

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_, 20\_\_\_\_

# 2020

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization or person subject to tax

Taxpayer identification number

**ISLES, INC**

**22-2350832**

Name and title of officer or person subject to tax

**MARTIN JOHNSON  
PRESIDENT**

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>6,123,260.</u>
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a</b> Form 990-T check here <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) .....	<b>6b</b> _____
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) .....	<b>7b</b> _____

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above organization or  I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize **SOBEL AND CO., LLC CPAS** to enter my PIN **50832**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**22722549494**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **SOBEL AND CO., LLC CPAS** Date **11/10/21**

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://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 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](http://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.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>ISLES, INC</b>	Taxpayer identification number (TIN) <b>22-2350832</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>10 WOOD STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>TRENTON, NJ 08618</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
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
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**THE ORGANIZATION**

- The books are in the care of ▶ **10 WOOD STREET - TRENTON, NJ 08618**  
Telephone No. ▶ **609-341-4700** 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.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2020** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> 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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**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 instructions.

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A** For the **2020** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ISLES, INC</b>		<b>D</b> Employer identification number <b>22-2350832</b>
	Doing business as		<b>E</b> Telephone number <b>609-341-4700</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>10 WOOD STREET</b>		<b>G</b> Gross receipts \$ <b>6,522,922.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>TRENTON, NJ 08618</b>		
<b>F</b> Name and address of principal officer: <b>MARTIN JOHNSON</b> <b>SAME AS C ABOVE</b>			<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶

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

**J** Website: ▶ **WWW.ISLES.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **1981** **M** State of legal domicile: **NJ**

<b>Part I Summary</b>		Prior Year	Current Year
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO OFFER SERVICES IN LOW-INCOME COMMUNITIES (IN THE TRENTON AND THE SURROUNDING AREA) TO ADDRESS</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>16</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>15</b>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>76</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>100</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>6,596,081.</b>	<b>5,098,599.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>79,800.</b>	<b>79,610.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>44,879.</b>	<b>411,953.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-21,038.</b>	<b>533,098.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>6,699,722.</b>	<b>6,123,260.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>243,571.</b>	<b>543,007.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>3,344,559.</b>	<b>3,641,283.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>385,376.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,985,924.</b>	<b>1,895,807.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>5,574,054.</b>	<b>6,080,097.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>1,125,668.</b>	<b>43,163.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>26,489,916.</b>	<b>End of Year</b> <b>25,840,563.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>9,933,199.</b>	<b>9,119,874.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>16,556,717.</b>	<b>16,720,689.</b>

**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.

<b>Sign Here</b>	Signature of officer	Date			
	<b>MARTIN JOHNSON, PRESIDENT</b> Type or print name and title	<b>11/11/2021</b>			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>TARA DEL GAVIO</b>	Preparer's signature <b>TARA DEL GAVIO</b>	Date <b>11/10/21</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P02438051</b>
	Firm's name ▶ <b>SOBEL &amp; CO., LLC CPA'S</b>	Firm's address ▶ <b>293 EISENHOWER PARKWAY LIVINGSTON, NJ 07039-1711</b>	Firm's EIN ▶ <b>22-1430039</b>	Phone no. <b>973-994-9494</b>	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: ISLES' MISSION IS TO FOSTER SELF-RELIANT FAMILIES AND HEALTHY, SUSTAINABLE COMMUNITIES.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 1,133,301. including grants of \$ 543,007. ) (Revenue \$ 48,264. ) COMMUNITY PLANNING & DEVELOPMENT/URBAN AGRICULTURE: ISLES COLLABORATES WITH RESIDENTS AND STAKEHOLDERS TO DEVELOP AND IMPLEMENT NEIGHBORHOOD REVITALIZATION PLANS, AS WELL AS TOPICAL PLANS SCALED BEYOND THE NEIGHBORHOOD LEVEL, SUCH AS PLANS RELATED TO VACANT PROPERTIES, FOOD SYSTEMS, AND ARTS AND CULTURE. ISLES HELPS RESIDENTS UNDERSTAND, INFLUENCE, AND BENEFIT FROM THE MULTIFACETED REDEVELOPMENT PROCESS AND LEADS GRASSROOTS EFFORTS AGAINST VACANT AND ABANDONED PROPERTIES. ISLES ADDRESSES HUNGER, FOOD ACCESS, AND NEIGHBORHOOD DISINVESTMENT BY ENGAGING RESIDENTS IN URBAN AGRICULTURE.

WE SUPPORT 63 COMMUNITY, SCHOOL, AND INSTITUTIONAL GARDENS AND OFFER HANDS-ON TRAINING IN OUR INCUBATOR GARDEN. ISLES MAINTAINS, BEAUTIFIES,

4b (Code: ) (Expenses \$ 1,448,334. including grants of \$ ) (Revenue \$ 123,070. ) ISLES' CENTER FOR ENERGY AND ENVIRONMENTAL TRAINING (CEET): CEET IS A GREEN COLLAR JOB TRAINING FACILITY, TARGETING CAREERS IN ENERGY EFFICIENCY AND ENVIRONMENTAL HEALTH.

LEAD AND HEALTHY HOMES POLICY: ISLES CONTINUES TO PROVIDE RETROFITS TO LOW-INCOME HOMES TO IMPROVE ENERGY EFFICIENCY AND REMOVE LEAD, MOLD, AND ASTHMA TRIGGERS, AND OTHER HEALTH HAZARDS.

4c (Code: ) (Expenses \$ 1,203,474. including grants of \$ ) (Revenue \$ ) ISLES REAL ESTATE SERVICES WORK IN CONJUNCTION WITH THE COMMUNITY PLANNING AND DEVELOPMENT SERVICES TO CARRY OUT STRATEGIC REDEVELOPMENT PROJECTS, INCLUDING COMMUNITY FACILITIES, HOMES, AND COMMERCIAL SPACES. THIS ALSO INCLUDES LONG-TERM MANAGEMENT OF ALL ISLES PURCHASED PROPERTIES AND ISLES OFFICE FACILITIES. PROPERTY MANAGEMENT CONSISTS OF PROPERTY MAINTENANCE AND REPAIRS AND TENANT SERVICES. FACILITIES MANAGEMENT CONSISTS OF ASSISTING WITH TRAINING AND MEETING SPACES AS WELL AS MAINTENANCE AND REPAIRS OF FACILITIES.

