIRE	0.				
		EUROPE	GENERAL SUPPORT	1420555.	WIRE	0.				

2	Enter total number of	recipient organizatior	ns listed above that are r	recognized as charities by the f	oreign country,	ecognized as tax-ex	empt	
	by the IRS, or for whic	h the grantee or cou	nsel has provided a sect	tion 501(c)(3) equivalency letter				
3	Enter total number of	other organizations c	or entities					

Schedule F (Form 990) 2019

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.							
Part III can be duplica (a) Type of grant or assistar	ated if additional space is neede	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization		
	may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign		
	Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign		
	Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713; don't file with Form 990)	Yes	X No
	S	chedule F (For	m 990) 2019

932074 10-12-19

Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

ESTABLISHED IN 2019 TO BENEFIT GLOBAL YOUTH, INCLUDING WITHIN THE USA. WE ALSO SUPPORT ESTABLISHED PROGRAMMING ABROAD (VIA OUR PARENT CHARITY, THE PRINCE'S TRUST) WHICH HAS SERVED OVER A MILLION YOUNG PEOPLE WORLDWIDE, OVER THE LAST 44 YEARS. AS A RESULT OF OUR YOUTH PROGRAMMING IN 18 COUNTRIES WORLDWIDE, THE PRINCE'S TRUST USA ENSURES THAT:

THREE IN FOUR YOUNG PEOPLE SUPPORTED BY THE PRINCE'S TRUST MOVE INTO WORK, TRAINING, OR EDUCATION.

A GOAL OF APPROXIMATELY 87C OF EVERY \$1 DONATED TO THE PRINCE'S TRUST IS SPENT ON YOUTH PROGRAMMING.

EACH DONATION IS SUBJECT TO STAFF AND BOARD REVIEWS AND APPROVALS BEFORE BEING GRANTED. WE ALSO ENGAGE TRUSTED PARTNER ORGANIZATIONS TO DELIVER SERVICES TO YOUTH. INDIVIDUAL RECIPROCATE CHARITY ARE RESPONSIBLE TO PROVIDE UPDATES ON DELIVERABLES AND MEASURABLE OUTCOMES.

PART II, LINE 1 (ACCOUNTING METHOD):

THE ORGANIZATION USES THE ACCRUAL METHOD OF ACCOUNTING.

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

Employer identification number

PRINCE'S TRIET AMERICA INC 82-5/157122

	S IRUSI AMERICA, II	.vc •			02-3437	144	
Fundraising Activities required to complete this par	 Complete if the organization answet. 	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not	
 Indicate whether the organization rais a Mail solicitations b X Internet and email solicitations c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	e X Solicitating Solicitating Special Special Special Special Part VII) or entity in connection with providuals or entities (fundraisers) pursual	tion of tion of fundra (includ	non-governising of onal fundamental	overnment grants nment grants events ficers, directors, trus undraising services?	X Yes		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundra have cu or con contribu	istody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
TICTORIA MAJOR INC 26 EAST	SET UP & DONOR DEVELOPMENT	Yes	No				
2ND STREET, NEW YORK, NY	& ENGAGEMENT SUPPORT		Х	40,000.	45,640.	-5,640.	
- Total	L			40,000.	45,640.	-5,640.	
3 List all states in which the organization or licensing. NY	on is registered or licensed to solicit o	contribu	utions	, , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2019

Pa	ırt I	Fundraising Events. Complete if the of fundraising event contributions and groups are fundraising event.				
		or iditionaling event contributions and gre	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
4			(event type)	(event type)	(total number)	col. (c))
Revenue						
Rev	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
s	5	Noncash prizes				
bense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	3				
Pa		Net income summary. Subtract line 10 from li				
Г	וונו	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or	reported more than	
		ψ13,000 0111 01111 990-L2, line 0a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue		0	(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
	1	Gross revenue				
ses	2	Cash prizes				
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
а	ls t	ter the state(s) in which the organization condu the organization licensed to conduct gaming ac No," explain:	tivities in each of these s	states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:				Yes No
9320	32 09	9-11-19			Schedule G (Fo	rm 990 or 990-EZ) 2019

