

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

# 2012

Open to Public Inspection

### A For the 2012 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ISLES, INC</b>		<b>D</b> Employer identification number <b>22-2350832</b>
	Doing Business As		<b>E</b> Telephone number <b>609-341-4700</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>5,850,579.</b>
	<b>10 WOOD STREET</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City, town, or post office, state, and ZIP code <b>TRENTON, NJ 08618</b>		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No," attach a list. (see instructions)
<b>F</b> Name and address of principal officer: <b>MARTIN JOHNSON</b> <b>SAME AS C ABOVE</b>			<b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <b>WWW.ISLES.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1981</b>
			<b>M</b> State of legal domicile: <b>NJ</b>

### Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO OFFER SERVICES IN LOW-INCOME COMMUNITIES (IN THE TRENTON AND THE SURROUNDING AREA) TO ADDRESS</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>18</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>17</b>
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>	<b>107</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>217</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 6,379,497.	<b>Current Year</b> 5,079,426.
	<b>9</b> Program service revenue (Part VIII, line 2g)	432,339.	393,305.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	144.	70,169.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-31,150.	-223,319.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,780,830.	5,319,581.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	80,829.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,249,982.	2,618,623.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>262,433.</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,323,745.	2,157,279.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,654,556.	4,775,902.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	1,126,274.	543,679.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 12,870,235.	<b>End of Year</b> 13,218,180.
	<b>21</b> Total liabilities (Part X, line 26)	1,655,973.	1,502,066.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	11,214,262.	11,716,114.

### Part II Signature Block

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

<b>Sign Here</b>	Signature of officer		Date		
	<b>MARTIN JOHNSON, PRESIDENT AND CEO</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>RON MATAN</b>		<b>11/15/13</b>		<b>P01277732</b>
Firm's name ▶ <b>SOBEL AND CO., LLC CPA'S</b>		Firm's EIN ▶ <b>22-1430039</b>			
Firm's address ▶ <b>293 EISENHOWER PARKWAY</b> <b>LIVINGSTON, NJ 07039-1711</b>		Phone no. <b>973-994-9494</b>			

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question 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 No

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

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

4a (Code: ) (Expenses \$ 3,485,072. including grants of \$ ) (Revenue \$ 396,171. ) FOUNDED IN 1981, ISLES, INC. IS A SELF-HELP, URBAN GREEN DEVELOPMENT ORGANIZATION IN TRENTON, NJ. ISLES DEVELOPS COST EFFECTIVE, POWERFUL WAYS TO STRENGTHEN PEOPLE AND PLACES IN CHALLENGING URBAN SETTINGS. ISLES REVITALIZES COMMUNITIES BY DEVELOPING GREEN AFFORDABLE HOMES, PARKS, AND COMMUNITY AGRICULTURE; TRAINS AND EDUCATES YOUTH AND ADULTS THROUGH A VOCATIONAL SCHOOL AND GREEN JOB TRAINING CENTER; BUILDS WEALTH BY SUPPORTING SOCIAL ENTERPRISES AND OTHER FINANCIAL AND CREDIT BUILDING SERVICES; AND STIMULATES GREEN, HEALTHY LIVING BY FOSTERING ENERGY EFFICIENCY AND PROMOTING HEALTHY LIFESTYLES.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 3,485,072.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	X	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Main form area containing questions 1a through 14b with Yes/No columns and data entry fields. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 720, and Form 709.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (18), 1b (17), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NJ
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: THE ORGANIZATION - 609-341-4700 10 WOOD STREET, TRENTON, NJ 08618