ISLES REAL ESTATE SERVICES ALSO OVERSEE THE DEVELOPMENT OF THE MILL ONE PROJECT AND THE SOCIAL PROFIT CENTER AT MILL ONE. THIS INCLUDES ALL CONSTRUCTION AND TENANT IMPROVEMENTS. THEY ALSO HANDLE DEVELOPMENT OF

4d Other program services (Describe on Schedule O.) (Expenses \$ 1,159,093. including grants of \$ ) (Revenue \$ 10,810.)

4e Total program service expenses 4,944,202.

**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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various IRS requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (16); 1b Enter the number of voting members included on line 1a, above, who are independent (15); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b 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 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (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 arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NJ
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[ ] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
THE ORGANIZATION - 609-341-4700
10 WOOD STREET, TRENTON, NJ 08618



**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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN HART CHIEF OPERATING OFFICER	32.00 8.00			X			116,996.	0.	9,988.	
(2) MICHAEL NORDQUIST MANAGING DIRECTOR	40.00 0.50			X			84,828.	0.	2,578.	
(3) PETER ROSE MANAGING DIRECTOR	40.00 0.50			X			75,222.	0.	9,411.	
(4) MARTIN JOHNSON EX-OFFICIO	20.00 4.00			X			65,362.	0.	1,834.	
(5) SEAN JACKSON CHIEF EXECUTIVE OFFICER	32.00 8.00			X			28,125.	0.	169.	
(6) LINDA REVELLE BOARD CHAIR	1.00 0.50	X		X			0.	0.	0.	
(7) GARY GRAY TREASURER	1.00 0.50	X		X			0.	0.	0.	
(8) RUKIYA BLACKWELL, ESQ. TRUSTEE	0.50	X					0.	0.	0.	
(9) RACHEL COGSVILLE-LATTIMER TRUSTEE	0.50	X					0.	0.	0.	
(10) CHRISTOPHER CRAMER TRUSTEE	0.50	X					0.	0.	0.	
(11) KATHLEEN FITZPATRICK TRUSTEE	0.50	X					0.	0.	0.	
(12) STEVEN GOODELL TRUSTEE	0.50	X					0.	0.	0.	
(13) CHRISTOPHER H. KNERR TRUSTEE	0.50	X					0.	0.	0.	
(14) STEPHEN R. LONGLEY TRUSTEE	0.50	X					0.	0.	0.	
(15) TIM MANAHAN TRUSTEE	0.50	X					0.	0.	0.	
(16) KAREN MCGUINNESS TRUSTEE	0.50	X					0.	0.	0.	
(17) WILLARD STANBACK TRUSTEE	0.50 0.50	X					0.	0.	0.	

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RONALD STARK TRUSTEE	0.50	X						0.	0.	0.
(19) THOMAS SULLIVAN TRUSTEE	0.50	X						0.	0.	0.
(20) CLARICE H. TAYLOR TRUSTEE	0.50	X						0.	0.	0.
(21) MATTHEW WASSERMAN TRUSTEE	0.50	X						0.	0.	0.
<b>1b Subtotal</b> .....								370,533.	0.	23,980.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								370,533.	0.	23,980.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	66,603.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	3,195,184.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	1,836,812.				
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b>	\$ 24,000.				
	<b>h Total.</b> Add lines 1a-1f .....		5,098,599.				
Program Service Revenue	<b>2 a</b> PROGRAM FEES	Business Code					
		900099	79,610.	79,610.			
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....		79,610.					
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		412,025.			412,025.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	102,534.				
		(ii) Personal					
		<b>6b</b> Less: rental expenses ...	0.				
	<b>6c</b> Rental income or (loss) .....	102,534.					
	<b>d</b> Net rental income or (loss) .....		102,534.	102,534.			
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	390,756.				
		(ii) Other					
		<b>7b</b> Less: cost or other basis and sales expenses .....	390,828.				
	<b>7c</b> Gain or (loss) .....	-72.					
	<b>d</b> Net gain or (loss) .....		-72.			-72.	
<b>8 a</b> Gross income from fundraising events (not including \$ 66,603. of contributions reported on line 1c). See Part IV, line 18 .....		13,935.					
	<b>8b</b> Less: direct expenses .....	8,834.					
	<b>c</b> Net income or (loss) from fundraising events .....		5,101.			5,101.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....							
	<b>9b</b> Less: direct expenses .....						
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....							
	<b>10b</b> Less: cost of goods sold .....						
	<b>c</b> Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue	<b>11 a</b> MISCELLANEOUS	Business Code					
		900099	425,463.			425,463.	
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....		425,463.					
<b>12 Total revenue.</b> See instructions .....		6,123,260.	182,144.	0.	842,517.		