,

Sch	edule G (Form 990 or 990-EZ) 2019 PRINCE'S TRUST AMERICA, INC. 82-5	5457122	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
á	The organization's facility	13a	%
k	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party \$\bigs\\$		
(If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name >		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year ▶ \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
		_	
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	3:	
<u>(I</u>) NAME OF FUNDRAISER: VICTORIA MAJOR INC.		
<u>(I</u>) ADDRESS OF FUNDRAISER: 26 EAST 22ND STREET, NEW YORK, NY 100)10	
	DE T. LIVE 2D. GOLIDOL (11)		
PΑ	RT I, LINE 2B, COLUMN (V):		
<u>TH</u>	E ORGANIZATION PAYS A FLAT FEE OF \$7,000 PER MONTH, BASED ON 50	0-60	
TT ~	TIDG DED MONMU ANY HOUDG IN EVOEGG OF 60 HOURS DED MONMY TO DE	יים דדר	х ш
	URS PER MONTH ANY HOURS IN EXCESS OF 60 HOURS PER MONTH TO BE I 80 PER HOUR ON THE 30TH DAY OF THE MONTH IF CONSULTANT COMPLETI		
\sim \perp	AN THE MOOK ON THE SATE DUT AT THE MANTER TO COMPANIANT COMPANIANT		

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Open to Public

82-5457122

Internal Revenue Service

Name of the organization

Department of the Treasury

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

Inspection
Employer identification number

OMB No. 1545-0047

PRINCE'S TRUST AMERICA, INC.

Pa	Part I Questions Regarding Compensation				
				Yes	No
1a	1a Check the appropriate box(es) if the organization provided any	of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any rele	vant information regarding these items.			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (such as maid, chauffeur, chef)			
b	b If any of the boxes on line 1a are checked, did the organization	follow a written policy regarding payment or			
	•	ove? If "No," complete Part III to explain	1b		
2					
		garding the items checked on line 1a?	2		
_					
3	, ,,				
	CEO/Executive Director. Check all that apply. Do not check any				
	establish compensation of the CEO/Executive Director, but exp				
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	4 During the year, did any person listed on Form 990, Part VII, Se	ction A, line 1a, with respect to the filing			
	organization or a related organization:				
а	a Receive a severance payment or change-of-control payment?		4a		X
b	b Participate in, or receive payment from, a supplemental nonqua	lified retirement plan?	4b		Х
С	c Participate in, or receive payment from, an equity-based compe	nsation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the app	olicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organization	s must complete lines 5-9.			
5	5 For persons listed on Form 990, Part VII, Section A, line 1a, did	the organization pay or accrue any compensation			
	contingent on the revenues of:				
а	a The organization?		5a		Х
	b Any related organization?		5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.				
6		the organization pay or accrue any compensation			
	contingent on the net earnings of:				
а	a The organization?		6a		X
b	b Any related organization?		6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.				
7	7 For persons listed on Form 990, Part VII, Section A, line 1a, did	the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III		7		X
8					
	initial contract exception described in Regulations section 53.49	958-4(a)(3)? If "Yes," describe in Part III	8		X
9	9 If "Yes" on line 8, did the organization also follow the rebuttable	presumption procedure described in			
	Regulations section 53.4958-6(c)?		9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(6)(1)-(0)	reported as deferred on prior Form 990
(1) DAME MARTINA MILBURN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	240,038.	0.	0.	18,002.	149.	258,189.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
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	(') (ii)							
	(i)							
	(ii)							
	(i)	_						
	(ii)							
	(i)							
	(ii)							

Tart III Cappicinental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
FORM 990, PART VII AND SCHEDULE J, RELATED PARTY COMPENSATION:
DAME MARTINA'S ROLE ON THE PRINCE'S TRUST AMERICA BOARD WAS VOLUNTARY
AND SHE WAS NOT COMPENSATED BY PRINCE'S TRUST AMERICA, HOWEVER SHE IS
COMPENSATED BY A RELATED PARTY, PRINCE'S TRUST GROUP. DAME MARTINA
MILBURN IS THE PRINCE'S TRUST GROUP CHIEF EXECUTIVE FOR THE PRINCE'S
TRUST GROUP. THE PRINCE'S TRUST GROUP INCLUDES THE WORK OF PRINCE'S
TRUST UK, PRINCE'S TRUST INTERNATIONAL, PRINCE'S TRUST AUSTRALIA,
PRINCE'S TRUST NEW ZEALAND, PRINCE'S TRUST CANADA AND PRINCE'S TRUST
AMERICA. THE COMPENSATION REPORTED IN PART VII AND SCHEDULE J WAS
CONVERTED FROM GBP TO USD.

