Form 8879-EC

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Department of the Treasury	
Department of the freasury	
Internal Revenue Service	

For calendar year 2015, or fiscal year beginning , 2015, and ending

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Do not send to the IRS. Keep for your records.

2015

Internal Revenue Service					
Name of exempt organization					

Employer identification number

20

ISI	ES,	INC	

ISLES, INC	22-2350832
Name and title of officer	
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-FO and enter the applicable am	ount if any from the return. If you check the bo

С 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, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, 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 1 line in Part I.

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	7,418,395.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X lauthorize 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 organization's tax year 2015 electronically filed return. If I have indicated withir is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also a enter my PIN on the return's disclosure consent screen.		
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 201 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating ch program, I will enter my PIN on the return's disclosure consent screen.		
Officer's signature Date 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. do not enter all zero		
I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for a confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (M <i>e-file</i> Providers for Business Returns.	v	
ERO's signature ► SOBEL AND CO., LLC CPAS Date ► 11	L/14/16	
ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To I	Do So	
LHA For Paperwork Reduction Act Notice, see instructions. 523051 10-19-15	For	m 8879-EO (2015)

2015.04030 ISLES, INC

	uuli
Form	330

EXTENDED TO NOVEMBER 15, 2016

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

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

Department of the Treasury Internal Revenue Service A For the 2015 calendar year, or tax year be

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ation about Form 990	and its instructions is at www.irs.gov/form990.	
eginning	and ending	



	••••••	and the second and year, or tax year beginning	j		
B Check if applicable:		e: C Name of organization		D Employer identifie	cation number
	Addre	e ISLES, INC			
	Name Chang	e Doing business as		22-2	350832
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	ŕ
	Final	10 WOOD STREET		609-	341-4700
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	7,904,423.
	Amen return	ded TRENTON, NJ 08618		H(a) Is this a group re	eturn
	Applie tion	F Name and address of principal officer:MARTIN JOHNSON		for subordinates	
	pendi	¹⁹ SAME AS C ABOVE		H(b) Are all subordinates in	
IT	ax-ex	empt status: 🚺 501(c)(3) 🛄 501(c) () ◀ (insert no.) 🛄 4947(a)(1) c	or 527		list. (see instructions)
		te: WWW.ISLES.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year		State of legal domicile: NJ
_	nrt I	Summary	I		
_	1	Briefly describe the organization's mission or most significant activities: \underline{TO}	FFER S	ERVICES IN	LOW-INCOME
ů		COMMUNITIES (IN THE TRENTON AND THE SURRO	OUNDIN	G AREA) TO 1	ADDRESS
Activities & Governance	2	Check this box	sed of more	than 25% of its net as	sets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)			22
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			21
ŝ	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)			100
viti	6	Total number of volunteers (estimate if necessary)			217
(cti	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	-127,449.
4		Net unrelated business taxable income from Form 990-T, line 34			-127,449.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		4,435,799.	6,529,280.
Revenue	9	Program service revenue (Part VIII, line 2g)		145,956.	225,383.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		276,457.	253,854.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		69,148.	409,878.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		4,927,360.	7,418,395.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		254,020.	288,450.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .		2,778,989.	3,123,164.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă		Total fundraising expenses (Part IX, column (D), line 25)			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,415,892.	2,339,470.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,448,901.	5,751,084.
	19	Revenue less expenses. Subtract line 18 from line 12		478,459.	1,667,311.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)		12,934,127.	15,370,759.
atAs		Total liabilities (Part X, line 26)		547,459.	1,573,796.
		Net assets or fund balances. Subtract line 21 from line 20		12,386,668.	13,796,963.
I Pa	nt II	Signature Block			

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

Sign Here	Signature of officer MARTIN JOHNSON, PRESID Type or print name and title	DENT	Date	3			
Paid	Print/Type preparer's name RON MATAN	Preparer's signature	Date 11/14/1	Check PTIN If self-employed P01277732			
Preparer	Firm's name ▶ SOBEL AND CO., I	LC CPA'S		n's EIN 22-1430039			
Use Only	Firm's address 293 EISENHOWER F						
	LIVINGSTON, NJ 0)7039-1711	Pho	ne no.973-994-9494			
May the II	May the IRS discuss this return with the preparer shown above? (see instructions)						
532001 12-1	2001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2015)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	1990 (2015) ISLES, INC 22-2350832 Page
Pa	rt III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
-	
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
_	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	
	ISLES YOUTH INSTITUTE (IYI): ISLES YOUTH INSTITUTE OFFERS ALTERNATIVE
	EDUCATION OPTIONS FOR AT-RISK URBAN STUDENTS SEEKING A GED, VOCATIONA SKILLS TRAINING (CONSTRUCTION, COMPUTER TECHNOLOGY, OFFICE MANAGEMENT
	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 CONVENTION.
	SCHOOL SETTINGS AND/OR HAVE HAD ENCOUNTERS WITH THE JUSTICE SYSTEM. I
	STUDENTS REHABILITATE AT LEAST ONE ABANDONED HOME IN TRENTON EACH YEA
4b	(Code:) (Expenses \$ 902,607. including grants of \$) (Revenue \$ 152,28
	EDUCATION AND ACTION, FACILITATED HEALTHY HOMES FOR COMMUNITY HEALTH
	WORKERS TRAINING COURSE FOR 465 HOME VISITORS AND/OR SUPERVISORS OF
	HOME VISITORS. (709 TOTAL TRAINED FROM JULY 2014-OCTOBER 2015).
4c	(Code:) (Expenses 1,895,832. including grants of 288,450.) (Revenue 59,72 COMMUNITY PLANNING AND DEVELOPMENT/URBAN AGRICULTURE/OTHER ISLES
	FOSTERS RESIDENT PARTICIPATION AND KNOWLEDGE OF THE REDEVELOPMENT
	PROCESS IN COMMUNITIES. ISLES TEACHES RESIDENTS HOW TO ORGANIZE,
	IDENTIFY, AND ADDRESS IMMEDIATE LAND, BUSINESS, AND SERVICE NEEDS AND
	OPPORTUNITIES THROUGH MASTER PLANNING PROJECTS IN THE REGION. ISLES'
	URBAN AGRICULTURE WORK ADDRESSES HUNGER, FOOD ACCESS, AND COMMUNITY
	DISINVESTMENT IN TRENTON BY SHARING TOOLS, NETWORKS, AND RESOURCES TH
	EMPOWER RESIDENTS AND STAKEHOLDERS TO TAKE ACTION AND MAKE HEALTHY
	CHOICES. ISLES CURRENTLY SUPPORTS 58 COMMUNITY AND SCHOOL GARDENS BY
	PROVIDING TECHNICAL ASSISTANCE, ENVIRONMENTAL EDUCATION TO LOCAL
	RESIDENTS, TEACHERS AND STUDENTS, AND COMMUNITY-BASED ORGANIZATIONS.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 319,656 · including grants of \$) (Revenue \$ 13,373 ·)
4e	Total program service expenses ► 4,555,599.
0000	Form 990 (
3200 2-16-	-15
	$\frac{2}{114}$
41	114 758553 ISLESINC 2015.04030 ISLES, INC ISLESI

Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
Ũ	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10		9		- 23
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10	х	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	~~~~	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			[
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<u> </u>
	complete Schedule G, Part III	19		x

ISLES, INC

Form 990 (2015)

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Form **990** (2015)

22-2350832

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Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		-	000	(001E)

ISLES, INC

Form 990 (2015)

Form **990** (2015)

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Form	990 (2015) ISLES, INC 22-2350	832	F	age 5
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 67			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 100			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand			v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	(0045)
		Form	1 330	(2015)

532005 12-16-15

_	990 (2015) ISLES, INC		22-235			'ag
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	-		a "No" r	respor	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C					[
200	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management					
Jec	tion A. doverning body and management				Yes	Т
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	22	2	103	t
	If there are material differences in voting rights among members of the governing body, or if the governing			-		L
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.					L
b	Enter the number of voting members included in line 1a, above, who are independent	1b	21	1		L
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh		anv other	-		L
	officer, director, trustee, or key employee?			2		L
3	Did the organization delegate control over management duties customarily performed by or under th					t
	of officers, directors, or trustees, or key employees to a management company or other person?		-	3		
4	Did the organization make any significant changes to its governing documents since the prior Form			4		T
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		T
6	Did the organization have members or stockholders?			6		t
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					t
	more members of the governing body?			7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					t
	persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye					t
а	The governing body?	-	-	8a	Х	I
	Each committee with authority to act on behalf of the governing body?			8b	Х	t
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					t
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		l
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R					
					Yes	Ι
10a	Did the organization have local chapters, branches, or affiliates?			10a		
	If "Yes," did the organization have written policies and procedures governing the activities of such o					Ι
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befoi	re filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					Ι
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to conf	licts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	∕es," de	scribe			
	in Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approv	al by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?)				
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					I
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment w	ith a			l
	taxable entity during the year?			16a		l
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its p	articipation			l
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatior	ı's			
	exempt status with respect to such arrangements?			16b		
jec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright \mathrm{NJ}$					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Secti	on 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	in Sch	edule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict o	f interest policy, ar	nd finan	cial	
	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 bo	ooks an	d records: ►			
	THE ORGANIZATION - 609-341-4700					
	10 WOOD STREET, TRENTON, NJ 08618					
3200	6 12-16-15			Form	9 90	(
	6					
41	114 758553 ISLESINC 2015.04030 ISLES, INC			ISI	LES	Ι

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	Ī

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 (Ď), (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 report-

able 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Posi	ition		one	Reportable	Reportable	Estimated
	hours per	box	, unle cer an	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	<u> </u>						from	from related	other
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or (stee			nsated		(W-2/1099-MISC)	(112/1000/11100)	organization
	organizations	trust	al tru		yee	ompe		· · · · · · · · · · · · · · · · · · ·		and related
	below	vidual	Institutional trustee	er	Key employee	est co loyee	her			organizations
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former			
(1) ANN MARIE SENIOR	1.00								_	_
CHAIRPERSON		Х		Х				0.	0.	0.
(2) BARBARA COE	1.00								_	_
TRUSTEE		Х						0.	0.	0.
(3) MICHAEL DUNDAS	0.50								_	_
TRUSTEE		Х						0.	0.	0.
(4) STUART M. ESSIG	0.50								_	_
TRUSTEE		Х						0.	0.	0.
(5) ROBERT H. HARRIS	0.50									
TRUSTEE		X						0.	0.	0.
(6) SA MUT A. SCOTT	0.50									
TRUSTEE		X						0.	0.	0.
(7) MARTIN JOHNSON	35.00									
PRESIDENT AND CEO	5.00	Х		Х				113,395.	0.	9,926.
(8) SEAN JACKSON	0.50									
TRUSTEE		Х						0.	0.	0.
(9) NORA BRENNAN	0.50									
TREASURER		X		Х				0.	0.	0.
(10) LINDA REVELLE	0.50									
TRUSTEE		X						0.	0.	0.
(11) CALVIN B. THOMAS, JR	0.50									
TRUSTEE		X						0.	0.	0.
(12) MICHELE MINTER	1.00									
CHAIR, TRUSTEE		X		х				0.	0.	0.
(13) OYE OLUKOTUN	0.50									
TRUSTEE		X						0.	0.	0.
(14) KATHLEEN FITZPATRICK	0.50									
TREASURER & TRUSTEE		X		х				0.	0.	0.
(15) IAN GOLDSTEIN	0.50									
TRUSTEE		X		X			<u> </u>	0.	0.	0.
(16) STEVE GOODELL	0.50									<u> </u>
TRUSTEE		X		х				0.	0.	0.
(17) RACHEL COGSVILLE-LATTIMER	0.50									<u>^</u>
TRUSTEE		Х		Х				0.	0.	0.
532007 12-16-15						_				Form 990 (2015)