**Part IX Statement of Functional Expenses**

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	543,007.	543,007.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	394,513.	315,416.	55,020.	24,077.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	2,552,669.	2,035,447.	360,500.	156,722.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	80,653.	67,133.	9,053.	4,467.
9 Other employee benefits .....	328,992.	273,841.	36,928.	18,223.
10 Payroll taxes .....	284,456.	236,771.	31,929.	15,756.
11 Fees for services (nonemployees):				
a Management .....	31,008.	21,631.	7,503.	1,874.
b Legal .....	1,885.	1,315.	456.	114.
c Accounting .....	67,521.	47,102.	16,338.	4,081.
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	572,192.	399,157.	138,450.	34,585.
12 Advertising and promotion .....	3,154.	2,873.		281.
13 Office expenses .....	60,272.	26,465.	3,477.	30,330.
14 Information technology .....	122,581.	85,512.	29,660.	7,409.
15 Royalties .....				
16 Occupancy .....	178,479.	170,081.	6,302.	2,096.
17 Travel .....	15,854.	10,872.	246.	4,736.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....				
20 Interest .....	394,591.	386,667.	7,924.	
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	81,816.	57,604.	24,212.	
23 Insurance .....	96,930.	94,730.	-436.	2,636.
24 Other expenses. Itemize expenses not covered 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.)				
a <b>PROGRAM EXPENSES AND SU</b>	144,311.	63,366.	8,325.	72,620.
b <b>STIPEND</b>	33,399.	27,800.	3,749.	1,850.
c <b>SERVICES EXPENSE</b>	33,096.	32,438.	635.	23.
d <b>IN-KIND</b>	24,000.	24,000.		
e All other expenses _____	34,718.	20,974.	10,248.	3,496.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	6,080,097.	4,944,202.	750,519.	385,376.
26 <b>Joint costs.</b> 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)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	415,020.	<b>1</b>	338,280.
	<b>2</b> Savings and temporary cash investments .....	11,464.	<b>2</b>	10,648.
	<b>3</b> Pledges and grants receivable, net .....	840,958.	<b>3</b>	628,645.
	<b>4</b> Accounts receivable, net .....	2,795,293.	<b>4</b>	2,473,458.
	<b>5</b> Loans and other receivables from 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	5,767,000.	<b>7</b>	5,767,000.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	17,765.	<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 16,289,956.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,645,999.	<b>10c</b>	14,643,957.
	<b>11</b> Investments - publicly traded securities .....	1,573,900.	<b>11</b>	1,628,349.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	14,300.	<b>12</b>	14,300.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	335,926.	<b>15</b>	335,926.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	26,489,916.	<b>16</b>	25,840,563.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	3,741,702.	<b>17</b>	3,472,040.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	214,140.	<b>19</b>	294,798.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	5,624,374.	<b>23</b>	5,194,761.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	182,694.	<b>24</b>	137,986.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	170,289.	<b>25</b>	20,289.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	9,933,199.	<b>26</b>	9,119,874.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	11,745,918.	<b>27</b>	12,961,567.
	<b>28</b> Net assets with donor restrictions .....	4,810,799.	<b>28</b>	3,759,122.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	16,556,717.	<b>32</b>	16,720,689.
<b>33</b> Total liabilities and net assets/fund balances .....	26,489,916.	<b>33</b>	25,840,563.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,123,260.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,080,097.
3	Revenue less expenses. Subtract line 2 from line 1	3	43,163.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16,556,717.
5	Net unrealized gains (losses) on investments	5	141,510.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-20,701.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	16,720,689.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2020)

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization **ISLES, INC** Employer identification number **22-2350832**

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  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).**
- 4  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: \_\_\_\_\_
- 5  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).**
- 7  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.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  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 university: \_\_\_\_\_
- 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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 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.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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.**
  - 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.**
  - 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.**
  - d  **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.**
  - e  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.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	5546951.	4732925.	4927385.	6596081.	5098599.	26901941.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	5546951.	4732925.	4927385.	6596081.	5098599.	26901941.
<b>5</b> 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) .....						80,647.
<b>6 Public support.</b> Subtract line 5 from line 4.						26821294.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	5546951.	4732925.	4927385.	6596081.	5098599.	26901941.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	75,715.	117,853.	106,787.	46,584.	506,018.	852,957.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	3,636.	56,801.	20,477.	16,503.	402,712.	500,129.
<b>11 Total support.</b> Add lines 7 through 10						28255027.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	368,444.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	94.93 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	96.45 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>1</b>		
<b>2</b> 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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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 organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>	Yes	No
<b>2a</b>		
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	<b>5</b>
<b>6</b>	Other distributions (describe in Part VI). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.



**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

ISLES, INC

Employer identification number

22-2350832

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

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**

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 (entering "N/A" in column (b) instead of the contributor name and address), 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).



Name of organization  <b>ISLES, INC</b>	Employer identification number  <b>22-2350832</b>
---	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COUNTY OF MERCER 640 SOUTH BROAD STREET, ROOM 317, PO BOX 8068  TRENTON, NJ 08650	\$ 151,364.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	NEW JERSEY DEPARTMENT OF LABOR  1 JOHN FITCH PLAZA  TRENTON, NJ 08625	\$ 338,966.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS  101 SOUTH BROAD STREET, PO BOX 800  TRENTON, NJ 08625	\$ 1,671,784.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	DODGE FOUNDATION  953 GREAT ROAD  PRINCETON, NJ 08540	\$ 140,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	TENACRE FOUNDATION  14 MAPLE AVENUE SUITE 400  MORRISTOWN, NJ 07960	\$ 395,368.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>ISLES, INC</b>	Employer identification number  <b>22-2350832</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization <b>ISLES, INC</b>	Employer identification number <b>22-2350832</b>
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**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 Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**  
**Open to Public Inspection**

**Name of the organization** ISLES, INC **Employer identification number** 22-2350832

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 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.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,579,991.	1,373,901.	1,703,281.	1,427,173.	1,654,967.
b Contributions					
c Net investment earnings, gains, and losses	165,626.	248,238.	-97,661.	286,901.	101,075.
d Grants or scholarships					
e Other expenditures for facilities and programs	174.	42,148.	231,719.	10,793.	328,869.
f Administrative expenses					
g End of year balance	1,745,443.	1,579,991.	1,373,901.	1,703,281.	1,427,173.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  100 %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| (i) Unrelated organizations  |     | X  |
| (ii) Related organizations   | X   |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | X   |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		72,509.		72,509.
b Buildings		2,311,053.	1,645,999.	665,054.
c Leasehold improvements		257,532.		257,532.
d Equipment		403,054.		403,054.
e Other		13,245,808.		13,245,808.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				14,643,957.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (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 or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SECURITY DEPOSITS - CHESTNUT	
(3) MONMOUTH	20,289.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	20,289.