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

Check if Schedule O contains a response to any question in this Part VII

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MANISH H. SHAH TREASURER	1.00	X		X				0.	0.	0.
(2) LIZ ERICKSON SECRETARY	1.00	X		X				0.	0.	0.
(3) ANN MARIE SENIOR VICE CHAIR	1.00	X		X				0.	0.	0.
(4) STEVEN GOODELL, ESQ. BOARD CHAIR	1.00	X		X				0.	0.	0.
(5) EDWARD J. BUTLER TRUSTEE	0.50	X						0.	0.	0.
(6) FRANCIS BLANCO TRUSTEE	0.50	X						0.	0.	0.
(7) TOM BYRNE TRUSTEE	0.50	X						0.	0.	0.
(8) ZANE DION CLARK TRUSTEE	0.50	X						0.	0.	0.
(9) BARBARA COE TRUSTEE	0.50	X						0.	0.	0.
(10) MICHAEL DUNDAS TRUSTEE	0.50	X						0.	0.	0.
(11) STUART M. ESSIG TRUSTEE	0.50	X						0.	0.	0.
(12) ROBERT H. HARRIS TRUSTEE	0.50	X						0.	0.	0.
(13) KAREN HERNANDEZ-GRANZEN TRUSTEE	0.50	X						0.	0.	0.
(14) JACQUE P. HOWARD TRUSTEE	0.50	X						0.	0.	0.
(15) MICHELE MINTER TRUSTEE	0.50	X						0.	0.	0.
(16) OYE OLUKOTUN TRUSTEE	0.50	X						0.	0.	0.
(17) SA MUT A. SCOTT TRUSTEE	0.50	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARTIN JOHNSON PRESIDENT AND CEO	35.00 5.00	X		X				98,942.	0.	31,462.
(19) RONALD ZILINSKI CFO & ASSISTANT TREASURER	34.00 6.00			X				59,490.	0.	975.
(20) PETER ROSE MANAGING DIRECTOR, COMMUNITY ENTERPR	16.00 24.00			X				69,380.	0.	7,565.
(21) JULIA TAYLOR MANAGING DIRECTOR, PLANNING & DEVELO	38.00 2.00			X				68,475.	0.	7,312.
(22) YUKI LAURENTI MANAGING DIRECTOR, RESOURCE DEVELOPM	40.00			X				78,996.	0.	1,713.
(23) GAIL BROOKS PRINCIPAL YOUTHBUILD INSTITUTE	40.00			X				79,675.	0.	6,005.
(24) RICHARD OBER GENERAL COUNSEL & ASSISTANT SECRETAR	30.00 5.00			X				21,345.	0.	612.
<b>1b Sub-total</b>								476,303.	0.	55,644.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								476,303.	0.	55,644.

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
RUSLING PAVING AND CONCRETE LLC 8 IRVEN STREET, TRENTON, NJ 08638	CONSTRUCTION	278,561.
ST. JOSEPH CONTRACTOR, CORP. 440 MERCER STREET, HAMILTON, NJ 08690	CONSTRUCTION	129,111.
CROXTON COLLABORATIVE ARCHITECT, LLC, 475 5TH AVENUE 22ND FLOOR, NEW YORK, NY 10017	ARCHITECTURE	123,704.
YOUR PART-TIME CONTROLLER, 1500 WALNUT STREET, SUITE 1200, PHILADELPHIA, PA 19102	ACCOUNTING	108,511.

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 **4**



**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>	44,125.			
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	2,743,820.			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	2,291,481.			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		22,539.			
	<b>h Total.</b> Add lines 1a-1f		5,079,426.			
	Program Service Revenue	<b>2 a</b> PROGRAM FEES	Business Code 900099	386,805.	386,805.	
<b>b</b> CONSULTING FEES		900099	6,500.	6,500.		
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f			393,305.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		22,739.		22,739.	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6 a</b> Gross rents	(i) Real	24,000.			
		(ii) Personal				
		<b>b</b> Less: rental expenses	243,738.			
		<b>c</b> Rental income or (loss)	-219,738.			
	<b>d</b> Net rental income or (loss)		-219,738.		-219,738.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other	307,137.			
		<b>b</b> Less: cost or other basis and sales expenses		259,707.		
		<b>c</b> Gain or (loss)		47,430.		
	<b>d</b> Net gain or (loss)		47,430.		47,430.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 44,125. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	21,106.			
		<b>b</b> Less: direct expenses	27,553.			
<b>c</b> Net income or (loss) from fundraising events			-6,447.		-6,447.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
	<b>b</b> Less: direct expenses					
	<b>c</b> Net income or (loss) from gaming activities					
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
	<b>b</b> Less: cost of goods sold					
	<b>c</b> Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
<b>11 a</b> OTHER		900099	2,866.	2,866.		
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d		2,866.			
<b>12 Total revenue.</b> See instructions.		5,319,581.	396,171.	0.	-156,016.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX  X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	531,947.	335,770.	153,014.	43,163.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,671,863.	1,085,334.	440,056.	146,473.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,503.		2,503.	
9 Other employee benefits	211,759.	173,293.	29,116.	9,350.
10 Payroll taxes	200,551.	131,320.	51,546.	17,685.
11 Fees for services (non-employees):				
a Management	53,269.	53,036.	233.	
b Legal	8,156.	1,895.	6,261.	
c Accounting	57,625.	15,000.	42,625.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,581,389.	1,436,877.	128,338.	16,174.
12 Advertising and promotion	1,000.	441.	534.	25.
13 Office expenses	124,455.	69,420.	43,172.	11,863.
14 Information technology	99,960.	56,883.	30,852.	12,225.
15 Royalties				
16 Occupancy				
17 Travel	16,370.	13,678.	2,692.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	65,558.	60,764.	4,446.	348.
20 Interest	3,813.		3,813.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	52,789.		52,789.	
23 Insurance	65,032.	45,607.	19,425.	
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 O.)				
a LICENSING FEES	8,761.	3,158.	5,603.	
b CONTRIBUTIONS	8,281.	0.	8,281.	
c STUDENT TRAINING AND TR	5,000.			5,000.
d MEETING EXPENSE	3,886.	736.	3,098.	52.
e All other expenses	1,935.	1,860.		75.
25 Total functional expenses. Add lines 1 through 24e	4,775,902.	3,485,072.	1,028,397.	262,433.
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)