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Part VII Section A. Officers, Directors, T	rustees, Key Em	ploy	ees,	, an	d Hi	ighe	st (Compensated Employee	es (continued)			
(A)	(B)			•	C)			(D)	(E)		(F)	
Name and title	Average	(do	not cl	Pos	itior more	ן than	one	Reportable	Reportable		Estima	ted
	hours per	box	, unles	ss pe	rson	is bot or/trus	h an	1 1	compensation		amoun	
	week (list any			uau				from	from related		othe	
	hours for	irecto						the organization	organizations	c	compens	
	related	e or d	tee			sated		(W-2/1099-MISC)	(W-2/1099-MISC)		from t organiza	
	organizations	ndividual trustee or director	al trus		/ee	mpen		(W 2/1000 WICC)			and rela	
	below	d ual 1	ution	-	nploy	est co	er				organiza	
	line)	Indiv	In stitutional trustee	Office	Key employee	Highest compensated employee	Former					
(18) JACQUELYN LEON	0.50											
TRUSTEE		X		Х				0.	0	•		0.
(19) RON STARK	0.50											
TRUSTEE		X		Х				0.	0	•		Ο.
(20) THOMAS SULLIVAN	0.50											
TRUSTEE		X						0.	0	•		Ο.
(21) TRACY SYPHAX	0.50											
TRUSTEE		X						0.	0	•		Ο.
(22) ROLANDO TORRES	0.50											
TRUSTEE		X						0.	0	•		Ο.
(23) RICHARD OBER	30.00											
SECRETARY & GENERAL COUNSE	5.00			Х				26,283.	0	•	2,8	855.
(24) JUDY NIXON	33.00											
CFO	7.00			Х				48,826.	0	•	5,2	159.
(25) RALPH RIVERA	40.00											
PRINCIPAL, IYI				Х				32,527.	0	•	5,9	982.
(26) JOHN HART	35.00											
COO	5.00			Х				109,375.	0	•		228.
1b Sub-total	•		<u> </u>					330,406.	0	•	29,1	150.
c Total from continuation sheets to Par								446,346.	0	•	41,2	253.
d Total (add lines 1b and 1c)								776,752.	0	•	70,4	403.
2 Total number of individuals (including bu								received more than \$100	,000 of reportable			
compensation from the organization	•											2
											Yes	i No
3 Did the organization list any former offic	cer, director, or tru	ustee	e, ke	y er	nplo	oyee	, or	highest compensated er	nployee on			
line 1a? If "Yes," complete Schedule J fo	or such individual							-	-	3	3	X
4 For any individual listed on line 1a, is the												
and related organizations greater than \$	150,000? If "Yes,	" со	mple	ete S	Sche	edul	e J	for such individual		4	4	X
5 Did any person listed on line 1a receive	or accrue compe	nsat	ion f	rom	any	y uni	rela	ted organization or indivi	dual for services			
rendered to the organization? If "Yes," c	omplete Schedul	e J f	or sı	ıch	pers	son					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest	compensated in	depe	ende	ent c	ont	racto	ors	that received more than	\$100,000 of comper	nsatio	on from	
the organization. Report compensation	for the calendar y	ear e	endiı	ng v	vith	or w	vithi	n the organization's tax y	/ear.			
(A)								(B)			(C)	
Name and busine	ess address							Description of s	ervices	Com	npensati	on
AJAX MANAGEMENT, LLC												
425 GREENWOOD AVE., TRE	NTON, NJ	08	360)9				PROPERTY MAN	AGEMENT	6	500,5	529.
RUFF HOME IMPROVEMENTS								BUILDING				
308 RUTHERFORD AVE., TR		J ()86	518	3			IMPROVEMENTS		1	184,1	161.
SAMUELS & SAMUELS BUILD												
14 GWENDOLYN DRIVE, EWI	NG, NJ 08	863	38					CONSTRUCTION		1	151,1	L30.

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 ► 3

	SEE	PART	VII,	SECTION	А	CONTINUATION	SHEETS
532008 12-16-15							
						8	

Form 990 (2015)

(A) Name and title(B) Average hours per week (list any hours for related organization below line)(C) Position (check all that apply) event the event the event the t	Form 990 ISLES, II Part VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	ovee	es, a	nd H	ligh	est	Compensated Employ	ees (continued)	
Name and titleAverage hours per week 			<u>.</u>	,							(F)
hours per week (list any hours for related organizations below line)(check all that apply) related organizations below line)compensation from the organizations (W-2/1099-MISC)compensation from related organizations (W-2/1099-MISC)amount of other compensation from the organizations (W-2/1099-MISC)amount of other compensation from the organizations27) PETER ROSE ANAGING DIRECTOR16.00 24.000X68,333.0.6,93328) JULIA TAYLOR ANAGING DIRECTOR38.00 2.000X82,917.0.6,51429) YUKI LAURENTI ANAGING DIRECTOR40.000 2.000X82,620.0.7,17230) DAVID SCHRAYER 33.0038.00 2.000X80,000.0.7,08631) LOREN MCALISTER 32) MILDRED MENDEZ ANAGING DIRECTOR38.000 2.000X60,000.0.6,74533) CHRISTOPHER DEGIULIO33.000444460,000.0.6,745							I			.,	
per week (list any hours for related organizations below line)per week (list any hours for related organizations below line)from the organization (W-2/1099-MISC)from related organizations (W-2/1099-MISC)other compensation (W-2/1099-MISC)27) PETER ROSE ANAGING DIRECTOR16.00 24.00x688,333.0.6,93328) JULIA TAYLOR ANAGING DIRECTOR38.00 2.000x82,917.0.6,51429) YUKI LAURENTI ANAGING DIRECTOR40.000 2.000x82,620.0.7,17230) DAVID SCHAYER SST SECRETARY & HR MANAGE38.00 2.000x80,000.0.7,08631) LOREN MCALISTER SST SECRETARY & HR MANAGE2.000 2.000x60,000.0.6,74533) CHRISTOPHER DEGIULIO33.0044460,000.0.6,745			(cl					ly)	-	•	amount of
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33) CHRISTOPHER DEGIULIO 33.00		40.00							60 000	0	6 740
		33 00			<u> </u>				60,000.	0.	0,743
					v				11 559	0	1 8 2 5
	Sinderon of Finance, Abbi bleff, Abb	7.00							11,555.	••	1,023
			1								
			<u> </u>	<u> </u>	<u> </u>	<u> </u>		I			

			Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			
			Check if Schedule O cont			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns	1a					
Gra		b	Membership dues	1b					
Am (с	Fundraising events	1c	23,500.				
lar Iar		d	Related organizations	1d					
ini's		е	Government grants (contributi	ions) 1e	3,647,468.				
rie S		f	All other contributions, gifts, grant	ts, and					
là the			similar amounts not included abov	ve 1f	2,858,312.				
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in lines	1a-1f: \$	54,751.				
<u>a ö</u>		h	Total. Add lines 1a-1f		🕨	6,529,280.			
					Business Code	440 500	110 500		
ice	2		DEVELOPER FEES		900099	118,598.	118,598.		
ue v			PROGRAM FEES		900099	99,856.	99,856.		
N S u		Ŭ.	MANAGEMENT FEES		900099	6,929.	6,929.		
Program Service Revenue		d							
jo l		e							
"			All other program service reve			005 000			
			Total. Add lines 2a-2f			225,383.			
	3		Investment income (including	•		53,859.			E2 9E0
			other similar amounts)			55,859.			53,859.
	4		Income from investment of tax						
	5		Royalties						
	6	_	Cross rests	(i) Real 21,650.	(ii) Personal				
			Gross rents	149,099.					
			Less: rental expenses Rental income or (loss)	-127,449.					
			Net rental income or (loss)			-127,449.		-127,449.	
			Gross amount from sales of	(i) Securities	(ii) Other	127,113.		127,119.	
	'	a	assets other than inventory	478,657.					
		h	Less: cost or other basis						
			and sales expenses	318,585.	0.				
		с	Gain or (loss)		39,923.				
			Net gain or (loss)			199,995.			199,995.
e			Gross income from fundraising			, -			, -
ň	Ŭ		including \$ 23	0					
Other Revenu			contributions reported on line						
Ĕ			Part IV, line 18	-	33,329.				
the		b	Less: direct expenses		18,344.				
0			Net income or (loss) from fund			14,985.			14,985.
			Gross income from gaming ac	•					
			Part IV, line 19						
		b	Less: direct expenses						
			Net income or (loss) from gam		>				
	10	а	Gross sales of inventory, less	returns					
			and allowances	а					
		b	Less: cost of goods sold						
Ļ		с	Net income or (loss) from sales	s of inventory	►				
			Miscellaneous Revenu	e	Business Code				
	11	а	MISCELLANEOUS		900099	522,342.			522,342.
		b			ļ ļ				
		С			ļ				
			All other revenue						
		е	Total. Add lines 11a-11d			522,342.			
	12		Total revenue. See instructions.			7,418,395.	225,383.	-127,449.	791,181.

Form 990 (2015) ISLES ,
Part VIII Statement of Revenue ISLES, INC

ISLES, INC

(4)

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	omplete column (A).	
	Check if Schedule O contains a respor	nse or note to any line in			<u>X</u>
	not include amounts reported on lines 6b, 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	288,450.	288,450.		
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	847,155.	635,366.	135,545.	76,244.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		1 200 451		1 (0 1 4 2
7	Other salaries and wages	1,743,770.	1,322,451.	253,176.	168,143.
8	Pension plan accruals and contributions (include		CA 000		E 801
	section 401(k) and 403(b) employer contributions)	91,756. 192,320.	64,983. 137,907.	21,052. 42,592.	5,721. 11,821.
9	Other employee benefits		175,367.	42,592.	11,821.
10	Payroll taxes	248,163.	1/5,30/.	57,243.	15,553.
11	Fees for services (non-employees):				
а	Management	1 700	1 160	240	96.
b	Legal	4,798. 55,825.	4,462. 13,409.	240. 42,416.	90.
c	5	JJ,04J.	13,409.	42,410.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		1,385,435.	1,280,921.	70,069.	34,445.
40	column (A) amount, list line 11g expenses on Sch O.)	2,789.	2,789.	70,009.	54,445.
12	Advertising and promotion	112,344.	25,325.	34,279.	52,740.
13	Office expenses	136,387.	74,247.	38,423.	23,717.
14 15	Information technology	100,007.	/=/2=/•	50,425.	25,717.
16	Royalties	187,198.	182,609.	4,589.	
17	Occupancy	26,621.	22,543.	3,834.	244.
18	Travel Payments of travel or entertainment expenses	2070220		0,0010	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,788.	6,788.		
20	Interest	- ,	-,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	27,466.	9,697.	17,769.	
23	Insurance	26,589.	11,972.	14,617.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25. column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM EXPENSES AND SU	180,658.	176,587.	4,071.	
b	OTHER EXPENSES	65,645.	21,934.	38,435.	5,276.
с	STIPEND	46,137.	46,137.		
d	DUES AND MEMBERSHIPS	29,923.	29,923.		
е	All other expenses	44,867.	21,732.	22,260.	875.
25	Total functional expenses. Add lines 1 through 24e	5,751,084.	4,555,599.	800,610.	394,875.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Earm 990 (2015)

532010 12-16-15

16441114 758553 ISLESINC

Form **990** (2015)