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Inspection

Name of the organization

Employer identification number

PRINCE'S TRUST AMERICA, INC.	82-5457122
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:
EARN	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SSION:
UP BUSINESSES.	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENT	rs:
WERE GRANTED TO ITS PARENT ORGANIZATION, PRINCE'S TRUST, A	UK BASED
ORGANIZATION.	
FORM 990, PART VI, SECTION A, LINE 6:	
THE PRINCE'S TRUST IS THE SOLE MEMBER OF THE ORGANIZATION.	
	_
FORM 990, PART VI, SECTION A, LINE 7A:	
THE SOLE MEMBER OF THE ORGANIZATION HAS THE RIGHT TO ELECT	MEMBERS OF THE
BOARD OF TRUSTEES.	
FORM 990, PART VI, SECTION A, LINE 7B:	
THE SOLE MEMBER HAS THE POWER TO REMOVE BOARD MEMBERS, APPI	ROVE ANY
DISSOLUTION OR TO AMEND ANY GOVERNING DOCUMENT.	
TODA 000 DADE III GEGETON A LINE OD	
FORM 990, PART VI, SECTION A, LINE 8B:	
THERE ARE NO COMMITTEES THAT CAN ACT ON BEHALF OF THE GOVER	KNING BODY.
FORM 990, PART VI, SECTION B, LINE 11B:	
PRINCE'S TRUST AMERICA, INC. HAS ITS FORM 990 PREPARED BY A	AN OUTSIDE
	ule O (Form 990 or 990-F7) (2019)

932211 09-06-19

Employer identification number Name of the organization 82-5457122 PRINCE'S TRUST AMERICA, INC. ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN PREPARED AND IS READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE, IT IS ELECTRONICALLY SENT TO THE BOARD FOR APPROVAL. ONCE THE BOARD HAS APPROVED THE RETURN IT IS FILED WITH THE INTERNAL REVENUE SERVICE. FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY APPLIES TO DIRECTORS, OFFICERS OR KEY PERSONS OF THE ORGANIZATION. ANNUALLY, ALL APPLICABLE PERSONS ARE REQUIRED TO COMPLETE AN ANNUAL DISCLOSURE STATEMENT. THESE INDIVIDUALS HAVE A DUTY TO DISCLOSE ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST AND GIVE ALL MATERIAL FACTS TO THE BOARD. AFTER DISCLOSURE THE INTERESTED PERSON SHALL LEAVE THE BOARD MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON BY THE REMAINING BOARD MEMBERS. THE REMAINING BOARD MEMBERS DECISION WILL BE DOCUMENTED IN THE BOARD MINUTES. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. THE RETURN IS ALSO POSTED ON GUIDESTAR. ORG AND OTHER SIMILAR TYPES OF WEBSITES. IN ADDITION, THE FORM 1023, FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, ARTICLES OF INCORPORATION AND BY-LAWS ARE ALSO AVAILABLE UPON WRITTEN REQUEST AT ADDRESS OR BY CALLING THE ORGANIZATION DIRECTLY AT PHONE NUMBER.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

• Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

	PRINCE'S TRUS	T AMERICA, INC.				82-545/122
Part I	Identification of Disregarded Entities. Comp	lete if the organization answered "Yes"	on Form 990, Part IV, line 33.			
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Part II	Identification of Related Tax-Exempt Organia organizations during the tax year.	zations. Complete if the organization a	nswered "Yes" on Form 990, Pa	rt IV, line 34, becaus	se it had one or more	related tax-exempt