**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	969,957.	1	777,162.	
	<b>2</b> Savings and temporary cash investments .....	303.	2	303.	
	<b>3</b> Pledges and grants receivable, net .....	2,232,920.	3	865,964.	
	<b>4</b> Accounts receivable, net .....	3,285,183.	4	3,997,887.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		6		
	<b>7</b> Notes and loans receivable, net .....	25,129.	7	25,129.	
	<b>8</b> Inventories for sale or use .....		8		
	<b>9</b> Prepaid expenses and deferred charges .....	8,232.	9	20,930.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 6,505,147.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 551,772.	5,670,814.	<b>10c</b>	5,953,375.
	<b>11</b> Investments - publicly traded securities .....	379,023.	11	1,316,444.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	297,874.	12	260,186.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		13		
	<b>14</b> Intangible assets .....		14		
	<b>15</b> Other assets. See Part IV, line 11 .....	800.	15	800.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	12,870,235.	16	13,218,180.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	421,610.	17	553,792.	
	<b>18</b> Grants payable .....		18		
	<b>19</b> Deferred revenue .....	611,226.	19	262,062.	
	<b>20</b> Tax-exempt bond liabilities .....		20		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		21		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	175,129.	23	175,129.	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		24		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	448,008.	25	511,083.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,655,973.	26	1,502,066.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	5,186,695.	27	4,952,069.	
	<b>28</b> Temporarily restricted net assets .....	5,452,524.	28	5,363,401.	
	<b>29</b> Permanently restricted net assets .....	575,043.	29	1,400,644.	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		30		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		31		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		32		
	<b>33</b> Total net assets or fund balances .....	11,214,262.	33	11,716,114.	
<b>34</b> Total liabilities and net assets/fund balances .....	12,870,235.	34	13,218,180.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

Table with 10 rows and 2 columns. Row 1: Total revenue 5,319,581. Row 2: Total expenses 4,775,902. Row 3: Revenue less expenses 543,679. Row 4: Net assets at beginning 11,214,262. Row 5: Net unrealized gains -41,827. Row 10: Net assets at end of year 11,716,114.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

Table with 3 columns: Question, Yes, No. Row 1: Accounting method (Accrual checked). Row 2a: Financial statements compiled (Yes checked). Row 2b: Financial statements audited (Yes checked). Row 2c: Committee oversight (Yes checked). Row 3a: Federal award audit (Yes checked). Row 3b: Required audit (Yes checked).