ISLES, INC

		Check if Schedule O contains a response or not	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	316,638.
	2	Savings and temporary cash investments			58,951.	2	675,736.
	3	Pledges and grants receivable, net			764,608.	3	1,319,132.
	4	Accounts receivable, net			3,798,090.	4	3,835,832.
	5	Loans and other receivables from current and for			577567656	-	5705570521
	5	trustees, key employees, and highest compensation					
						5	
	6	Part II of Schedule L Loans and other receivables from other disquali				5	
	0	-					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec				6	
Assets	-	employees' beneficiary organizations (see instr)			25,129.	6 7	25,129.
Ass	7	Notes and loans receivable, net			25,125.	8	25,125.
	8	Inventories for sale or use			12,841.	0 9	38,982.
	9	Prepaid expenses and deferred charges	 I I	·····	12,041.	9	50,502.
	lua	Land, buildings, and equipment: cost or other	100	7,991,854.			
	h	basis. Complete Part VI of Schedule D	10a	617,716.	6,323,877.	10c	7,374,138.
		Less: accumulated depreciation			1,666,495.	11	1,493,381.
	11 12	Investments - publicly traded securities			283,336.	12	284,921.
	12	Investments - other securities. See Part IV, line - Investments - program-related. See Part IV, line		F	205,550.	13	204,521.
	13					14	
		Intangible assets	800.	14	6,870.		
	15	Other assets. See Part IV, line 11			12,934,127.	16	15,370,759.
	16 17	Total assets. Add lines 1 through 15 (must equ Accounts payable and accrued expenses		138,667.	17	1,420,318.	
	18				100,007.	18	1,420,5100
	19	Grants payable		258,792.	19	3,478.	
	20	Deferred revenue			20077921	20	5/1/00
	20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete				20	
	22	Loans and other payables to current and former				21	
Liabilities	~~	key employees, highest compensated employee					
ilidi		Complete Part II of Schedule L				22	
Lia	23	Secured mortgages and notes payable to unrela			150,000.	23	150,000.
	23	Unsecured notes and loans payable to unrelate			100,000	23	13070000
	25	Other liabilities (including federal income tax, pa				27	
	20	parties, and other liabilities not included on lines					
		Schedule D	-	-		25	
	26	Total liabilities. Add lines 17 through 25			547,459.	26	1,573,796.
	20	Organizations that follow SFAS 117 (ASC 958				20	
ŷ		complete lines 27 through 29, and lines 33 ar					
JCe	27	Unrestricted net assets			5,620,866.	27	5,881,194.
Fund Balances	28	Temporarily restricted net assets			5,350,836.	28	6,500,803.
аВ	29	B			1,414,966.	29	1,414,966.
ŭ	20	Organizations that do not follow SFAS 117 (A				20	
Ĕ		and complete lines 30 through 34.	00 000,				
Net Assets or	30	Capital stock or trust principal, or current funds				30	
sse	31	Paid-in or capital surplus, or land, building, or ed				31	
t Å:	32	Retained earnings, endowment, accumulated in				32	
Ne	33	Total net assets or fund balances		F	12,386,668.	33	13,796,963.
	33	Total liabilities and net assets/fund balances			12,934,127.	33	15,370,759.
	0-1	Total habilities and her assets/fully baldICes			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	04	Eorm 990 (2015)

Form **990** (2015)

532011 12-16-15

Form	1 990 (2015) ISLES, INC	22-2	350832	Paç	ge 12
Pa	rt 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	7,418		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,75		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,66		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,380		
5	Net unrealized gains (losses) on investments	5	-25'	/,0	17.
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
_	column (B))	10	13,790	5,9	62.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				37
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			37	
b	Were the organization's financial statements audited by an independent accountant?		2 b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			37	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
-	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit		v	
	Act and OMB Circular A-133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ			Ţ	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			X	

Form **990** (2015)

532012 12-16-15

SCHEDULE	Α
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(Form	990	or	990-EZ)
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Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

2015
Open to Public Inspection

OMB No. 1545-0047

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Department of the Treasury Internal Revenue Service		4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <i>WWW.irs.gov/form990</i> .			Open to Public Inspection			
Name of	ame of the organization Employer in				r identification number			
		ISLES,					2-2350832	
Part I	Reason	for Public Cha	arity Status (All organ	izations must com	olete this part.) See instruction	ıs.		
The organ	nization is not a	a private foundatio	on because it is: (For lines	1 through 11, che	ck only one box.)			
1	A church, co	nvention of church	nes, or association of chu	urches described in	section 170(b)(1)(A)(i).			
2	A school des	cribed in section	170(b)(1)(A)(ii). (Attach S	chedule E (Form 9	90 or 990-EZ).)			
3	A hospital or	a cooperative hos	spital service organizatior	n described in sect	on 170(b)(1)(A)(iii).			
4	A medical res	search organization	n operated in conjunctio	n with a hospital de	scribed in section 170(b)(1)(A)(iii). Enter	the hospital's name,	
	city, and stat	e:						
5	An organizati	on operated for th	e benefit of a college or	university owned o	operated by a governmental	unit describ	oed in	
	section 170	(b)(1)(A)(iv). (Com	plete Part II.)					
6	A federal, sta	te, or local govern	nment or governmental u	nit described in sec	tion 170(b)(1)(A)(v).			
7 X	An organizati	on that normally re	eceives a substantial par	t of its support fror	n 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 organizati	on that normally re	eceives: (1) more than 33	1/3% of its suppo	rt from contributions, membe	rship fees, a	and gross receipts from	

activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment
income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.
 See section 509(a)(2). (Complete Part III.)

An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10

11		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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.

а	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.

Type III functiona	Ily integrated. A supporting organization operated in connection with, and functionally integrate	ed with,
 its supported orga	nization(s) (see instructions). You must complete Part IV, Sections A, D, and E.	

L	Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s)
	that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness
	requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III
functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

a	Provide the	following	information	about the	supported	organizatio	n(s)
9		ronowing	mornation	about the	Supported	organizatic	11(3)

g i tonde the following information			10. 1			
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
organization		(described on lines 1-9	listed i	in your	support (see	other support (see
		above (see instructions))	governing	document?		
			Yes	No	instructions)	instructions)
Total						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990 EZ) 2015 ISLES, INC

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.)

See	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	6379497.	5079426.	4541730.	4435799.	6529280.	26965732.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	6379497.	5079426.	4541730.	4435799.	6529280.	26965732.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
6	Public support. Subtract line 5 from line 4.						26965732.	
	ction B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
	Amounts from line 4	6379497.	(b) 2012 5079426.	4541730.	4435799.	6529280.	(f) Total 26965732.	
	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources	29,688.	46,739.	102,169.	47,463.	75,509.	301,568.	
9	Net income from unrelated business		-					
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)			3,074.	67,579.	522,342.	592,995.	
11	Total support. Add lines 7 through 10				· ·		27860295.	
	Gross receipts from related activities,	etc. (see instruction	ons)			12 1	,396,788.	
	First five years. If the Form 990 is for		/				<u> </u>	
	organization, check this box and stop	-		, , , , , , , , , , , , , , , , , , ,	-			
See	ction C. Computation of Publ	ic Support Pe	rcentage					
14	Public support percentage for 2015 (line 6, column (f) di	vided by line 11, o	column (f))		14	96.79 %	
	Public support percentage from 2014					15	98.54 %	
	33 1/3% support test - 2015. If the o					nore, check this be	ox and	
	stop here. The organization qualifies	•		•			► X	
b							nis box	
	b 33 1/3% support test - 2014. 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 stop here. The organization qualifies as a publicly supported organization							
17a	17a 10% -facts-and-circumstances test - 2015. 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 stop here. Explain in Part VI how the organization							
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
h	10% -facts-and-circumstances tes	-	-					
	more, and if the organization meets the	-						
	organization meets the "facts-and-cire				• •		Ź	
19								
18	Private foundation. If the organization	in did hot check a		a, 100, 17à, 01 17t				

Schedule A (Form 990 or 990-EZ) 2015

532022 09-23-15 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 201	5 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to						
·						
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disgualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2018	5 (f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
14 First five years. If the Form 990 is for	the organization'	s first, second, th	ird, fourth, or fifth t	tax year as a secti	ion 501(c)(3) o	rganization,
check this box and stop here			· · ·	-		
Section C. Computation of Publi	ic Support Pe					
15 Public support percentage for 2015 (I			column (f))		15	%
16 Public support percentage from 2014					16	%
Section D. Computation of Inves						
17 Investment income percentage for 20					17	%
18 Investment income percentage from 2						%
19a 33 1/3% support tests - 2015. If the						
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2014. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organizatio						
532023 09-23-15		, .	, ,			m 990 or 990-EZ) 2015
			16			

16441114 758553 ISLESINC

2015.04030 ISLES, INC

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990 or 990-EZ) 2015

			Vee	Na
	Lies the eventimation accounted a gift or contribution from any of the following persons (Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		·	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		2		
~	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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? If "Yes," describe in Part VI the role the organization's	-		
	supported organizations played in this regard.	3		
-	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
a	The organization satisfied the Activities Test. <i>Complete line 2 below</i> .			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
53202	5 09-23-15 Schedule A (Form 9	90 or 99	90-EZ	2015
	18			

^{2015.04030} ISLES, INC

ection A - Ad	justed Net Income		(A) Prior Year	(B) Current Year (optional)
		1		(optional)
	-term capital gain	2		
	es of prior-year distributions	3		
5	ss income (see instructions)	4		
	1 through 3 tion and depletion	5		
I	•	5		
	f operating expenses paid or incurred for production or			
	of gross income or for management, conservation, or			
	nce of property held for production of income (see instructions)	6		
-	penses (see instructions)	7		
8 Adjusted	Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Mi	nimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate	e fair market value of all non-exempt-use assets (see			
instructio	ns for short tax year or assets held for part of year):			
a Average r	nonthly value of securities	1a		
b Average r	nonthly cash balances	1b		
c Fair mark	et value of other non-exempt-use assets	1c		
d Total (ad	d lines 1a, 1b, and 1c)	1d		
e Discount	claimed for blockage or other			
factors (e	xplain in detail in Part VI):			
2 Acquisitio	on indebtedness applicable to non-exempt-use assets	2		
3 Subtract	line 2 from line 1d	3		
4 Cash dee	med held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instru	ictions).	4		
5 Net value	of non-exempt-use assets (subtract line 4 from line 3)	5		
	ne 5 by .035	6		
	es of prior-year distributions	7		
	Asset Amount (add line 7 to line 6)	8		
Section C - Dis	stributable Amount			Current Year
1 Adjusted	net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85%	6 of line 1	2		
3 Minimum	asset amount for prior year (from Section B, line 8, Column A)	3		
	ater of line 2 or line 3	4		
5 Income ta	ax imposed in prior year	5		
	able Amount. Subtract line 5 from line 4, unless subject to			
	cy temporary reduction (see instructions)	6		

7 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) 2015

532026 09-23-15

Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
<u> </u>				
	From 2013			
-	From 2014			
-	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Carryover from 2010 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
-	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
'				
8	and 4c. Breakdown of line 7:			
<u>a</u> b				
-	Excess from 2013			
	Excess from 2013			
-	Excess from 2015			
e	LAUGOD 110111 2010			

Schedule A (Form 990 or 990-EZ) 2015

532027 09-23-15

	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c line 1; Part IV, Section D, lines 2 and Section D, lines 5, 6, and 8; and Pa (See instructions.)	4, 45, 46, 5a, 6, 9a, 9b, 9c, 1 d 3; Part IV, Section E, lines rt V, Section E, lines 2, 5, an	adured by Par 1a, 11b, and 1 1c, 2a, 2b, 3a d 6. Also com	1c; Part IV, Sec and 3b; Part V, plete this part f	tin, fine 17a of 17b; Part stion B, lines 1 and 2; Par line 1; Part V, Section B or any additional informa	rt IV, Section C, , line 1e; Part V, tion.
32028 09-23-1	5		21		Schedule A (Form	990 or 990-EZ)
41114	758553 ISLESINC	2015.04030		INC		ISLESI

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.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2015

Employer identification number

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Name of the or	ganization
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TOTEO

TNC

IDEED, INC						
Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	\fbox 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

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

-	B (Form 990, 990-EZ, or 990-PF) (2015)			Page 2	
Name of or	ganization		Employ	ver identification number	
ISLES	, INC		22	-2350832	
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution	
1	NJ DEPT. OF HEALTH & HUMAN SERVICES P.O. BOX 360 TRENTON, NJ 08625	\$261,0	74.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution	
2	US DEPT OF LABOR 200 DEPT. OF LABOR, 200 CONSTITUTION AVENUE WASHINGTON, DC 20210	\$363,3	52.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution	
3	NJ DEPT OF COMMUNITY AFFAIRS-NRTC 1010 SOUTH BROAD STREET TRENTON, NJ 08625	\$1,645,1	<u>40.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution	
4	NJ DEPT OF LABOR & WORKFORCE DEVT. P.O. BOX 055 7TH FLOOR TRENTON, NJ 08625	\$428,6	<u>40.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution	
5	CITY OF TRENTON 319 EAST STATE STREET TRENTON, NJ 08608	\$198,7		Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution	
6	US -DEPT. OF ENERGY U.S. DEPARTMENT OF ENERGY, GOLDEN FIELD OFFICE, 1617 COLE BLVD	\$131,7	58.	Person X Payroll Noncash (Complete Part II for	
523452 10-2		Schedule	B (Form	noncash contributions.) 990, 990-EZ, or 990-PF) (2015)	
	23				

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

ISLES, INC

Employer identification number

22-2350832

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
7	HIGH MEADOWS FOUNDATION- FOR TRANSITION FUND 160 COOMWEALTH AVE. SUITE L5 BOSTON , MA 02116	\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	PAUL AND ANKE VOLCKER 610 5TH AVENUE, RM 420 NEW YORK , NY 10020	\$700,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
523452 10-2	6-15	\$	Person Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2015
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2015.04030 ISLES, INC

Schedule E Name of org	3 (Form 990, 990-EZ, or 990-PF) (2015)		Page Employer identification number
ISLES,			22-2350832
Part II	Noncash Property (see instructions). Use duplicate copies of Par	rt II if additional space is needed	d.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (see instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (see instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (see instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (see instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (see instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (see instructions	
		\$	
523453 10-26	³⁻¹⁵ 25		3 (Form 990, 990-EZ, or 990-PF) (2015

ISLESIN1

Page **3**

	the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition	us, charitable, etc., contributions of \$1,000 o	or less for the year. (Enter this info. once.)
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is he
	Transferee's name, address, a	(e) Transfer of git	ft Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is he
	Transferee's name, address, a	(e) Transfer of gif and ZIP + 4	ft Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is he
		(e) Transfer of git	
-	Transferee's name, address, a	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 he
		(e) Transfer of git	
	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee

Department of the Treasury Internal Revenue Service

16441114 758553 ISLESINC

(Form 99	0)
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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. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.