2. 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 ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE ORGANIZATION'S ENDOWMENT FUNDS ARE TO BE USED FOR THE ISLES YOUTH CENTERED SERVICES AND TO CREATE CAPITAL.

PART X, LINE 2:

THE INTERNAL REVENUE SERVICE HAS RECOGNIZED ISLES, INC. AS TAX EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

TRENTON COMMUNITY HOLDING COMPANY IS TAXED AS A PARTNERSHIP. ACCORDINGLY, ANY INCOME OR LOSS IS REFLECTED ON THE TAX RETURNS OF THE RESPECTIVE MEMBERS. SINCE THESE PARTNERSHIPS ARE WHOLLY OWNED BY ISLES, INC., THEY ARE CONSIDERED DISREGARDED ENTITIES FOR TAX PURPOSES.

**Part XIII** Supplemental Information (continued)

THE ORGANIZATION FOLLOWS STANDARDS THAT PROVIDE CLARIFICATION ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN THE ORGANIZATION'S CONSOLIDATED FINANCIAL STATEMENTS. THE GUIDANCE PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, AND ALSO PROVIDES GUIDANCE ON DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, DISCLOSURE AND TRANSITION. THE ORGANIZATION'S POLICY IS TO RECOGNIZE INTEREST AND PENALTIES ON UNRECOGNIZED TAX BENEFITS IN INCOME TAX EXPENSE. NO INTEREST AND PENALTIES WERE RECORDED DURING THE YEARS ENDED 2020 AND 2019. AT DECEMBER 31, 2020 AND 2019, THERE ARE NO SIGNIFICANT INCOME TAX UNCERTAINTIES.



SCHEDULE G  
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2020

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization: ISLES, INC  
Employer identification number: 22-2350832

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
a Mail solicitations
b Internet and email solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events
2 a Did the organization have a written or oral agreement with any individual...
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (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. Includes a Total row at the bottom.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		MILES20 (event type)	EV FEST (event type)	1 (total number)		
Revenue	1	Gross receipts	12,135.	62,000.	6,403.	80,538.
	2	Less: Contributions	11,000.	49,200.	6,403.	66,603.
	3	Gross income (line 1 minus line 2)	1,135.	12,800.		13,935.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages		2,300.		2,300.
	8	Entertainment		175.		175.
	9	Other direct expenses	1,020.	5,339.		6,359.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					5,101.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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)					

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** 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:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** 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 ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Part IV** Supplemental Information (continued)

Lined area for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization **ISLES, INC** Employer identification number **22-2350832**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
NEW JERSEY SHARES, INC 4 WALTER E. FORAN BOULEVARD, SUITE FLEMING, NJ 08822			178,000.	0.			ENERGY SELF SUFFICIENCY FOR INDIVIDUALS AND FAMILIES
219 EAST HANOVER STREET, LLC 113 SOUTH MONTGOMERY STREET TRENTON, NJ 08611			116,546.	0.			ENVIRONMENTAL CLEAN UP
I AM TRENTON COMMUNITY FOUNDATION PO BOX 1743 TRENTON, NJ 08618			37,500.	0.			COMMUNITY ENGAGEMENT
MERCER STREET FRIENDS FOOD BANK 824 SILVIA STREET EWING, NJ 08628			20,000.	0.			COVID RELIEF
ARM IN ARM 13 EAST HANOVER STREET TRENTON, NJ 08608			17,000.	0.			COVID RELIEF
INSPIRED THREADS 9 EXETER LANE BELLE MEAD, NJ 08502			10,000.	0.			COVID RELIEF

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ \_\_\_\_\_
- 3** Enter total number of other organizations listed in the line 1 table ▶ \_\_\_\_\_

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

**Schedule I (Form 990) 2020**

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANDLE LIGHT EVENTS LLC PO BOX 789 TRENTON, NJ 08605			8,000.	0.			COVID RELIEF
CITY DELI, LLC 15 WILLOW STREET TRENTON, NJ 08618			7,500.	0.			COVID RELIEF
COMFORT AT HOME, 51 PASSAIC STREET TRENTON, NJ 08618			7,500.	0.			COVID RELIEF
JAQUEZ DELI MARKET, LLC 201 SPRING STREET TRENTON, NJ 08618			7,500.	0.			COVID RELIEF
WHEELS 2 GO, LLC 261 BELLEVUE AVENUE TRENTON, NJ 08618			7,500.	0.			COVID RELIEF
LEROY NEVIUS 104 PERRY STREET TRENTON, NJ 08608			7,000.	0.			COVID RELIEF
RAZOR SHARP SHOP 4 BALLERS 337 W HANOVER STREET TRENTON, NJ 08611			6,500.	0.			COVID RELIEF
ABID ALI KHAN LLC 2 NORTH BROAD STREET TRENTON, NJ 08608			6,000.	0.			COVID RELIEF
BERKEL TRAINING INSTITUTE, INC 320 WEST STATE STREET TRENTON, NJ 08618			6,000.	0.			COVID RELIEF

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOUSE OF HIGH END 200 NORTH BROAD STREET TRENTON, NJ 08608			6,000.	0.			COVID RELIEF
TRENTON PIZZA LLC 105 EAST STATE STREET TRENTON, NJ 08608			6,000.	0.			COVID RELIEF
BITS N PIECES, INC. 104 EAST STATE STREET TRENTON, NJ 08608			5,500.	0.			COVID RELIEF
CANARIO SUPER MARKET 18 NORTH BROAD STREET TRENTON, NJ 08608			5,500.	0.			COVID RELIEF
HEBRON INC 117 NORTH BROAD STREET TRENTON, NJ 08608			5,500.	0.			COVID RELIEF
NARSINH LLC 2 NORTH BROAD STREET TRENTON, NJ 08608			5,500.	0.			COVID RELIEF
SUCCESS BARBER SHOP & BRAIDING SALON - 110 W STATE STREET - TRENTON, NJ 08618			5,500.	0.			COVID RELIEF
COLONIAL FOOD MARKET LLC 137 EAST STATE STREET TRENTON, NJ 08608			5,000.	0.			COVID RELIEF
ROSALIA FOOD MARKET INC. 45 NORTH STOCKTON STREET TRENTON, NJ 08608			5,000.	0.			COVID RELIEF