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
THE PRINCE'S TRUST							
8 GLADE PATH	TO HELP YOUNG PEOPLE TO						
LONDON, UNITED KINGDOM SE1 8EG	IMPROVE THEIR LIVES	UNITED KINGDOM			N//A		
PRINCE'S TRUST AUSTRALIA							
L 46 101 COLLINS ST	TO HELP YOUNG PEOPLE TO				THE PRINCE'S		
MELBOURNE, AUSTRALIA 3000	IMPROVE THEIR LIVES	AUSTRALIA			TRUST		X
PRINCE'S TRUST NEW ZEALAND							
QUEEN STREET, AUCKLAND CBD	TO HELP YOUNG PEOPLE TO				THE PRINCE'S		
AUCKLAND, NEW ZEALAND 1010	IMPROVE THEIR LIVES	NEW ZEALAND			TRUST		X
PRINCE'S TRUST CANADA							
1255 BAY ST	TO HELP YOUNG PEOPLE TO				THE PRINCE'S		
, TORONTO, CANADA M5R 2A9	IMPROVE THEIR LIVES	CANADA			TRUST		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2019

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	contr	
PRINCE'S TRUST INTERNATIONAL				001(0)(0))		Yes	No
8 GLADE PATH	TO HELP YOUNG PEOPLE TO				THE PRINCE'S		
LONDON, UNITED KINGDOM SE1 8EG	IMPROVE THEIR LIVES	UNITED KINGDOM			TRUST		Х
BONDON, ONITED KINGDON SET SEG	- IMPROVE THEIR BIVES	ONITED KINGDOM			INOSI		
		_					
							<u> </u>

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disproportionate allocations?		Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity	rect controlling entity entity Predominant income (related, unrelated, excluded from tax under sections 512-514)	income e	end-of-year assets			amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
	1										
	1										
	1										
	1										
	1										
	1										
	1										
	1										
		l .					l				

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled ity?
PRINCE TRUST TRADING COMPANY 8 GLADE PATH			THE PRINCE'S					Yes	No
LONDON, UNITED KINGDOM SE1 8EG	-	KINGDOM	TRUST		0.	0.	.00%		х
	_								

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/			1a		_X_		
	Gift, grant, or capital contribution to related organization(s)				1b	Х			
С	Gift, grant, or capital contribution from related organization(s)				1c		X		
	Loans or loan guarantees to or for related organization(s)				1d		X		
	Loans or loan guarantees by related organization(s)				1e		Х		
							77		
	Dividends from related organization(s)				1f		X		
g	Sale of assets to related organization(s)				1 g		<u>X</u>		
h	Purchase of assets from related organization(s)				1h		<u>X</u>		
i	Exchange of assets with related organization(s)				1i		X		
j	Lease of facilities, equipment, or other assets to related organization(s)				1 <u>j</u>		X		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х		
1	Performance of services or membership or fundraising solicitations for related organ				11		X		
m	Performance of services or membership or fundraising solicitations by related organ				1m		Х		
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
o Sharing of paid employees with related organization(s)									
	District and the side of the s				4		X		
	Reimbursement paid to related organization(s) for expenses				1p		X		
q	Reimbursement paid by related organization(s) for expenses				1q		Λ		
r	Other transfer of cash or property to related organization(s)				1r		Х		
s	Other transfer of cash or property from related organization(s)				1s		X		
2	If the answer to any of the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instruction of the above is "Yes," see the instruction of the above is "Yes," and "Y	ho must complete th	is line, including covered rela	tionships and transaction thresholds.					
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved				
(1)									
(2)									
(2)									
(3)									
(4)									
(5)									
(<i>U</i>)									
(6)									
32163	09-10-19	4.0		Schedule	R (Forn	n 990)	2019		

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership
	-									

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

OMB No. 1545-0047

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Name of exempt organization or other filer, see instructions. Type or print 82-5457122 PRINCE'S TRUST AMERICA, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 45 W. 27TH STREET, 11TH FLOOR return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10001 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Application Return Code Code Is For Is For Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 JESSICA GREER MORRIS • The books are in the care of ▶ 45 W. 27TH STREET, 11TH FLOOR - NEW YORK, NY 10001 Telephone No. \triangleright 646-768-7878 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until FEBRUARY 16, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year or $\underline{\hspace{0.5cm}}$, and ending $\underline{\hspace{0.5cm}}$ MAR $\hspace{0.1cm}$ 31 , $\hspace{0.1cm}$ 2020 ► X tax year beginning APR 1, 2019 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