Employer identification number

Nam	e of the organization ISLES, INC	En	nployer identificat 22-2350	
Pa	· · · · · · · · · · · · · · · · · · ·	or Acco		
1 a			unts.complete il	ule
	organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds	(b) Fu	nds and other acc	ounts
4		(10) 1 4		ounto
1 2	Total number at end of year			
2	Aggregate value of grants from (during year)			
3 4	Aggregate value of grants norm (during year)			
4 5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advise	d funde		
5	are the organization's property, subject to the organization's exclusive legal control?		Yes	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be u			
Ŭ	for charitable purposes and not for the benefit of the donor or donor advisors or for any other purpose of	-		
	impermissible private benefit?	-	Yes	
Pa				
1	Purpose(s) of conservation easements held by the organization (check all that apply).	,		
•	Preservation of land for public use (e.g., recreation or education)	ically impo	ortant land area	
	Protection of natural habitat Protection of natural habitat Protection of natural habitat Protection of natural habitat			
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of	f a conser	vation easement o	n the last
	day of the tax year.		Held at the End of	
а		2a		
b				
с	Number of conservation easements on a certified historic structure included in (a)			
d				
	listed in the National Register			
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the		on 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?		Yes	No No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conse	ervation ea	sements during th	e year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	on easeme	ents during the yea	ır
	►\$			
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h			
	and section 170(h)(4)(B)(ii)?			L No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense s			
	include, if applicable, the text of the footnote to the organization's financial statements that describes the	ne organiza	ation's accounting	for
De	conservation easements.	0:		
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Oth	her Sim	llar Assets.	
<u> </u>	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.			
1 a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue stateme			
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherand	ce of publi	c service, provide,	in Part XIII,
	the text of the footnote to its financial statements that describes these items.			
b				
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public exhibition to the set it are it as a set of public exhibition of the set of the set it are set of the set of	ic service,	provide the follow	ing amounts
	relating to these items:	•	¢	
	(i) Revenue included on Form 990, Part VIII, line 1		\$	
0	(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 g	yanı, provi		
~	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included on Form 990, Part VIII, line 1	▶	\$	
			» \$	
	Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990.	····· •	 Schedule D (For	m 990) 2015
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	27	
2015.04030	ISLES,	INC

<u>Sche</u>	dule D (Form 990) 2015 ISLES ,	INC					22-23	<u>5083</u>	<u>2</u> Р	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or O	ther a	Simil	ar Asse	ts (contii	nued)	
3	Using the organization's acquisition, accessi									าร
	(check all that apply):									
а	Public exhibition	d	Loan or excl	hange programs						
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they further th	ne organization's e	exemp	t purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, historical trea	sures, or other sim	nilar as	sets				
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	te if the organizatio	n answered "Yes"	on Fo	rm 990), Part IV,	line 9, o	r	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for contribution	s or other assets r	not inc	luded		-	_	_
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII									
								Amoun	t	
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f		_		
2a	Did the organization include an amount on Fe	orm 990, Part X, line :	21, for escrow or cu	ustodial account lia	ability	?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.						<u></u>			
Par	t V Endowment Funds. Complete in				_					
		(a) Current year	(b) Prior year	(c) Two years back			/ears back	(e) Fou		
1a	Beginning of year balance	1,755,075.	1,605,456.	1,400,644			75,043.			,000.
b	Contributions			14,322			25,601.		50	,043.
С	Net investment earnings, gains, and losses	-51,766.	149,619.	190,490).		21,973.			
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	48,342.					21,973.			
f	Administrative expenses									
g	End of year balance	1,654,967.	1,755,075.	1,605,450	5.	1,4	00,644.		575	,043.
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%							
	Permanent endowment ► 85.00	%								
с	Temporarily restricted endowment	<u>5.00</u> %								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	nd administered fo	or the	organiz	zation			
	by:								Yes	No
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations							3a(ii)	Х	
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?					3b	Х	
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.							
Par	t VI Land, Buildings, and Equipm	ient.								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Parl	t X, line	e 10.				
	Description of property	(a) Cost or ot	her (b) Cost	or other (c)) Accu	mulate	ed	(d) Boo	k valu	ie
		basis (investm	ent) basis	(other)	depre	ciation				
1a	Land		6	7,000.				6	7 <u>,</u> 0	00.
	Buildings									
	Leasehold improvements			7,532.						32.
	Equipment		36	5,249.				36	5,2	49.
	Other		7,30	2,073.	61	7,7	16.	6,68	4,3	57.
	Add lines 1a through 1e. (Column (d) must e							7,37		
							Schedule	D (Forr	n 990) 2015

Part VII Investments - Other Securities.

	(b) Book value		ost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: C	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
• •			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	e 11d. See Form 990, Part X, line	e 15. (b) Book value
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line	
Complete if the organization answered "Yes" (a)		e 11d. See Form 990, Part X, line	
Complete if the organization answered "Yes" (a) (1)		9 11d. See Form 990, Part X, line	
Complete if the organization answered "Yes" (a) (1) (2) (3)		9 11d. See Form 990, Part X, line	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		e 11d. See Form 990, Part X, line	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)		e 11d. See Form 990, Part X, line	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6)		e 11d. See Form 990, Part X, line	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)		e 11d. See Form 990, Part X, line	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8)		e 11d. See Form 990, Part X, line	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description		
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	Description		
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description		(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	Description	e 11e or 11f. See Form 990, Part	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability	Description		(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes	Description	e 11e or 11f. See Form 990, Part	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2)	Description	e 11e or 11f. See Form 990, Part	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes	Description	e 11e or 11f. See Form 990, Part	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2)	Description	e 11e or 11f. See Form 990, Part	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3)	Description	e 11e or 11f. See Form 990, Part	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (4)	Description	e 11e or 11f. See Form 990, Part	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description	e 11e or 11f. See Form 990, Part	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (6)	Description	e 11e or 11f. See Form 990, Part	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description	e 11e or 11f. See Form 990, Part	(b) Book value

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

Schedule D (Form 990) 2015

3

4c

5

Sche	edule D (Form 990) 2015 ISLES, INC		22-23508	832 Page
Pa	rt XI Reconciliation of Revenue per Audited Financ	ial Statements With Revenue		
	Complete if the organization answered "Yes" on Form 990, P	art IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statem	ents	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
	Donated services and use of facilities			
с				
d				
е			2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b \dots	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I			
Pa	rt XII Reconciliation of Expenses per Audited Finan	cial Statements With Expense	es per Return.	
	Complete if the organization answered "Yes" on Form 990, P	art IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
	Prior year adjustments			
с	Other losses	2c		
d	Other (Describe in Part XIII.)			
۵	Add lines 2a through 2d		20	

4a

4b

PART V, LINE 4:

Subtract line **2e** from line **1**

b Other (Describe in Part XIII.)

c Add lines 4a and 4b

Part XIII Supplemental Information.

3

4

THE ORGANIZATION'S ENDOWMENT FUNDS ARE TO BE USED FOR THE ISLES YOUTH

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 a and 4; Part IV, lines 1 b and 2b; Part V, line 4; Part X, line 2; Part XI,

CENTERED SERVICES AND TO CREATE CAPITAL.

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

a Investment expenses not included on Form 990, Part VIII, line 7b

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.

lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

CHESTNUT MONMOUTH FAMILY HOUSING, LLC AND TRENTON COMMUNITY HOLDING

COMPANY ARE TAXED AS PARTNERSHIPS. 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

Schedule D (Form 990) 2015

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532054 09-21-15

Part XIII Supplemental Information (continued)

DISREGARDED ENTITIES FOR TAX PURPOSES.

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 2015 AND 2014. THE TAX YEARS SUBJECT TO AUDIT BY FEDERAL AND STATE JURISDICTIONS ARE THE YEARS ENDED DECEMBER 31, 2012, AND FORWARD. AT DECEMBER 31, 2015 AND 2014, THERE ARE NO SIGNIFICANT INCOME TAX UNCERTAINTIES.

(Form 990 or 990-EZ) Department of the Treasury	nplete if the c	ental Information Regarding organization answered "Yes" on organization entered more than \$1 Attach to Form 990 bout Schedule G (Form 990 or 990-EZ)	Form 9 5,000) or Fo	990, P on Fo rm 99	Part IV, lines 17, 18, o rm 990-EZ, line 6a. 0-EZ.	or 19), or if the	OMB No. 1545-0047
Name of the organization	SLES,							dentification number 0832
	Activities	Complete if the organization answe	ered "Y	es" o	n Form 990, Part IV, I	ine 1		
 Indicate whether the orga a Mail solicitations b Internet and email c Phone solicitations d In-person solicitation 2 a Did the organization have key employees listed in F 	nization rais solicitations ons e a written c Form 990, P est paid ind	sed funds through any of the followir e Solicitat f Solicitat g Special or oral agreement with any individual eart VII) or entity in connection with p ividuals or entities (fundraisers) purs	tion of tion of fundra (inclue	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	Y	es 🗌 No ro be
(i) Name and address of in or entity (fundraiser)		(ii) Activity	(iii) fundr have c or cor contrib	ustody trol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by fundraiser ted in col. (i)	
			Yes	No	-			
or licensing.	organizatio	on is registered or licensed to solicit	contric		s or has been notified	i it is	exempt from	registration
LHA For Paperwork Reducti	on Act Not	ice, see the Instructions for Form	990 or	990-1	EZ. S	sche	dule G (Form	1 990 or 990-EZ) 2015