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRENTON DOWNTOWN ASSOCIATION 16 EAST HANOVER STREET TRENTON, NJ 08608			5,000.	0.			COVID RELIEF



**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

QUARTERLY SPENDING REPORTS AND NARRATIVES

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SCHEDULE L  
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2020

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

Name of the organization

ISLES, INC

Employer identification number

22-2350832

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SHENETTE GRAY	SHE IS THE WIFE OF	57,145.	EMPLOYEE		X

**Part V Supplemental Information.**

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: SHENETTE GRAY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SHE IS THE WIFE OF BOARD MEMBER GARY GRAY.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

ISLES, INC

Employer identification number

22-2350832

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CRITICAL URBAN NEEDS IN THE AREAS OF COMMUNITY REVITALIZATION, URBAN  
AGRICULTURE, GREEN JOB TRAINING, YOUTH EDUCATION, AND THROUGH OUR E4  
SUBSIDIARY, ENERGY AND WEATHERIZATION SERVICES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

AND ACTIVATES THE PUBLIC REALM WITH GARDENS, POP UP EVENTS, PARKLETS,  
AND PARK PROGRAMMING IN ORDER TO POSITIVELY CHANGE THE PERCEPTION AND  
EXPERIENCE OF PLACE IN NEIGHBORHOODS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

ALL SPACES AS WELL AS BRINGING IN NEW TENANTS TO THE SITE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ISLES YOUTH INSTITUTE (IYI): ISLES YOUTH INSTITUTE OFFERS ALTERNATIVE  
EDUCATION OPTIONS FOR AT-RISK URBAN STUDENTS SEEKING A HIGH  
SCHOOL DIPLOMA, VOCATIONAL SKILLS TRAINING, AND LIFE SKILLS TRAINING  
(LEADERSHIP, FINANCIAL, HEALTH EDUCATION, CONFLICT MANAGEMENT). ISLES  
HAS DEVELOPED AN EFFECTIVE PEER-BASED APPROACH FOR STUDENTS AGES 16 TO  
24, WHO HAVE STRUGGLED IN TRADITIONAL SCHOOL SETTINGS AND/OR HAVE HAD  
ENCOUNTERS WITH THE JUSTICE SYSTEM. IYI STUDENTS ARE SERVANT LEADERS AND  
HELP REVITALIZE THE COMMUNITY.

HOMEOWNERSHIP/FORECLOSURE COUNSELING: ISLES OFFERS HOMEBUYER AND

FORECLOSURE COUNSELING TO PREPARE LOW- AND MODERATE-INCOME INDIVIDUALS  
FOR HOMEOWNERSHIP AND TO HELP FAMILIES AVOID FORECLOSURE.

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization ISLES, INC	Employer identification number 22-2350832
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ISLES FINANCIAL SOLUTIONS: ISLES FINANCIAL SOLUTIONS (IFS) IS AN EMPLOYER-BASED FINANCIAL CAPABILITY INITIATIVE FOR LOWER WAGE WORKERS.

COVID RESPONSE SERVICES: THROUGHOUT THE COVID-19 PANDEMIC, ISLES HAS HAD TO ADAPT TO A CONSTANTLY CHANGING ENVIRONMENT WHILE CONTINUING TO MEET THE NEEDS OF OUR COMMUNITY.

EXPENSES \$ 1,159,093. INCLUDING GRANTS OF \$ 0. REVENUE \$ 10,810.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS PROVIDED TO THE CHIEF FINANCIAL OFFICER FOR REVIEW BEFORE IT IS FILED. AFTER THE REVIEW, IT IS FORWARDED TO THE BOARD FOR APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS THAT SUCH PERSON:

A.HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY,

B.HAS READ AND UNDERSTANDS THE POLICY,

C.HAS AGREED TO COMPLY WITH THE POLICY, AND

D.UNDERSTANDS THAT ISLES, INC. IS A NON-PROFIT ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

FORM 990, PART VI, SECTION B, LINE 15:

THE PROCESS FOR DETERMINING COMPENSATION INVOLVES AN ANNUAL REVIEW OF INDIVIDUAL PERFORMANCE AND COMPARISON OF PRESENT COMPENSATION TO MARKET DATA.

Name of the organization ISLES, INC	Employer identification number 22-2350832
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FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

BAD DEBT -20,701.

FORM 990, PART XII LINE 2C:

OVERSIGHT OF AUDIT: THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

HIGHLIGHTS OF 2020:

COVID RESPONSE SERVICES: THROUGHOUT THE COVID-19 PANDEMIC, ISLES HAS HAD TO ADAPT TO A CONSTANTLY CHANGING ENVIRONMENT WHILE CONTINUING TO MEET THE NEEDS OF OUR COMMUNITY. HIGHLIGHTS OF OUR COVID RESPONSE SERVICES THIS YEAR INCLUDE:

MADE OVER 1,250 FACE MASKS WITH OUR SOCIAL PROFIT CENTER TENANT, INSPIRED THREADS. WE DISTRIBUTED MORE THAN 6,000 (SEWN OR DONATED) MASKS TO OUR CUSTOMERS, RESIDENTS, LOCAL BUSINESSES, AND OTHER NONPROFITS.

PROVIDED 35 STUDENTS WITH CHROMEBOOKS TO HELP THEM COMPLETE THEIR GED AND PARTICIPATE IN REMOTE CLASSES WITH ISLES YOUTH INSTITUTE DELIVERED 165 PANTRY BAGS FROM LOCAL FOOD BANK TO CUSTOMERS DELIVERED 56 HEALTHY HOME CLEANING KITS, 200 DO-IT-YOURSELF GARDEN GROW KITS, AND OVER 50 CASES OF FRESH PRODUCE TO TRENTON'S MOST AT-RISK POPULATIONS.