923841 12-30-19

instructions

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

MARCH 31, 2020

PREPARED FOR:

PRINCE'S TRUST AMERICA, INC. 45 W. 27TH STREET, 11TH FLOOR NEW YORK, NY 10001

PREPARED BY:

PKF O'CONNOR DAVIES, LLP 500 MAMARONECK AVENUE HARRISON, NY 10528-1633

AMOUNT OF TAX:

BALANCE DUE OF \$275

MAKE CHECK PAYABLE TO:

DEPARTMENT OF LAW

MAIL TAX RETURN TO:

NYS OFFICE OF ATTORNEY GENERAL CHARITIES BUREAU REGISTRATION SECTION 28 LIBERTY STREET NEW YORK, NY 10005

RETURN MUST BE MAILED ON OR BEFORE:

FEBRUARY 16, 2021

SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL(S).

THE ATTACHED COPY OF THE FEDERAL FORM 990 MUST BE PROPERLY SIGNED AND DATED.

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2019

Open to Public Inspection

1.General Information For Fiscal Year Beginning (mm/dd/yyyy) and Ending (mm/dd/yyyy) 03/31/2020 04/01/2019 Name of Organization: Employer Identification Number (EIN): Check if Applicable: PRINCE'S TRUST AMERICA, INC. 82-5457122 Address Change NY Registration Number: Mailing Address: Name Change 45 W. 27TH STREET, 11TH FLOOR 47-22-42 Initial Filing Telephone: Final Filing City / State / ZIP: NEW YORK, NY 10001 646 768-7878 Amended Filing Email: Reg ID Pending Website: WWW.PRINCESTRUST.US JCASION@HSELAW.COM Check your organization's Confirm your Registration Category in the EPTL only X DUAL (7A & EPTL) EXEMPT* registration category: ____ 7A only Charities Registry at www.CharitiesNYS.com. 2. Certification See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report. JESSICA GREER MORRIS President or Authorized Officer: EXECUTIVE DIRECTOR Signature Print Name and Title Date JEREMY GREEN CHAIR Chief Financial Officer or Treasurer: Print Name and Title Date Signature 3. Annual Reporting Exemption Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees. 3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year. 3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year. 4. Schedules and Attachments See the following page X Yes for a checklist of ☐ No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a. schedules and attachments to X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b. complete your filing.

L I
CHAR500 Annual Filing for Charitable Organizations (Updated January 2020)

25.

7A filing fee:

\$

EPTL filing fee:

The Exempt dategory folds to an organization's five registration status, it does not fold to its inditax designation.

Make a single check or money order

payable to:

"Department of Law"

See the checklist on the

next page to calculate your

fee(s). Indicate fee(s) you

are submitting here:

5. Fee

250.

Total fee:

275.

^{*}The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:	
X If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers	s (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	
Check the financial attachments you must submit with your CHAR500: X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Coldisclosure and will not be available for public review. Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue.	
filing year. We have included an IRS Form 990-EZ for state purposes only.	
If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Review Report if you received total revenue and support greater than \$250,00 X Audit Report if you received total revenue and support greater than \$750,000 No Review Report or Audit Report is required because total revenue and support we are a DUAL filer and checked box 3a, no Review Report or Audit Report is	ont is less than \$250,000
Calculate Your Fee	
For 7A and DUAL filers, calculate the 7A fee:	Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:
\$0, if you checked the 7A exemption in Part 3a X \$25, if you did not check the 7A exemption in Part 3a	7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
For EPTL and DUAL filers, calculate the EPTL fee:	EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
\$0, if you checked the EPTL exemption in Part 3b \$25, if the NET WORTH is less than \$50,000	DUAL filers are registered under both 7A and EPTL.
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000 \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000 \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000 \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$50,000,000 or more	EXEMPT filers have registered with the NY Charities Bureau and meet conditions in <u>Schedule E - Registration</u> <u>Exemption for Charitable Organizations</u> . These organizations are not required to file annual financial reports but may do so voluntarily.
	Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com .
Send Your Filing	Missis de Life des conserientis de NET MORTI (2
Send your CHAR500, all schedules and attachments, and total fee to:	Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on:
NYS Office of the Attorney General	- IRS Form 990 Part I, line 22
Charities Bureau Registration Section	- IRS Form 990 EZ Part I, line 21 - IRS Form 990 PF, calculate the difference between
28 Liberty Street	Total Assets at Fair Market Value (Part II, line 16(c)) and
New York, NY 10005	Total Liabilities (Part II, line 23(b)).