Schedule G (Form 990 or 990-EZ) 2015 ISLES, INC 22-2350832 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1 HAUNTED HARVEST	(b) Event #2 GOLF EVENT	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
	1	Gross receipts	10,622.	46,207.		56,829
	2	Less: Contributions		23,500.		23,500
	3	Gross income (line 1 minus line 2)	10,622.	22,707.		33,329
	4	Cash prizes				
	5	Noncash prizes		779.		779
	6	Rent/facility costs		15,237.		15,237
	7	Food and beverages				
	8	Entertainment		1 0 2 0		2 2 2 2
	9	Other direct expenses				2,328 18,344
		Direct expense summary. Add lines 4 throug	gh 9 in column (d)			
	11	Net income summary. Subtract line 10 from				
	11 rt		line 3, column (d)		🕨	14,985
		Gaming. Complete if the organization	line 3, column (d)		🕨	
'ai			line 3, column (d)		🕨	14 ,985 (d) Total gaming (add
a		II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	line 3, column (d) answered "Yes" on Forn	n 990, Part IV, line 19, or r (b) Pull tabs/instant	reported more than	14 ,985 (d) Total gaming (add
ai		Gaming. Complete if the organization	line 3, column (d) answered "Yes" on Forn	n 990, Part IV, line 19, or r (b) Pull tabs/instant	reported more than	14 ,985 (d) Total gaming (add
	1 1	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	line 3, column (d) answered "Yes" on Forn (a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant	reported more than	14 ,985 (d) Total gaming (add
	1 1	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	line 3, column (d) answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant	reported more than	14 ,985 (d) Total gaming (add
	1 2 3	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	line 3, column (d) answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant	reported more than	14 ,985 (d) Total gaming (add
	1 2 3 4	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	line 3, column (d) answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant	reported more than	
	1 2 3 4 5	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	line 3, column (d) answered "Yes" on Form (a) Bingo (a) Wes%	990, Part IV, line 19, or i (b) Pull tabs/instant bingo/progressive bingo	reported more than (c) Other gaming	14,985 (d) Total gaming (add
	1 2 3 4 5	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	line 3, column (d) answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or i (b) Pull tabs/instant bingo/progressive bingo	reported more than (c) Other gaming	14 ,985 (d) Total gaming (add
	1 2 3 4 5 6	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	line 3, column (d) answered "Yes" on Form (a) Bingo (a) Bingo	990, Part IV, line 19, or i (b) Pull tabs/instant bingo/progressive bingo	reported more than (c) Other gaming	14 ,985 (d) Total gaming (add
	1 2 3 4 5 6	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	line 3, column (d) answered "Yes" on Form (a) Bingo (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	reported more than (c) Other gaming	14 ,985 (d) Total gaming (add
	1 2 3 4 5 6 7 8 Ent	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug	line 3, column (d) answered "Yes" on Form (a) Bingo (a) Bingo (a) Bingo (b) Bingo (c) Bingo <td>990, Part IV, line 19, or i (b) Pull tabs/instant bingo/progressive bingo</td> <td>reported more than (c) Other gaming Yes% No</td> <td>14,985 (d) Total gaming (add col. (a) through col. (c</td>	990, Part IV, line 19, or i (b) Pull tabs/instant bingo/progressive bingo	reported more than (c) Other gaming Yes% No	14,985 (d) Total gaming (add col. (a) through col. (c

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **b** If "Yes," explain:

532082 09-14-15

Schedule G (Form 990 or 990-EZ) 2015

Sch	edule G (Form 990 or 990-EZ) 2015 ISLES, INC 22-	- <u>2</u> 350	832	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?	🖂	Yes	🗌 No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		9
	An outside facility		1	9
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		1	-
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No 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 $ ightarrow$ \$			
с	If "Yes," enter name and address of the third party:			
	Name			
	Address			
40				
16	Gaming manager information:			
	Nama			
	Name			
	Gaming manager compensation > \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	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 > \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part II	l, lines 9	, 9b, 1)b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).			
				F7 \ 66 '
,3208	33 09-14-15 Schedule G (Fo	rm 990	or 990	-EZ) 201
L <u>1</u> 1	114 758553 ISLESINC 2015.04030 ISLES, INC		TST	ESIN1
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	Sintinaed)				
32084 4-01-15			ę	Schedule G (Form 990 or	990-EZ
		35			

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	GO Comp	Grants and Oth vernments, ar	nd Individual on answered "Yes" Attach to Form	s in the Ŭn on Form 990, Pa m 990.	ited States art IV, line 21 or 22.	•	OMB No. 1545-0047 2015 Open to Public Inspection
Name of the organization		ion about Schedule I	(Form 990) and its	S INSTRUCTIONS IS a	at www.irs.gov/form95	<i>i</i> 0.	Employer identification number
ISLES, I							22-2350832
Part I General Information on Grants							
1 Does the organization maintain records		•		• •	, ,		
criteria used to award the grants or as	sistance?	itaring the use of grap	t funda in tha Linita	d Stataa			X Yes No
2 Describe in Part IV the organization's p Part II Grants and Other Assistance t		¥¥			anization answord "	/oc" on Form 000 Par	IV line 21 for any
recipient that received more that					Janization answered	res on Form 990, Fan	TV, III e 21, IOF any
1 (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
HOMEFRONT, INC 1880 PRINCETON AVENUE LAWRENCEVILLE, NJ 08648	22-3165145	501(C)3	82,186.	0 .	FMV		IMPLEMENT NEIGHBORHOOD PLAN, SUMMER CAMP FOR 15 YOUTH AND CASE MANAGEMENT
MERCER STREET FRIENDS 151 MERCER STREET TRENTON, NJ 08611	21-0733990	501(C)3	100,250.	0.	FMV		IMPLEMENT NEIGHBORHOOD PLAN, PARENTING EDUCATION AND YOUTH ENRICHMENT
NJ STATE FEDERATION OF COLORED WOMEN'S CLUBS, INC - 40 FOWLER STREET - TRENTON, NJ 08618	22-2002686	501(C)3	25,945.	0 .	FMV		IMPLEMENT NEIGHBORHOOD PLAN, RENT FOR COMMUNITY RESOURCE CENTER, YOUTH AND SENIOR YOUTH EXERCISE
SHILOH COMMUNITY DEVELOPMENT CORPORATION - 620 WEST STRATE STREET - TRENTON, NJ 08618	12-3799161	501(C)3	73,750.	0.	FMV		IMPLMENT NEIGHBORHOOD PLAN, CAREER CENTER PROJECT AND OUTREACH
NEW JERSEY FARM TO SCHOOL NETWORK 407 GREENWOOD AVENUE TRENTON, NJ 08609		501(C)3	6.319.	0	FMV		URBAN AGRICULTURAL PLAN
,							
 2 Enter total number of section 501(c)(3) 3 Enter total number of other organization 	•	•			·····		•
LHA For Paperwork Reduction Act Notic							Schedule I (Form 990) (2015)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART IV FOR COLUMN (H) DESCRIPTIONS Schedule I (Form 990) (2015)

ISLES, INC

22-2350832 Page 2

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 non-cash 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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

NJ STATE FEDERATION OF COLORED WOMEN'S CLUBS, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPLEMENT NEIGHBORHOOD PLAN, RENT

FOR COMMUNITY RESOURCE CENTER, YOUTH AND SENIOR YOUTH EXERCISE PROGRAMS

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

6

ZU

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

Open To Public Inspection

15

ormation about Schedule M (Form 990) and its instructions is at www

411	ne of the organization				Employer identification numb
2	ISLES, INC				22-2350832
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
	Art - Works of art				
2	Art - Historical treasures				
;	Art - Fractional interests				
ŀ	Books and publications				
;	Clothing and household goods				
;	Cars and other vehicles				
7	Boats and planes				
3	Intellectual property				
9	Securities - Publicly traded				
)	Securities - Closely held stock				
	Securities - Partnership, LLC, or				
	trust interests				
2	Securities - Miscellaneous				
;	Qualified conservation contribution -				
	Historic structures				
ŀ	Qualified conservation contribution - Other				
;	Real estate - Residential				
5	Real estate - Commercial				
,	Real estate - Other				
3	Collectibles				
)	Food inventory				
)	Drugs and medical supplies				
	Taxidermy				
2	Historical artifacts				
3	Scientific specimens				
Ļ	Archeological artifacts				
;	Other (DONATED SPACE)	X	1	67,809.	FMV
;	Other ()			· · · · · · · · · · · · · · · · · · ·	
,	Other ► ()				
3	Other ► ()				
)	Number of Forms 8283 received by the organ	zation durin	a the tex year for <i>i</i>		

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it			
	must hold for at least three years from the date of the initial contribution, and which is not required to be used for			
	exempt purposes for the entire holding period?	. 30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	. 31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash			
	contributions?	. 32a		X
b	If "Yes," describe in Part II.			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,			
	describe in Part II.			
1 1 1 1	For Densmurark Deduction Act Nation, and the Instructions for Form 000		000	(0045)

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

Schedule M (Form 990) (2015)

532141 08-21-15

Schedule M (Form 990) (2015) $ ISLES$, $ INC$
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22 - 2350832Page **2**

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete Part II this part for any additional information.

32142 08-21-15		Schedule M (Form 990) (2015)
	39	
41114 758553 ISLESINC	39 2015.04030 ISLES, INC	ISLESIN1

(Form 990 or 990-EZ) Department of the Treasury Complete to provide information Form 990 or 990-EZ or to Form 990 or 990	ation to Form 990 or 990 on for responses to specific questions on o provide any additional information. o Form 990 or 990-EZ. r 990-EZ) and its instructions is at <i>www.irs.gov</i>		OMB No. 1545-0047 2015 Open to Public Inspection
Name of the organization ISLES, INC		Employer	identification number 350832
FORM 990, PART I, LINE 1, DESCRIPT	ION OF ORGANIZATION MI	SSION:	
CRITICAL URBAN NEEDS IN THE AREAS (OF COMMUNITY REVITALIZA	ATION,	URBAN
ARGRICULTURE, GREEN JOB TRAINING,	OUTH EDUCATION, AND TH	IROUGH	OUR E4
SUBSIDIARY, ENERGY AND WEATHERIZAT	· · · · · · · · · · · · · · · · · · ·		
FORM 990, PART III, LINE 4D, OTHER	PROGRAM SERVICES:		
FINANCIAL SELF RELIANCE PROGRAMS A	ND REAL ESTATE PROGRAM	5	
EXPENSES \$ 319,656. INCLUDING GRA	ANTS OF \$ 0. REVENUE	\$ 13,3	73.
	·		
FORM 990, PART VI, SECTION B, LINE	11:		
FORM 990 IS PROVIDED TO THE CHIEF	FINANCIAL OFFICER FOR H	REVIEW	BEFORE IT IS
FILED. AFTER THE REVIEW, IT IS FO	RWARDED TO THE BOARD FO	OR APPR	OVAL.
FORM 990, PART VI, SECTION B, LINE	12C:		
EACH DIRECTOR, PRINCIPAL OFFICER A	ND MEMBER OF A COMMITTI	EE WITH	BOARD
DELEGATED POWERS SHALL ANNUALLY SI	ON A STATEMENT WHICH A	FIRMS	THAT SUCH
PERSON:			
A.HAS RECEIVED A COPY OF THE CONFL	ICT OF INTEREST POLICY	,	
B.HAS READ AND UNDERSTANDS THE POL:	ΙСΥ,		
C.HAS AGREED TO COMPLY WITH THE PO	LICY, AND		
D.UNDERSTANDS THAT ISLES, INC. IS 2	A NON-PROFIT ORGANIZAT	ION AND	THAT IN
ORDER TO MAINTAIN ITS FEDERAL TAX	EXEMPTION IT MUST ENGAG	SE PRIM	ARILY IN
ACTIVITIES WHICH ACCOMPLISH ONE OR	MORE OF ITS TAX-EXEMP	r PURPO	SES.
FORM 990, PART VI, SECTION B, LINE	15:		
THE PROCESS FOR DETERMINING COMPENS	SATION INVOLVES AN ANNU	JAL REV	IEW OF
LHA For Paperwork Reduction Act Notice, see the Instructions f	or Form 990 or 990-EZ. Sche	dule O (Form	n 990 or 990-EZ) (2015)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization ISLES, INC	Employer identification number 22-2350832
INDIVIDUAL PERFORMANCE AND COMPARISON OF PRESENT COMPENSA	TION TO MARKET
DATA.	
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 IX, LINE 11G, OTHER FEES: CONSULTING FEES & OTHER:	
PROGRAM SERVICE EXPENSES	1,280,921.
MANAGEMENT AND GENERAL EXPENSES	70,069.
FUNDRAISING EXPENSES	34,445.
TOTAL EXPENSES	1,385,435.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,385,435.
· · · · · · · · · · · · · · · · · · ·	

FORM 990, PART XII LINE 2C

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

HIGHLIGHTS OF 2015

EDUCATE AND TRAIN:

16441114 758553 ISLESINC

18 IYI STUDENTS GRADUATED WITH THEIR HIGH SCHOOL DIPLOMA OR GED

17 PRE-APPRENTICE CONSTRUCTION TRAINING (PACT) CERTIFICATES WERE ISSUED

TO STUDENTS

1 FORMER ISLES YOUTH INSTITUTE STUDENT RECEIVED HIS DEGREE IN

AUTOMOTIVE TECHNOLOGY FROM VOCATIONAL-TECHNCAL SCHOOL

4 STUDENTS RECEIVED THEIR CERIFIED NURSES ASSISTANT (CNA) STATE LICENSE

532212 09-02-15

Schedule O (Form 990 or 990-EZ) (2015) Name of the organization	Page 2
ISLES, INC	22-2350832
PRESENTED "THE SEVEN KEYS TO A HEALTHY HOME" TO 63 COMMUN	IITY MEMBERS AT
SEVEN LOCAL AGENCIES.	
PROVIDED ENERGY EFFICIENCY TRAINING AND CERTIFICATION TO	14 WORKERS. (6
BUILDING ANALYST AND ENVELOPE, 6 INFILTRATION AND DUCT LE	EAKAGE, 2 WHOLE
HOUSE) AND 22 INDIVIDUALS	
COMPLETED THE WAREHOUSE CAREER PATHWAY TRAINING COURSE. 9	00% OF TRAINEES
(18 OF 20) WHO SOUGHT WAREHOUSE JOBS WERE PLACED.	
BUILD WEALTH	
ISLES HAD 132 ACTIVE AND 43 NEW HOUSING/FORECLOSURE CUSTO	DMERS IN 2015
20 CUSTOMERS ATTENDED PRE-PURCHASE WORKSHOPS AND 8 CUSTOM	IERS PURCHASED
A FIRST HOME.	
12 FORECLOSURE CUSTOMERS HAD POSITIVE MORTGAGE OUTCOMES (LOAN
MODIFICATIONS, ETC.)	
SERVED 249 CUSTOMERS IN 1:1 OR WORKSHOPS	
MADE 10 CREDIT BUILDER LOANS	
OPENED 24 NEW KICKSTART (SAVINGS) ACCOUNTS OPENED	
USED INDIVIDUAL DEVELOPMENT PRODUCT TO SUPPORT 4 FIRST-TI	IME HOME
PURCHASES WITH A TOTAL OF \$28,000 IN MATCHED SAVINGS GRAM	NTS DISBURSED.
IMPROVED CREDIT SCORES OF AVERAGE CUSTOMER BY 54 POINTS	
REVITALIZE COMMUNITIES	
65 HOMES IN TRENTON RECEIVED LEAD, ENERGY AND HEALTHY HOM	IES SERVICES
THROUGH REHEET PROJECT. 44 HOMES THAT HAD DETECTABLE LEAD	D PAINT WERE
MADE LEAD SAFE.	
CREATED NEW CLEAN & GREEN SERVICE TO MAINTAIN 150 VACANT	LOTS AND 6
PARKS	

 DEVELOPED NEW T-RECS MOBILE RECREATION PROGRAM TO PROVIDE RECREATIONAL

 5322 12 09-02-15
 Schedule O (Form 990 or 990-EZ) (2015)

 42

SCH	EDULE R
·	

(Form 990)

· /

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number 22 - 2350832

ISLES, INC

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
CHESTNUT MONMOUTH FAMILY HOUSING, LLC -	GENERAL PARTNER OF CHESTNUT				
22-3710194, 10 WOOD STREET, TRENTON, NJ	MONMOUTH URBAN RENEWAL				
08618	APARTMENTS, LP	NEW JERSEY			ISLES, INC.
	1				

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	(f) Direct controlling entity	1	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
ISLES COMMUNITY FOUNDATION, INC							
37-1420125, 10 WOOD STREET, TRENTON, NJ	MANAGES INVESTMENT			LINE 11C,			
08618	ACTIVITY FOR ISLES INC.	NEW JERSEY	501(C)(3)	III-FI	ISLES INC	X	
ISLES PROPERTIES, INC 55-0799217	HOLDING COMPANY OF REAL						
10 WOOD STREET	ESTATE PROPERTY FOR ISLES,						
TRENTON, NJ 08618	INC.'S EXEMPT PURPOSE	NEW JERSEY	501(C)(2)		ISLES INC	X	
ISLES E4, INC - 27-0375809							
10 WOOD STREET	WEATHERIZATION SERVICES TO						
TRENTON, NJ 08618	LOW INCOME HOUSEHOLDS	NEW JERSEY	501(C)(3)	LINE 9	ISLES INC	X	
ISLES COMMUNITY ENTERPRISES CORP	PROVIDES EDUCATION,						
26-2483265, 10 WOOD STREET, TRENTON, NJ	TRAINING, AND FINANCING TO						
08618	DISTRESSED COMMUNITIES	NEW JERSEY	501(C)(3)	LINE 9	ISLES INC	X	

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

Schedule R (Form 990) 2015

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	(f) Direct controlling entity	organi	rolled zation?
				501(c)(3))		Yes	No
ISLES MILL 57, INC 27-1568899	ACQUIRE, HOLD, & SELL REAL						
10 WOOD STREET	PROPERTY TO SUPPORT OTHER						
TRENTON, NJ 08618	501(C)(3) ENTITIES	NEW JERSEY	501(C)(3)	LINE 11A, 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)	(b)	(c)	(d)	(e)	(f)	(g)	()	n)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	1	ortionate tions?	Code V-UBI amount in box 20 of Schedule	managir partner	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	D
EAST HANOVER STREET URBAN											
RENEWAL ASSOCIATES LP -											
52-2092734, WYOMING AVE,	LOW INCOME										
SUITE 5, KINGSTON, PA 18704	HOUSING	PA	N/A	RELATED				х	N/A	X	.25%
CHESTNUT MONMOUTH URBAN											
RENEWAL APARTMENTS, L.P											
22-3710195, 10 WOOD STREET,	LOW INCOME										
TRENTON, NJ 08618	HOUSING	NJ	N/A	RELATED				x	N/A	x	.01%
DELMAR ASSOCIATES LP -	-										
13-3130669, 1438 3RD AVE APT	LOW INCOME										
29B, NEW YORK, NY 10028	HOUSING	NY	N/A	RELATED				х	N/A	x	1.46%
BALTIC CAPITAL, LLC -											
22-3836112, 425 GREENWOOD	LOW INCOME										
AVENUE, TRENTON, NJ 08609	HOUSING	NJ	N/A	RELATED				х	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	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	i) b)(13) rolled ity?
		country)						Yes	No

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

	(1-)	(-)	(-1)		(6)	()		- 1	(1)	1 (1)		(1-)
(a)	(b)	(c)	(d)	(e)	(f)	(g)		h)	(i)	(j)		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year	Dispro ate allo	portion-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag	ging (Percentage ownership
		(state or foreign		excluded from tax under		assets			20 of Schedule	partn	er?	
ARCHIPELAGO CONDOMINIUM		country)		Sections 512-514)			Yes	No	K-1 (FOIII 1005)	Yes	NO	
	_											
ASSOCIATION INC	4											
56-2575978, 1800 EAST STATE	CONDOMINIUM								37 / 3			
STREET, HAMILTON, NJ 08609	ASSOCIATION	NJ	N/A	RELATED				х	N/A	<u> </u>	x	45.20%
LAZARD, LTD - 98-0437848	_											
CLARENDON HOUSE, 2 CHURCH	_											
STREET, HAMILTON HM 11,									_			
BERMUDA	INVESTMENT	BERMUDA	N/A	RELATED				х	N/A		X	.01%
	1											
	-											
	-											
	-											
										+		
	-											
	-											
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				+						+	+	
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	4											

Schedule R (Form 990) 2015 ISLES, INC

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

ote. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	5 N
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?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)		X	
e Loans or loan guarantees by related organization(s)		X	
Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
n Purchase of assets from related organization(s)			+
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)		X	Ŧ
Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)			
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X	
Sharing of paid employees with related organization(s)		X	Ŧ
Reimbursement paid to related organization(s) for expenses	1p	x	
Reimbursement paid by related organization(s) for expenses		X	Ŧ
Other transfer of cash or property to related organization(s)		x	
Cher transfer of cash or property from related organization(s)			Τ

(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved
(1) ISLES E4, INC.	D	590,914.	LOAN
(2) ISLES COMMUNITY FOUNDATION INC.	E	1,043,386.	LOAN
(3) ISLES PROPERTIES, INC.	D	2,802,711.	LOAN
(4) ISLES E4, INC.	D	150,000.	LOAN
(5) ISLES MILL 57	D	658,184.	LOAN
(6) ISLES COMMUNITY ENTERPRISES CORP.	D	538,991.	

Schedule R (Form 990) 2015 ISLES, INC

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

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

(a)	(b)	(c)	(d)	6	-)	(f)	(g)	0	ו)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are	e all	Share of	Share of	Dispr	opor-	Code V-UBI	General	^{or} Percentage
of entity	, , , ,	(state or foreign	(related, unrelated,	501(c)(3) s ?	total	end-of-year	tior alloca	iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managir partner	ownership
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes N	5
												-
								-			\vdash	+
									1			1

Schedule R (Form 990) 2015

Part VII Supplemental Information

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

532165 09-08-15

16441114 758553 ISLESINC

50 2015.04030 ISLES, INC

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

DECEMBER 31, 2015

Prepared for	
	ISLES, INC 10 WOOD STREET TRENTON, NJ 08618
Prepared by	SOBEL AND CO., LLC CPA'S 293 EISENHOWER PARKWAY LIVINGSTON, NJ 07039-1711
Amount due or refund	NO AMOUNT IS DUE.
Make check payable to	NO AMOUNT IS DUE.
Mail tax return and check (if applicable) to	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	NOVEMBER 15, 2016
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.

Form 990-T	Exempt Organization Bu			ax Return	∎	OMB No. 1545-0687
	(and proxy tax une					0045
			, and ending		_ ·	2015
Department of the Treasury Internal Revenue Service	 Information about Form 990-T and its instruction Do not enter SSN numbers on this form as it may 		-		ŀ	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address change	Name of organization (Check box if name				DEmplo (Empl	over identification number loyees' trust, see lotions.)
B Exempt under section	Print ISLES, INC					2-2350832
\mathbf{X} 501(\mathbf{C})(3)	or Number, street, and room or suite no. If a P.O. be	ox see in	structions		E Unrela	ated business activity codes
408(e) 220(<i>br</i> , 000 ii			(See II	nstructions.)
408A 530(a)) City or town, state or province, country, and ZIP TRENTON , NJ 08618	or foreig	n postal code		532	000
Book value of all assets	F Crown exemption number (Case instructions)				552	
15,370,759.	G Check organization type ► X 501(c) corporation	on [501(c) trust	401(a) trust		Other trust
H Describe the organizat	on's primary unrelated business activity. RENTAL					
	s the corporation a subsidiary in an affiliated group or a part			► [Ye	es X No
If "Yes," enter the nam	e and identifying number of the parent corporation. 🕨					
J The books are in care	of FILE ORGANIZATION		Telepho	ne number 🕨 6		341-4700
Part I Unrelat	ed Trade or Business Income		(A) Income	(B) Expenses	;	(C) Net
1 a Gross receipts or s						
b Less returns and a		1c				
	(Schedule A, line 7)					
•	ct line 2 from line 1c					
	ome (attach Schedule D)					
	m 4797, Part II, line 17) (attach Form 4797)					
	on for trusts					
. ,	partnerships and S corporations (attach statement)					
	dule C)		21,650.	149,0	00	-127,449.
	nced income (Schedule E)		21,050.	149,0	<u> </u>	-12/,449.
	royalties, and rents from controlled organizations (Sch. F)	8				
	of a section 501(c)(7), (9), or (17) organization (Schedule G	·				
	tivity income (Schedule I)					
	(Schedule J) nstructions; attach schedule)					
	es 3 through 12		21,650.	149,0	99.	-127,449.
	ons Not Taken Elsewhere (See instructions			145,0		127,449.
	r contributions, deductions must be directly connect			income.)		
14 Compensation of	officers, directors, and trustees (Schedule K)				14	
	s				15	
	enance				16	
					17	
	nedule)				18	
19 Taxes and license					19	
20 Charitable contrib	itions (See instructions for limitation rules)				20	
	h Form 4562)					
22 Less depreciation	claimed on Schedule A and elsewhere on return		22a		22b	
					23	
	eferred compensation plans				24	
	programs				25	
26 Excess exempt ex	penses (Schedule I)				26	
27 Excess readership	costs (Schedule J)				27	
	attach schedule)				28	
	s. Add lines 14 through 28				29	
	s taxable income before net operating loss deduction. Subtra				30	-127,449.
	deduction (limited to the amount on line 30)				31	-127,449.
	s taxable income before specific deduction. Subtract line 31				32 33	1,000.
	(Generally \$1,000, but see line 33 instructions for exception staxable income. Subtract line 33 from line 32. If line 33 is				33	<u> </u>
	ss taxable income. Subtract line 33 from line 32. If line 33 is	•			34	-127,449.
500704	aperwork Reduction Act Notice, see instructions.				7	Form 990-T (2015)