DELIVERED MORE THAN 381 HOT MEALS, SOURCED FROM LOCAL RESTAURANTS, TO

Name of the organization ISLES, INC	Employer identification number 22-2350832
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STUDENTS AND THEIR FAMILIES, EASING THEIR FINANCIAL BURDEN WHILE  
SUPPORTING LOCAL BUSINESSES.

FINANCIAL SERVICES: ISLES CONTINUED TO OFFER HOMEBUYER AND FORECLOSURE  
COUNSELING TO PREPARE LOW- AND MODERATE-INCOME INDIVIDUALS FOR  
HOMEOWNERSHIP AND TO HELP FAMILIES AVOID FORECLOSURE. WE ALSO OFFERED  
ISLES FINANCIAL SOLUTIONS (IFS), AN EMPLOYER-BASED FINANCIAL CAPABILITY  
INITIATIVE FOR LOWER WAGE WORKERS THAT INCLUDES AN INNOVATIVE MIX OF  
FINANCIAL COACHING, CREDIT-BUILDING FINANCE, SAVINGS PRODUCTS, AND  
GROUP-BASED LEARNING. IFS WORKS WITH PRINCETON UNIVERSITY, CAPITAL  
HEALTH SYSTEMS AND LOCAL NONPROFITS. THIS YEAR:

ISLES HAD 296 CUSTOMERS SEEKING HOUSING OR FORECLOSURE ADVICE OR  
ASSISTANCE

0 142 CUSTOMERS ATTENDED PRE-PURCHASE WORKSHOPS

0 154 ATTENDED ONE-ON-ONE COUNSELING SESSIONS

0 112 CUSTOMERS EARNED HOUSING CERTIFICATES (TO QUALIFY FOR FINANCIAL  
ASSISTANCE)

0 29 CUSTOMERS PURCHASED A FIRST HOME.

243 CUSTOMERS RECEIVED IFS SERVICES

0 53 ONE-ON-ONE CUSTOMERS COMPLETED A BUDGET, CREDIT ANALYSIS AND  
ACTION PLAN.

0 190 ATTENDED VIRTUAL FINANCIAL WORKSHOPS (OFFERED VIRTUALLY DURING  
THE PANDEMIC)

0 28 CUSTOMERS FILED THEIR TAXES WITH THE ASSISTANCE OF A FINANCIAL  
COACH.

ISLES' CENTER FOR ENERGY AND ENVIRONMENTAL TRAINING (CEET): CEET IS A  
GREEN COLLAR JOB TRAINING FACILITY, TARGETING CAREERS IN ENERGY

Name of the organization ISLES, INC	Employer identification number 22-2350832
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EFFICIENCY AND ENVIRONMENTAL HEALTH. THIS YEAR, CEET:

PROVIDED HEALTHY HOMES FOR COMMUNITY HEALTH WORKERS COURSES (IN-PERSON AND VIRTUALLY) TO 135 PARTICIPANTS

PROVIDED AIR LEAKAGE CONTROL INSTALLER OR BUILDING ANALYST TRAINING AND CERTIFICATION COURSE FOR 17 ENERGY EFFICIENCY WORKERS

PROVIDED LEAD-SAFE RENOVATION, REPAIR, AND PAINT TRAINING AND CERTIFICATION FOR 33 WORKERS.

PROVIDED 4 LEAD WORKER/LEAD SUPERVISOR TRAININGS, OFFERING 19 LEAD ABATEMENT CERTIFICATIONS

OFFERED "THE SEVEN KEYS TO A HEALTHY HOME" 3 TIMES TO REACH A TOTAL OF 18 COMMUNITY MEMBERS. 2 OF THESE PRESENTATIONS WERE DELIVERED VIRTUALLY.

LEAD SAFETY AND HEALTHY HOMES: ISLES CONTINUED TO PROVIDE RETROFITS TO LOW-INCOME HOMES TO IMPROVE ENERGY EFFICIENCY AND REMOVE LEAD, MOLD/MOISTURE, ASTHMA TRIGGERS, FALL AND BURN HAZARDS AND OTHER NEGATIVE INDOOR HEALTH CONDITIONS. IN ADDITION, ISLES CONTINUES TO BE A STRONG ADVOCATE FOR LEAD AND HEALTHY HOMES PUBLIC EDUCATION, POLICY CHANGE AND INCREASED FUNDING FOR REMEDIATION OF LEAD CONTAMINATED HOMES. THIS YEAR, ISLES:

PROVIDED 59 IN-PERSON HEALTHY HOME ASSESSMENTS AND 11 VIRTUAL HEALTHY HOME ASSESSMENTS

COMPLETED 9 LEAD HAZARD CONTROL (ABATEMENT AND REMEDIATION) PROJECTS. PRODUCTION WAS ENDED IN MARCH AND RESUMED IN JULY, WITH MANY HOMEOWNERS HESITANT TO GIVE WORKERS ACCESS TO THEIR HOMES DURING PANDEMIC.