Need Assistance?

Visit: www.CharitiesNYS.com

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

968461 01-08-20 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2020)

CHAR500

2019

Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers www.CharitiesNYS.com

Open to Public Inspection

If you checked the box in question 4a in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule for EACH Professional Fund Raiser (PFR), Fund Raising Counsel (FRC) or Commercial Co-Venturer (CCV) that the organization engaged for fund raising activity in NY State. The PFR or FRC should provide its NY Registration Number to you. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations and use additional pages if necessary.

Definitions

A Professional Fund Raiser (PFR), in addition to other activities, conducts solicitation of contributions and/or handles the donations (Article 7A, 171-a.4). A Fund Raising Counsel (FRC) does not solicit or handle contributions but limits activities to advising or assisting a charitable organization to perform such functions for itself (Article 7A, 171-a.9).

A Commercial Co-Venturer (CCV) is an individual or for-profit company that is regularly and primarily engaged in trade or commerce other than raising funds for a charitable organization and who advertises that the purchase or use of goods, services, entertainment or any other thing of value will benefit a charitable organization (Article 7A, 171-a.6).

Professional fund raising does not include activities by an organization's development staff, volunteers, or a grantwriter who has been hired solely to draft applications for funding from a government agency or tax exempt organization.

1. Organization	Information	

1. Organization Information	on	
Name of Organization:		NY Registration Number:
PRINCE'S TRUST A	47-22-42	
2 Professional Fund Paid	ser, Fund Raising Counsel, Commercial Co-Venturer Infor	mation
2. FTOTESSIONALT UNU NAIS	Total desiring Courises, Commercial Co-Venturer inform	Ilation
Fund Raising Professional type:	Name of FRP:	NY Registration Number:
X Professional Fund Raiser	VICTORIA MAJOR INC.	48-36-28
	Mailing Address:	Telephone:
Fund Raising Counsel		
	26 EAST 22ND STREET	917-853-2466
Commercial Co-Venturer	City / State / ZIP:	
	NEW YORK, NY 10010	
		_
3. Contract Information		
Contract Start Date:	Contract End Date:	
12/01/2019	03/31/2020	

4. Description of Services

Services provided by FRP:

THE FUNDRAISER WILL FACILITATE DONOR CULTIVATION EVENTS & ENGAGEMENT OPPORTUNITIES FOR US PATRONS BOTH IN THE US AND UK. HELP ESTABLISH A NETWORK OF SUPPORTERS AT ALL DONOR LEVELS.

5	Descri	ntion	of (``∩mı	pensation
J.	Descii	DUDII	UI V		vensation

Compensation arrangement with FRP:	Amount Paid to FRP:
SEE STATEMENT 1	45,640.

6. Commercial Co-Venturer (CCV) Report

Yes	☐ No	If services were provided by a CCV, did the CCV provide the charitable organization with the interim or closing report(s) required by Section 173(a) part 3 of the Executive Law Article 7A?

968471 01-08-20

1019 CHAR500 Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers (Updated January 2020)

CHAR500 PG3 STATEMENT 1

THE ORGANIZATION WILL PAY THE CONSULTANT \$7,000 PER MONTH BASED ON 50-60 HOURS PER MONTH. ANY HOURS IN EXCESS OF 60 HOURS PER MONTH TO BE BILLED AT \$180 PER HOUR ON THE 30TH DAY OF THE MONTH. IF CONSULTANT COMPLETES FEWER THAN 50 HOURS PER MONTH, THESE HOURS TO BE BILLED AT \$125 PER HOUR.