52 16441114 758553 ISLESINC 2015.04030 ISLES, INC

Part III Text Computation 30 Quantizations Taxble as deportations. See instructions for tax computation. 30 Quantizations Taxble as deportations. See instructions for tax computation. 10 Ising Your Statute of 105 (50,00) (32,50,00) (34,80,000) (32,60,000)	Form 990-T (20	¹⁵⁾ ISLES, INC					22-235	50832	Page
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a Enter your share of the S0,000, 525,000, and 59,025,000 tasks income brackets (in that order): (i) (b) (i) Additional 3% tar of (i) Additional 5% tar (not more than \$111,00) (i) Additional 3% tar of (i) Additional 3% tar (not more than \$111,00) (i) Additional 3% tar of (i) Additional 3% tar (not more than \$111,00) (ii) Additional 3% tar of (ii) Additional 3% tar (not more than \$111,00) (iii) Additional 3% tar of (ii) Additional 3% tar (not more than \$111,00) (iii) Additional 3% tar of (iii) Additional 3% tar (not more than \$111,00) (iii) Additional 3% tar (not more than \$100,000) (iii) Additional 3% tar (not more	-								
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38 Trust Table at Trust Table at See instructions for tx computation. Income tax on the amount on line 34 from; Image: specific sp									
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c Tax deposited with Form 8868 44c d Foreign organizations: Tax paid or withheld at source (see instructions) 44d e Backup withholding (see instructions) 44d g Other credits and payments: Form 2439 g Other credits and payments: Form 2439 g Other credits and payments: Form 2439 g Other credits and payments: Form 2429 g Other credits and payments: Form 220 is attached ▶ 46 44g 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount overpaid 48 Estimated tax penalty (see instructions). 9 Total # 20 crepayment. If line 45 is less than the total of lines 43 and 46, enter amount overpaid 49 Enter the amount of line 48 you want: Gredited to 2016 estimated tax ▶ Part V Statements Regarding Certain Activities and Other Information (see instructions) 1 At any time during the 2015 calendar year, id the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here \[Mex] 6 2 Cready other done the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country hare y lines 7 (cost of goods od. Sub	44 a Pay	/ments: A 2014 overpayment c	redited to 2015	5		44a			
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f Credit for small employer health insurance premiums (Attach Form 8941) 441 g Other credits and payments: Form 2439 G Form 4136 Other 45 Total ▶ 46 47 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owerpaid 48 Derpayment. If line 45 is less than the total of lines 43 and 46, enter amount owerpaid 49 Enter the amount of line 48 you want: Credited to 2016 estimated tax Part V Statements Regarding Certain Activities and Other Information (see instructions) 1 At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Account (bank, securities, er other) in a toreign nountry there > 2 During the substruction excess adstruction for was a time granter or, or transfere to, a toreign trust? 3 Enter the amount of tax-exempt interest received or accrued during the tax year > \$ 3 Cost of GoodS Sold. Enter method of inventory valuation > N/A 1 Inventory at beginning of year 1 2 7 Cost of goods sold. Subtract line 6 3 Cost of GoodS Sold. Enter method of inventory valuat	d For	eign organizations: Tax paid or	withheld at sou	irce (see instr	uctions)	44d			
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49 Enter the amount of line 48 you want; Credited to 2016 estimated tax Refunded 49 Part V Statements Regarding Certain Activities and Other Information (see instructions) 49 1 At any time during the 2015 calendar year, did the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ 2 2 2 2 0 N/A 3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$ S Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/A 6 7 1 Inventory at beginning of year 1 6 6 7 2 Purchases 2 7 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes 40 Additional section 263A costs (att. schedule) 4 6 7 8 Do the rules of section 263A (with respect to correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, including accounting which preparer has any knowledge. 1 1 1	47 Tax	due. If line 45 is less than the	total of lines 43	and 46, enter	amount owed		►	47	C
Part V Statements Regarding Certain Activities and Other Information (see instructions) 1 At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country form, or was it the grantor of, or transferor to, a foreign trust? 2 During the tax year, did the organization may have to file. S 3 Enter the amount of tax-exempt interest received or accrued during the tax year > \$ Schedule A - Cost of Goods Sold. Enter method of inventory valuation > N/A 6 1 Inventory at beginning of year 1 2 7 Cost of goods sold. Subtract line 6 3 Cost of goods sold. Subtract line 6 7 4 Additional section 263.4 (with respect to property produced or acquired for resale) apply to the organization? 7 4 Additional section 263.4 (with respect to preparer has ny knowledge and belief, its true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of witch preparer has ny knowledge. May the IRS discuss this return. Including accomparity gosteoLiles and statements, and to the best of my knowledge and belief, its	48 Ov	erpayment. If line 45 is larger tl	nan the total of	lines 43 and 4	6, enter amount overpaid			48	C
1 At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ Yes 2 During the tary year, dith due organization from, or was it the granter of, or transferer to, a toreign trust? Yes 3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ S Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/A 6 1 Inventory at beginning of year 1 2 Purchases 2 3 Cost of goods sold. Subtract line 6 7 4 Additional section 263A costs (att. schedule) 4a 4 Additional section 263A costs (att. schedule) 4b 5 Total. Add lines 1 through 4b 5 Sign Inder penalties of perjury. Ideclare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge. May the IRS discuss this return. The preparer is signature 0 Under penalties of perjury. Ideclare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge. May the IRS discuss this return. The preparer is name instruc	49 Ent							49	
securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ 2 During the tax year, did the organization receive a distribution from, or was it the granter of, or transferor to, a foreign trust? 1 YES, see instructions for dother forms the organization may have to file. 3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$ Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/A 1 Inventory at beginning of year 1 6 Inventory at end of year 6 2 Purchases 2 7 Cost of goods sold. Subtract line 6 3 Cost of labor. 6 Inventory at end of year 7 4 a Additional section 263A costs (att. schedule) 5 Total. Add lines 1 through 4b 5 Sign I under penatites 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, Sign I under penatites 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, Sign I under penatites of officer Date Preparer is signature 0 officer Date I may have of file Preparer is signature of officer I Date I trutter I tile I I I / I / I / I / I / I / I / I / I	Part V	Statements Regard	ing Certai	n Activitie	es and Other Inform	nation (se	e instructions)		
Accounts. If YES, enter the name of the foreign country here ▶ ▲ 2 During the tax year, did the organization receive a distribution from, or was it the granter of, or transferror to, a toreign trust? ★ 3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$ ★ 3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$ ★ 4 Acciditional section 263A costs (att. schedule) ★ 4 Additional section 263A costs (att. schedule) ★ 5 Total. Add lines 1 through 4b 5 5 Total. Add lines 1 through 4b 5 5 Sign Preparer 9 Print/Type preparer's name Preparer's signature 9 Print/Type preparer's name Preparer's signature 9 293 EISENHOWER PARKWAY Firm's name ▶ SOBEL AND CO., LLC CPA'S Firm's EIN ▶ 22-143003 293 EISENHOWER PARKWAY Phone no. 973-994-9494	1 At any t	ime during the 2015 calendar y	ear, did the org	anization have	e an interest in or a signatur	e or other aut	hority over a financial ac	count (bank,	Yes N
3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$ Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/A 1 Inventory at beginning of year 1 6 2 2 7 Cost of goods sold. Subtract line 6 7 3 3 6 Inventory at end of year 6 2 3 7 Cost of goods sold. Subtract line 6 7 3 4a Additional section 263A costs (att. schedule) 4a 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to Yes 5 Total. Add lines 1 through 4b 5 Total. Add lines 1 through 4b 5 May the IRS discuss 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 taxpayer) is based on all information of which preparer has any knowledge. May the IRS discuss this return the preparer shown below (see instructions)? X Yes instructions? Firm's name ▶ SOBEL AND CO., LLC CPA 'S Firm's EIN ▶ 22-143003 Phone no. 973-994-9494 Phone no. 973-994-9494 Phone no. 973-994-9494 Phone no. 973-994-9494	securitie	es, or other) in a foreign country	y? If YES, the o	rganization m	ay have to file FinCEN Form	114, Report o	of Foreign Bank and Fina	ncial	
3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$ Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/A 1 Inventory at beginning of year 1 6 2 2 7 Cost of goods sold. Subtract line 6 7 3 3 6 Inventory at end of year 6 2 3 7 Cost of goods sold. Subtract line 6 7 3 4a Additional section 263A costs (att. schedule) 4a 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to Yes 5 Total. Add lines 1 through 4b 5 Total. Add lines 1 through 4b 5 May the IRS discuss 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 taxpayer) is based on all information of which preparer has any knowledge. May the IRS discuss this return the preparer shown below (see instructions)? X Yes instructions? Firm's name ▶ SOBEL AND CO., LLC CPA 'S Firm's EIN ▶ 22-143003 29.3 EISENHOWER PARKWAY Phone no. 973-994-9494	Account	ts. If YES, enter the name of the	foreign countr	y here 🕨					X
3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$ Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/A 1 Inventory at beginning of year 1 6 2 2 7 Cost of goods sold. Subtract line 6 7 3 3 6 Inventory at end of year 6 2 3 7 Cost of goods sold. Subtract line 6 7 3 4a Additional section 263A costs (att. schedule) 4a 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to Yes 5 Total. Add lines 1 through 4b 5 Total. Add lines 1 through 4b 5 May the IRS discuss 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 taxpayer) is based on all information of which preparer has any knowledge. May the IRS discuss this return the preparer shown below (see instructions)? X Yes instructions? Firm's name ▶ SOBEL AND CO., LLC CPA 'S Firm's EIN ▶ 22-143003 29.3 EISENHOWER PARKWAY Phone no. 973-994-9494	2 During th If YES, se	e tax year, did the organization receive instructions for other forms the org	ve a distribution fr anization may hav	om, or was it the /e to file.	e grantor of, or transferor to, a for	reign trust?			X
1 Inventory at beginning of year 1 6 Inventory at end of year 6 2 Purchases 2 7 Cost of goods sold. Subtract line 6 7 3 Cost of labor 3 7 Cost of goods sold. Subtract line 6 7 4a Additional section 263A costs (att. schedule) 4a 4b 7 Yes 5 Total. Add lines 1 through 4b 5 0 the organization? Yes May the inst 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 taxpayer) is based on all information of which preparer has any knowledge. May the IRS discuss this return the preparer shown below (see instructions)? X Yes Signature of officer Date Print/Type preparer's name Preparer's signature Date Check if policy P01277732 Paid RON MATAN Po12277732 Yes Self- employed P11/14/16 P01277732 Yes Self- employed Firm's address b LIVINGSTON, NJ 07039-1711 Phone no. 973-994-9494	3 Enter th	e amount of tax-exempt interes	t received or ac	crued during	the tax year ► \$				
2 Purchases 2 7 Cost of goods sold. Subtract line 6 7 3 Cost of labor 3 7 Cost of goods sold. Subtract line 6 7 4a Additional section 263A costs (att. schedule) 4a 4a 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes 5 Total. Add lines 1 through 4b 5 Total. Add lines 1 through 4b 5 Yes Sign 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 taxpayer) is based on all information of which preparer has any knowledge. May the IRS discuss this return the preparer shown below (see instructions)? X Yes Paid Preparer Date Check if f Print/Type preparer's name Preparer's signature Date Check if f Poil2277732 Use Only Firm's name b SOBEL AND CO., LLC CPA 'S Firm's EIN b 22-143003 293 EISENHOWER PARKWAY Phone no. 973-994-9494	Schedule	e A - Cost of Goods S	Sold. Enter n	nethod of inv	ventory valuation 🕨	N/A			
2 Purchases 2 7 Cost of goods sold. Subtract line 6 7 3 Cost of labor 3 7 Cost of goods sold. Subtract line 6 7 4a Additional section 263A costs (att. schedule) 4a 4a 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes 5 Total. Add lines 1 through 4b 5 Total. Add lines 1 through 4b 5 Yes Sign 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 taxpayer) is based on all information of which preparer has any knowledge. May the IRS discuss this return the preparer shown below (see instructions)? X Yes Paid Preparer Date Check if f Print/Type preparer's name Preparer's signature Date Check if f Poil2277732 Use Only Firm's name b SOBEL AND CO., LLC CPA 'S Firm's EIN b 22-143003 293 EISENHOWER PARKWAY Phone no. 973-994-9494	1 Inventor	ry at beginning of year	1		6 Inventory at end	l of year		6	
3 Cost of labor 3 from line 5. Enter here and in Part I, line 2 7 4a Additional section 263A costs (att. schedule) 4a 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes 5 Total. Add lines 1 through 4b 5 Total. Add lines 1 through 4b Yes Sign 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 taxpayer) is based on all information of which preparer has any knowledge. May the IRS discuss this return the preparer shown below (see instructions)? Signature of officer Date Preparer's signature Date Check if PTIN Paid Print/Type preparer's name Preparer's signature Date Check if PTIN Self- employed Firm's name loss SOBEL AND CO., LLC CPA 'S Firm's EIN loss 22-143003 29.3 EISENHOWER PARKWAY Firm's address loss loss loss loss loss loss loss l			2						
4a Additional section 263A costs (att. schedule) 4a 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes 5 Total. Add lines 1 through 4b 5 the organization? May the iRS discuss 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 taxpayer) is based on all information of which preparer has any knowledge. May the iRS discuss this return the preparer shown below (see instructions)? X Yes Sign Print/Type preparer's name Preparer's signature Date Check if PTIN Paid RON MATAN Print/Type preparer's signature Date Check if P01277732 Firm's name ▶ SOBEL AND CO., LLC CPA'S Firm's EIN ▶ 22-143003 29.3 EISENHOWER PARKWAY Phone no. 973-994-9494	3 Cost of		3		from line 5. Ente	er here and in I	Part I, line 2	7	
b Other costs (attach schedule) 4b property produced or acquired for resale) apply to 5 Total. Add lines 1 through 4b 5 the organization? Sign 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 taxpayer) is based on all information of which preparer has any knowledge. May the IRS discuss this return the preparer shown below (see instructions)? X Yes Print/Type preparer's name Preparer's signature Date Check if PTIN Preparer Use Only Firm's name ▶ SOBEL AND CO., LLC CPA'S Firm's EIN ▶ 22-143003 22-143003 Phone no. 973-994-9494			4a						Yes N
5 Total. Add lines 1 through 4b 5 the organization? Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge. Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge. Sign Here PRESIDENT Signature of officer Date Print/Type preparer's name Preparer's signature Preparer's solutions)? X Yes Quese Only Firm's name > SOBEL AND CO., LLC CPA 'S Prim's address Firm's address LIVINGSTON, NJ 07039-1711 Phone no. 973-994-9494			4b						
Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge. May the IRS discuss this return the preparer shown below (see instructions)? X Yes Prind/Type preparer's name Preparer's signature Date Check if self- employed PTIN Firm's name ▶ SOBEL AND CO., LLC CPA'S Firm's EIN ▶ 22–143003 293 EISENHOWER PARKWAY Firm's address ▶ LIVINGSTON, NJ 07039–1711 Phone no. 973–994–9494			5			· ·	,,		
Algorith May the IRS discuss this return the preparer shown below (see instructions)? May the IRS discuss this return the preparer shown below (see instructions)? May the IRS discuss this return the preparer shown below (see instructions)? Paid Preparer Print/Type preparer's name Preparer's signature Date Check if self- employed PTIN Paid Preparer Use Only Firm's name ► SOBEL AND CO., LLC CPA'S Firm's EIN ► 22–143003 Firm's address ► LIVINGSTON, NJ 07039–1711 Phone no. 973–994–9494			that I have examin	ed this return, in					ef, it is true,
Print/Type preparer's name Preparer's signature Date Check if self- employed PTIN Print/Type preparer's name Preparer's signature Date Check if self- employed P01277732 Preparer Use Only Firm's name ► SOBEL AND CO., LLC CPA'S Firm's EIN ► 22-143003 Print/Type preparer's name PO1277732 Preparer Pint/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Date Check if self- employed Po1277732 Firm's name ► SOBEL AND CO., LLC CPA'S Firm's EIN ► 22-143003 Phone no. 973-994-9494	Sign	correct, and complete. Declaration of	r preparer (other th	ian taxpayer) is t	based on all information of which	n preparer has ar			
Signature of officer Date Title instructions)? X Yes Paid Print/Type preparer's name Preparer's signature Date Check if self- employed PTIN Preparer Use Only Firm's name ► SOBEL AND CO., LLC CPA'S Firm's EIN ► 22-143003 P01277732 Firm's address ► LIVINGSTON, NJ 07039-1711 Phone no. 973-994-9494	Here				PRES	IDENT		-	
Paid Preparer Use Only RON MATAN 11/14/16 self- employed Firm's name ▶ SOBEL AND CO., LLC CPA'S Firm's EIN ▶ 22-143003 293 EISENHOWER PARKWAY Phone no. 973-994-9494		Signature of officer		Date	Title		in	structions)?	Yes N
Paid Preparer Use Only RON MATAN 11/14/16 self- employed Firm's name ► SOBEL AND CO., LLC CPA'S Firm's EIN ► 22-143003 293 EISENHOWER PARKWAY Firm's address ► LIVINGSTON, NJ 07039-1711 Phone no. 973-994-9494		Print/Type preparer's name		Preparer's	signature	Date	Check	if PTIN	
Preparer RON MATAN 11/14/16 P01277732 Use Only Firm's name ► SOBEL AND CO., LLC CPA'S Firm's EIN ► 22-143003 293 EISENHOWER PARKWAY Firm's address ► LIVINGSTON, NJ 07039-1711 Phone no. 973-994-9494	Deid								
Firm's name SOBEL AND CO., LLC CPA'S Firm's EIN 22-143003 Use Only 293 EISENHOWER PARKWAY Phone no. 973-994-9494 Firm's address LIVINGSTON, NJ 07039-1711 Phone no. 973-994-9494		RON MATAN				11/14		P012	77732
293 EISENHOWER PARKWAY Firm's address LIVINGSTON, NJ 07039-1711 Phone no. 973-994-9494	•		ANDC	0., LL	C CPA'S				
Firm's address LIVINGSTON , NJ 07039-1711 Phone no. 973-994-9494	Use Unly								
							Phone no C	73-994	-9494
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	41114	758553 ISLESI	NC	2015.	04030 ISLES,	, INC			ISLESI