Form 990 (2012)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	<b>11g(i)</b>	
(ii) A family member of a person described in (i) above? .....	<b>11g(ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11g(iii)</b>	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2012

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	8586804.	1864394.	6851752.	6379497.	5079426.	28761873.
2 Tax revenues levied for the organization'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 <b>Total.</b> Add lines 1 through 3 .....	8586804.	1864394.	6851752.	6379497.	5079426.	28761873.
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 <b>Public support.</b> Subtract line 5 from line 4.						28761873.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4 .....	8586804.	1864394.	6851752.	6379497.	5079426.	28761873.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	11,990.	120,131.	101,181.	29,688.	46,739.	309,729.
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 IV.) .....	7,906.	8,277.	6,691.			22,874.
11 <b>Total support.</b> Add lines 7 through 10						29094476.
12 Gross receipts from related activities, etc. (see instructions) .....					12	7,201,443.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....	<input type="checkbox"/>					

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

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) .....	14	98.86	%
15 Public support percentage from 2011 Schedule A, Part II, line 14 .....	15	98.93	%
16a <b>33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
b <b>10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**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.

OMB No. 1545-0047

**2012**

Name of the organization

ISLES, INC

Employer identification number

22-2350832

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**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 Part I, line 2 of its Form 990-PF, 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) (2012)



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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JOHNSON FAMILY 62 LAMBERTVILLE-HOPEWELL ROAD HOPEWELL, NJ 08525	\$ 1,025,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	HAWTHORN PNC FAMILY FOUNDATION 3550 LANDER ROAD PEPPER PIKE, OH 44124	\$ 184,416.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	U.S. DEPARTMENT OF LABOR 200 CONSTITUTION AVENUE, NW WASHINGTON, DC 20210	\$ 401,155.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	STATE OF NJ - DEPARTMENT OF LAW AND PUBLIC SAFETY 25 MARKET STREET TRENTON, NJ 08625	\$ 184,606.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	STATE OF NJ - OFFICE OF ATTORNEY GENERAL 25 MARKET STREET TRENTON, NJ 08625	\$ 220,329.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	ROBERT WOOD JOHNSON FOUNDATION ROUTE 1 AND COLLEGE ROAD EAST, PO BOX 2316 PRINCETON, NJ 08543	\$ 129,972.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>ISLES, INC</b>	Employer identification number <b>22-2350832</b>
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**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	STATE OF NJ - DEPARTMENT OF COMMUNITY AFFAIRS  101 SOUTH BROAD STREET  TRENTON, NJ 08625	\$ 1,180,638.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

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

Name of organization <b>ISLES, INC</b>	Employer identification number <b>22-2350832</b>
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**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Name of the organization

ISLES, INC

Employer identification number

22-2350832

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

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

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

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

Yes  No

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

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

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

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

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

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

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

▶ \$ \_\_\_\_\_

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	575,043.	525,000.			
b Contributions	825,601.	50,043.			
c Net investment earnings, gains, and losses	21,973.				
d Grants or scholarships					
e Other expenditures for facilities and programs	21,973.				
f Administrative expenses					
g End of year balance	1,400,644.	575,043.			

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  0.00 %
- b Permanent endowment  100.00 %
- c Temporarily restricted endowment  0.00 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)	X	
3b	X	

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		67,000.		67,000.
b Buildings		5,956,030.	145,006.	5,811,024.
c Leasehold improvements				
d Equipment		308,308.	267,878.	40,430.
e Other		173,809.	138,888.	34,921.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				5,953,375.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION LIABILITY	511,083.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	511,083.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	

**Part XIII Supplemental Information**

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

**PART V, LINE 4: THE ORGANIZATION'S ENDOWMENT FUNDS ARE TO BE USED FOR**

**THE ISLES YOUTH CENTERED SERVICES AND TO CREATE CAPITAL.**

**PART X, LINE 2: THE INTERNAL REVENUE SERVICE HAS RECOGNIZED ISLES,**

**INC. AS TAX EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.**

**CHESTNUT MONMOUTH FAMILY HOUSING, LLC, ISLES JOHNSTON AVE UNIT A, LLC, AND**

**ISLES JOHNSTON AVE UNIT B, LLC ARE TAXED AS PARTNERSHIPS. ACCORDINGLY, ANY**



**Part XIII** Supplemental Information (continued)

INCOME OR LOSS IS REFLECTED ON THE TAX RETURNS OF THE RESPECTIVE MEMBERS. SINCE THESE PARTNERSHIPS ARE WHOLLY OWNED BY ISLES, INC., THEY ARE CONSIDERED DISREGARDED ENTITIES FOR TAX PURPOSES.