WORKED WITH DEP AND INDUSTRY EXPERTS TO BEGIN THE DEVELOPMENT OF A MULTI-SERVICE ELECTRIC MOBILITY PROGRAM TO IMPROVE TRANSPORTATION AND ACCESS IN LOW INCOME COMMUNITIES



Name of the organization <b>ISLES, INC</b>	Employer identification number <b>22-2350832</b>
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ISLES YOUTH INSTITUTE (IYI): IYI OFFERS ALTERNATIVE EDUCATION OPTIONS FOR DISENGAGED STUDENTS SEEKING THEIR HIGH SCHOOL EQUIVALENCY DIPLOMA, JOB SKILLS, AND LIFE SKILLS TRAINING. DUE TO THE COVID-19 PANDEMIC, WE SHIFTED OUR CLASSES AND TRAININGS TO ONLINE PLATFORMS. IN THE FALL, WE WELCOMED OUR FIRST COHORT THAT STARTED VIRTUALLY, AND WE ARE NOW ABLE TO PROVIDE TESTING OPTIONS FOR STUDENTS AGAIN. THIS YEAR:

5 IYI STUDENTS PARTICIPATED IN OUR SOCIAL-DISTANCING GRADUATION WITH THEIR HIGH SCHOOL DIPLOMAS.

44 CERTIFICATIONS WERE EARNED BY IYI STUDENTS IN CPR, OSHA, AND PRE-APPRENTICE CONSTRUCTION TRAINING

29 YOUTH PARTICIPATED IN MEANINGFUL COMMUNITY SERVICE PROJECTS INCLUDING VOLUNTEERING AT THE TRENTON AREA SOUP KITCHEN, RENOVATING THE WEST TRENTON LITTLE LEAGUE FIELD AND WORKING WITH THE CITY OF TRENTON TO IMPROVE COMMUNITY CENTERS.

33 STUDENTS, COMMUNITY MEMBERS AND ALUMNI PARTICIPATED IN VARIOUS INTERNAL AND EXTERNAL JOB TRAINING INTERNSHIP OPPORTUNITIES.

29 STUDENTS PARTICIPATED IN THE LEADERSHIP ACADEMY, WHICH INCLUDED WEEKLY TRAINING SESSIONS AND WORKSHOPS ON KEY LEADERSHIP SKILLS, MEETING WITH CITY COUNCIL MEMBERS, AND ATTENDING THE NEW JERSEY BLACK ISSUES CONFERENCE (NJBIC) YOUTH DAY.

COMMUNITY PLANNING AND DEVELOPMENT (CP&D) : ISLES COLLABORATES WITH RESIDENTS AND STAKEHOLDERS TO IDENTIFY COMMUNITY CONCERNS AND PRIORITIES; CREATE COMMUNITY-LED NEIGHBORHOOD PLANS; AND SECURE RESOURCES TO SUSTAIN NEIGHBORHOOD REVITALIZATION EFFORTS OVER THE LONG TERM. IN ADDITION, ISLES LEADS CITY-WIDE RESEARCH AND PLANNING INITIATIVES RELATED TO BLIGHT REDUCTION, CREATIVE PLACEMAKING, AND FOOD

Name of the organization ISLES, INC	Employer identification number 22-2350832
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SYSTEMS. ISLES ALSO PURCHASES, IMPROVES, AND DEVELOPS REAL ESTATE IN DOWNTOWN TRENTON, AND MANAGES AND MAINTAINS AFFORDABLE HOUSING UNITS TO MODERATE THE MARKET AND ENSURE HEALTHY, SAFE, AFFORDABLE HOUSING REMAINS AVAILABLE FOR LONG-TERM RESIDENTS. IN 2020, THIS WORK INCLUDED THE FOLLOWING:

COMPLETED A THREE-YEAR PLANNING AND RECOMMENDATION PROCESS TO ADDRESS BROWNFIELD REDEVELOPMENT IN EAST TRENTON

DEVELOPED A CROSS-SECTOR INITIATIVE TO ADDRESS THE HEALTH, AFFORDABILITY, AND SAFETY OF HOUSING IN TRENTON, IDENTIFYING KEY POLICY AND DATA GAPS AND MAKING RECOMMENDATIONS TO IMPROVE HOUSING QUALITY AND ENFORCEMENT

PARTNERED WITH FIRST PRESBYTERIAN CHURCH OF TRENTON TO SUPPORT EFFORTS TO REDEVELOP PROPERTIES

PROVIDED T-RECS SERVICES FOR NEARLY 400 YOUTH FROM NOVEMBER THROUGH MARCH (WHEN COVID REQUIRED CLOSURE OF COMMUNITY CENTERS)

SUPPORTED A ROUND OF SMALL GRANTS IN THE TRENTON HISTORIC DEVELOPMENT COLLABORATIVE NEIGHBORHOOD

URBAN AGRICULTURE: ISLES SUPPORTS 75 COMMUNITY, SCHOOL, BACKYARD, AND INSTITUTIONAL GARDENS. IN 2020:

WE WORKED WITH 581 ELEMENTARY SCHOOL STUDENTS AND 29 TEACHERS ON A WEEKLY OR BIWEEKLY BASIS.

50 YOUTH PARTICIPATED IN VIRTUAL COOKING CLASSES THAT FEATURED HEALTHY RECIPES UTILIZING SEASONAL PRODUCE AND EASILY ACCESSIBLE PANTRY ITEMS.

BUILT ONE NEW PRESCHOOL GARDEN AND ONE NEW GARDEN FOR THE TRENTON 9TH GRADE ACADEMY, AND ADDED TEN OTHER GARDENS TO OUR NETWORK.

DONATED MORE THAN 1,000 POUNDS OF PRODUCE TO EMERGENCY FOOD SUPPLIERS AND SECURED 750 POUNDS OF FRESH FRUIT FROM PARTNER FARMS AND

Name of the organization ISLES, INC	Employer identification number 22-2350832
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DISTRIBUTORS TO DONATE TO PUBLIC HOUSING AND SENIOR FACILITIES THAT  
LOST POWER DURING HURRICANE ISAIAS.

HELD THREE GARDENING WORKSHOPS, AND DISTRIBUTED OVER 10,000 VEGETABLE  
SEEDLINGS AND HUNDREDS OF POUNDS OF SEEDS TO SCHOOL AND COMMUNITY  
GARDENS.

HARVESTED 300 POUNDS OF HONEY FROM 12 ISLES-MANAGED BEEHIVES AND  
RECEIVED FIRST PLACE IN THE ANNUAL NJ BEEKEEPERS ASSOCIATION HONEY  
SHOW.