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Form 990-T (2015) ISLES, INC

22-2350832

Page 3

Schedule C - Rent Income	(Even Deel Drevent	v and Davaanal Dvanav	why I a a a a al With D.	a al Duana ant A (see instructions)
Schedule C - Rent Income	From Real Propert	v and Personal Prober	rtv Leased with R	
	(, and		

1. Description of property	-									
(1)										
(2)										
(3)										
(4)										
	2.							3(a) Deductions dire	ectly co	onnected with the income in
(a) From personal property (i rent for personal property 10% but not more th	is more than	age of 1	(b) F	f rent for pe	nd personal proper ersonal property ex is based on profit	ceeds 50%	centage or if	columns 2(a) and 2	2(b) (attach schedule)
(1)										
(2)										
(3)										
(4)			-							
(c) Total income. Add totals of co here and on page 1, Part I, line 6,							0.	(b) Total deduction: Enter here and on page Part I, line 6, column (B)	1, .	• 0.
Schedule E - Unrelated				e (see i	nstructions)		••	r arti, ine o, column (b)		
	Dest	manoca			istructions)			3. Deductions directly	connec	cted with or allocable
					2. Gross ind or allocable			to debt-fi	nanced	property
1. Description of	f debt-finance	ed property			financed		(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule) STATEMENT 1
(1) MILL ONE RENT	ΔΤ.				2	1,65	0.			149,099.
(2)						11,05				149,099.
(3)									_	
(4)										
4. Amount of average acquisition	1	5. Average	adjusted ba	isis	6. Column			7. Gross income		8. Allocable deductions
debt on or allocable to debt-financ property (attach schedule)	ea	debt-fina	Illocable to nced proper schedule)	ty	by colu	ımn 5		reportable (column 2 x column 6)		(column 6 x total of columns 3(a) and 3(b))
(1) 1,547,3	52.	1,	,038,	022.	10	0.009	%	21,65	50.	149,099.
(2)						Q	%			
(3)						C	%			
(4)						Q	%			
								nter here and on page 1, Part I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
Totals								21,65	50.	149,099.
Total dividends-received deduct										0.
Schedule F - Interest, /	Annuitie	es, Royal	-				-	nizations (see i	nstru	ctions)
				Exemp	t Controlled C	rganizatio		1-		
1. Name of controlled organizat	ion	2. Employer ide numb			3. related income ee instructions)		4. of specified nents made	5. Part of column included in the corrorganization's gross	ntrolling	connected with income
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organiz	zations									
7. Taxable Income		Inrelated incom see instructions		9 . Tot	al of specified pay made	ments	in the con	column 9 that is included trolling organization's ross income	11.	Deductions directly connected with income in column 10
(1)										
(2)										
(3)										
(4)										
							Enter here	olumns 5 and 10. and on page 1, Part I, e 8, column (A).	Er	Add columns 6 and 11. hter here and on page 1, Part I, line 8, column (B).
Totals								0.		0.
523721 01-06-16						F		•	-	Form 990-T (2015)

Form 990-T (2015)

Form 990-T (2015) ISLES, INC

22-2350832

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

1. Description of income	2. Amount of income	 Deductions directly connected (attach schedule) 	4. Set-asides (attach schedule)	 Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals 🕨 🕨	0.	0.				0.

Schedule J - Advertising income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ►	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising		4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		rculation come	6.	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)									
(2)									
(3)									
(4)									
Totals from Part I	0.		0.						0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here a page 1, Pa line 11, col	art I,						Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) 🕨	0.		0.						0.
Schedule K - Compensatio	n of Officers,	Directors	s, and	d Trustees (see ir	nstructio	ns)			
1. Name				2. Title		3. Percer time devot busines	ed to		ensation attributable related business
(1)							%		
(2)							%		
(3)							%		
(4)							%		
Total. Enter here and on page 1, Part II, I	ine 14						►		0.
									Form 990-T (2015)

16441114 758553 ISLESINC

ISLES,	INC
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22-2350832

FORM 990-T SC	HEDULE E - OTHER	DEDUCTIONS		STATEMENT	1
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
PROPERTY MAINTENANCE AND	SUPPLIES - SUBTOTAL -	1	149,099.	149,09	99.
TOTAL OF FORM 990-T, SCH	EDULE E, COLUMN	3(B)		149,09	99.

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the or	ginal (no copies needed).
	Enter fil	er's identifying number, see instructions
Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
print File by the	ISLES, INC	22-2350832
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. 10 WOOD STREET	Social security number (SSN)
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TRENTON , NJ 08618	

Enter the Return code for the return that this application is for (file a separate application for each return)		0	1
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BTOM 000e From 900 or Form 990-EZ 01 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 720 (other than individual) 09 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 800 or Form 980-T 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 800 or Form 800 or Form 8870 12 STOPL Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. THE ORGANIZATION • The books are in the care of > 10 WODD STREET - TRENTON, NJ 08618	Appl Is Fo	ication	Return Code	Application Is For			Return Code	
Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-FF 04 Form 8227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8069 11 Form 990-T (sec. 401(a) or 408(a) trust) 06 Form 8069 11 Form 990-T (trust other than above) 06 Form 8870 12 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. THE organization does not have an office or place of business in the United States, check this box			-				Code	
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 8005 11 Form 990-T (trust other than above) 06 Form 8870 12 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. THE DGR 37.24 TREATION • 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 ▶	-			Form 10/1-A		08		
Form 990-PF 04 Form 5227 10 Form 990-T (tesc. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. 12 THE ORGANIZATION 06 Form 8070 12 The books are in the care of ▶ 10 WOOD STREET - TRENTON, NJ 08618								
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