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 2012 AND 2011. THE TAX YEARS SUBJECT TO AUDIT BY FEDERAL AND STATE JURISDICTIONS ARE THE YEARS ENDED DECEMBER 31, 2009, AND FORWARD. AT DECEMBER 31, 2012 AND 2011, THERE ARE NO SIGNIFICANT INCOME TAX UNCERTAINTIES.



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		HARVEST EVENT (event type)	GOLF EVENT (event type)	1 (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts .....	25,843.	32,840.	6,548.	65,231.
	<b>2</b> Less: Contributions .....	23,780.	20,345.		44,125.
	<b>3</b> Gross income (line 1 minus line 2) .....	2,063.	12,495.	6,548.	21,106.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	450.	7,000.	177.	7,627.
	<b>7</b> Food and beverages .....	1,530.	2,400.		3,930.
	<b>8</b> Entertainment .....	325.			325.
	<b>9</b> Other direct expenses .....	5,708.	6,875.	3,088.	15,671.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				( 27,553 )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....				-6,447.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				( )	
<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 .....					

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

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

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity operated in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

ISLES, INC

Employer identification number

22-2350832

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

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

RECENT HIGHLIGHTS INCLUDE, 1) ADDING FOUR NEW GARDENS IN TRENTON; 2)  
PROVIDING GREEN JOB TRAINING AND/OR CERTIFICATION OF 300 PEOPLE IN  
GREEN BUILDING SCIENCE, ENERGY EFFICIENCY, AND HEALTHY HOME  
ENVIRONMENTS; 3) TWELVE ISLES FINANCIAL SOLUTIONS MEMBERS RECEIVED  
SPRINGBOARD AND EMERGENCY LOANS AND SAVED A TOTAL OF \$65,000 IN FEES  
AND INTEREST PAYMENTS. FIFTY PERCENT OF MEMBERS INCREASED THEIR CREDIT  
SCORES BY 100 POINTS AND FIFTY PERCENT OF MEMBERS ACHEIVED A SAVINGS  
GOAL OF \$500; 4) ACHEIVED 27 POSITIVE OUTCOMES FOR FORCLOSURE CUSTOMERS  
THAT INCLUDED MORTGAGE MODIFICATION, FORBEARANCE AGREEMENTS, AND  
REINSTATEMENT.

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS PROVIDED TO THE CHIEF  
FINANCIAL OFFICER, RONALD ZILINSKI, FOR REVIEW BEFORE IT IS FILED. AFTER  
THE REVIEW, IT IS FORWARDED TO THE BOARD FOR APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C: EACH DIRECTOR, PRINCIPAL OFFICER  
AND MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A  
STATEMENT WHICH AFFIRMS THAT SUCH PERSON:

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

B.HAS READ AND UNDERSTANDS THE POLICY,

C.HAS AGREED TO COMPLY WITH THE POLICY, AND

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

Schedule O (Form 990 or 990-EZ) (2012)

232211  
01-04-13

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

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

FORM 990, PART VI, SECTION B, LINE 15: THE PROCESS FOR DETERMINING COMPENSATION INVOLVES AN ANNUAL REVIEW OF INDIVIDUAL PERFORMANCE AND COMPARISON OF PRESENT COMPENSATION TO MARKET DATA.

FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION MAKES ITS FORM 1023 AND 990 AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST AND VIA WWW.GUIDESTAR.ORG.

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:

OTHER:

PROGRAM SERVICE EXPENSES	109,254.
MANAGEMENT AND GENERAL EXPENSES	7,707.
FUNDRAISING EXPENSES	6,424.
TOTAL EXPENSES	123,385.

CONSULTING:

PROGRAM SERVICE EXPENSES	73,938.
MANAGEMENT AND GENERAL EXPENSES	38,400.
FUNDRAISING EXPENSES	9,750.
TOTAL EXPENSES	122,088.

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

PROGRAM SERVICE EXPENSES	4,751.
MANAGEMENT AND GENERAL EXPENSES	82,207.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	86,958.

## TRAINING/TESTING FEES:

PROGRAM SERVICE EXPENSES	184,537.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	184,537.

## SUB CONTRACTOR FEES:

PROGRAM SERVICE EXPENSES	922,778.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	922,778.

## SUB GRANTEE:

PROGRAM SERVICE EXPENSES	128,598.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	128,598.