SOCIAL PROFIT CENTER AT MILL ONE IS A HISTORIC FORMER TEXTILE MILL ON  
THE TRENTON/HAMILTON BORDER THAT ISLES IS CONVERTING INTO A HIGH  
PERFORMING, MIXED USE REGIONAL HUB FOR DOZENS OF SOCIAL PROFIT  
ORGANIZATIONS. WHILE THE PANDEMIC CAUSED SOME DELAYS IN CONSTRUCTION,  
ISLES COMPLETED A SIGNIFICANT AMOUNT OF WORK OVER THE PAST YEAR:

69,000 LINEAR FEET OF SHEETROCK INSTALLED, CREATING A TOTAL OF 30  
SUITES FOR OFFICES, ARTIST STUDIOS AND FLEX SPACE.

OVER 200 ENERGY EFFICIENT LIGHT FIXTURES WERE INSTALLED ON ALL THREE  
FLOORS.

25,000 SQ FT OF FLOORING RESTORED THROUGHOUT THE BUILDING.

OVER 26,000 SQ FT OF SPACE HAS BEEN LEASED.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization **ISLES, INC** Employer identification number **22-2350832**

**Part I Identification of Disregarded Entities.** Complete 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
ISLES MILL ONE MANAGER, LLC - 83-4454621 10 WOOD STREET TRENTON, NJ 08618	TO LEASE SPACE FROM SPCMO, LLC AND TO LEASE INDIVIDUAL AREAS TO OTHERS	NEW JERSEY			ISLES, INC.

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ISLES COMMUNITY FOUNDATION, INC. - 37-1420125, 10 WOOD STREET, TRENTON, NJ 08618	MANAGES INVESTMENT ACTIVITY FOR ISLES INC.	NEW JERSEY	501(C)(3)	LINE 12D, III-O	ISLES INC	X	
ISLES PROPERTIES, INC. - 55-0799217 10 WOOD STREET TRENTON, NJ 08618	HOLDING COMPANY OF REAL ESTATE PROPERTY FOR ISLES, INC.'S EXEMPT PURPOSE	NEW JERSEY	501(C)(2)		ISLES INC	X	
ISLES E4, INC - 27-0375809 10 WOOD STREET TRENTON, NJ 08618	WEATHERIZATION SERVICES TO LOW INCOME HOUSEHOLDS	NEW JERSEY	501(C)(3)	LINE 11	ISLES INC	X	
ISLES COMMUNITY ENTERPRISES CORP. - 26-2483265, 10 WOOD STREET, TRENTON, NJ 08618	PROVIDES EDUCATION, TRAINING, AND FINANCING TO DISTRESSED COMMUNITIES	NEW JERSEY	501(C)(3)	LINE 11	ISLES INC	X	

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

Schedule R (Form 990) 2020

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	(g) Section 512(b)(13) controlled organization?	
						Yes	No
ISLES MILL 57, INC. - 27-1568899 10 WOOD STREET TRENTON, NJ 08618	ACQUIRE, HOLD, & SELL REAL PROPERTY TO SUPPORT OTHER 501(C)(3) ENTITIES	NEW JERSEY	501(C)(3)	LINE 12A, I	ISLES INC	X	

**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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
EAST HANOVER STREET URBAN RENEWAL ASSOCIATES LP - 52-2092734, WYOMING AVE, SUITE 5, KINGSTON, PA 18704	LOW INCOME HOUSING	PA	N/A	RELATED				X	N/A	X		.25%
CHESTNUT MONMOUTH URBAN RENEWAL APARTMENTS, L.P. - 22-3710195, 10 WOOD STREET, TRENTON, NJ 08618	LOW INCOME HOUSING	NJ	N/A	RELATED				X	N/A	X		.01%
DELMAR ASSOCIATES LP - 13-3130669, 1438 3RD AVE APT 29B, NEW YORK, NY 10028	LOW INCOME HOUSING	NY	N/A	RELATED				X	N/A	X		1.46%
BALTIC CAPITAL, LLC - 22-3836112, 425 GREENWOOD AVENUE, TRENTON, NJ 08609	LOW INCOME HOUSING	NJ	N/A	RELATED				X	N/A	X		.10%

**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	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**Part III** Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ARCHIPELAGO CONDOMINIUM ASSOCIATION INC. - 56-2575978, 1800 EAST STATE STREET, HAMILTON, NJ 08609	CONDOMINIUM ASSOCIATION	NJ	N/A	RELATED				X	N/A	X		45.20%
LAZARD, LTD - 98-0437848 CLARENDON HOUSE, 2 CHURCH STREET, HAMILTON HM 11, BERMUDA	INVESTMENT	BERMUDA	N/A	RELATED				X	N/A	X		.01%
SOCIAL PROFIT CENTER MILL ONE, LLC - 83-4449905, 10 WOOD STREET, TRENTON, NJ 08618	TO EXECUTE THE CONSTRUCTION OF THE SOCIAL PROFIT CENTER	NJ	N/A	N/A				X	N/A	X		
ISLES MILL ONE MASTER TENANT, LLC - 83-4470161, 10 WOOD STREET, TRENTON, NJ 08618	TO OPERATE THE SOCIAL PROFIT CENTER	NJ	N/A	N/A				X	N/A	X		

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

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

**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?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	X	
<b>e</b> Loans or loan guarantees by related organization(s) .....	X	
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	X	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....	X	
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ISLES COMMUNITY FOUNDATION INC.	E	2,689,689.	LOAN
(2) ISLES PROPERTIES, INC.	D	191,496.	LOAN
(3) ISLES E4, INC.	D	743,498.	LOAN
(4) ISLES MILL 57	D	665,998.	LOAN
(5) ISLES COMMUNITY ENTERPRISES CORP.	D	909,115.	LOAN
(6) SPCMO	E	2,715,999.	LOAN





**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

**PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:**

**NAME OF RELATED ORGANIZATION:**

SOCIAL PROFIT CENTER MILL ONE, LLC

**PRIMARY ACTIVITY:** TO EXECUTE THE CONSTRUCTION OF THE SOCIAL PROFIT CENTER  
AT MILL ONE COMPLEX