## OUTSIDE EDUCATIONAL SERVICES:

PROGRAM SERVICE EXPENSES	13,021.
MANAGEMENT AND GENERAL EXPENSES	24.

Name of the organization <b>ISLES, INC</b>	Employer identification number <b>22-2350832</b>
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FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 13,045.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 1,581,389.

FORM 990, PART XII LINE 2C

OVERSIGHT OF AUDIT

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.



**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CHESTNUT MONMOUTH FAMILY HOUSING, LLC - 22-3710194, 10 WOOD STREET, TRENTON, NJ 08618	GENERAL PARTNER OF CHESTNUT MONMOUTH URBAN RENEWAL APARTMENTS, LP	NEW JERSEY	0.	0.	ISLES, INC.
ISLES JOHNSTON AVENUE UNIT A, LLC - 99-9999999, 10 WOOD STREET, TRENTON, NJ 08618	CONDOMINIUM	NEW JERSEY	18,000.	4,119,624.	ISLES, INC.
ISLES JOHNSTON AVENUE UNIT B, LLC - 99-9999999, 10 WOOD STREET, TRENTON, NJ 08618	CONDOMINIUM	NEW JERSEY	6,000.	1,373,208.	ISLES, INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ISLES COMMUNITY FOUNDATION, INC. - 37-1420125, 10 WOOD STREET, TRENTON, NJ 08618	MANAGES INVESTMENT ACTIVITY FOR ISLES INC.	NEW JERSEY	501(C)(3)	LINE 11C, III-FI	ISLES INC	X	
ISLES PROPERTIES, INC. - 55-0799217 10 WOOD STREET TRENTON, NJ 08618	HOLDING COMPANY OF REAL ESTATE PROPERTY FOR ISLES, INC.'S EXEMPT PURPOSE	NEW JERSEY	501(C)(2)		ISLES INC	X	
ISLES E4, INC - 27-0375809 10 WOOD STREET TRENTON, NJ 08618	WEATHERIZATION SERVICES TO LOW INCOME HOUSEHOLDS	NEW JERSEY	501(C)(3)	LINE 9	ISLES INC	X	
ISLES COMMUNITY ENTERPRISES CORP. - 26-2483265, 10 WOOD STREET, TRENTON, NJ 08618	PROVIDES EDUCATION, TRAINING, AND FINANCING TO DISTRESSED COMMUNITIES	NEW JERSEY	501(C)(3)	LINE 9	ISLES INC	X	

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

Schedule R (Form 990) 2012







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

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

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

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

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ISLES E4, INC.	D	150,000.	LOAN
(2) ISLES COMMUNITY FOUNDATION INC.	E	204,451.	LOAN
(3) ISLES PROPERTIES, INC.	D	2,414,522.	LOAN
(4) ISLES E4, INC.	D	707,377.	LOAN
(5) ISLES MILL 57	D	443,102.	LOAN
(6) ISLES COMMUNITY ENTERPRISES CORP.	D	44,463.	LOAN



**Part VII** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Multiple horizontal lines for supplemental information.

2012 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS											
64	BUILDING AND IMPROVEMENTS	030185	SL	20.00	16	49,560.			49,560.	49,560.		0.
65	IMPROVEMENTS	041495	SL	39.00	16	67,165.			67,165.	29,856.		1,723.
66	IMPROVEMENTS	070795	SL	39.00	16	42,825.			42,825.	18,762.		1,098.
	IMPROVEMENTS- 10											
67	WOOD IMPROVEMENTS- 10	072195	SL	39.00	16	1,025.			1,025.	447.		26.
68	WOOD IMPROVEMENTS- 10	090895	SL	39.00	16	60,211.			60,211.	26,123.		1,543.
69	WOOD IMPROVEMENTS- 10	091595	SL	39.00	16	3,814.			3,814.	1,654.		98.
70	WOOD IMPROVEMENTS- 10	092095	SL	39.00	16	193.			193.	84.		4.
71	WOOD IMPROVEMENTS- 10	092195	SL	39.00	16	2.			2.	1.		1.
72	WOOD IMPROVEMENTS- 10	092195	SL	39.00	16	204.			204.	88.		5.
73	WOOD IMPROVEMENTS- 10	092295	SL	39.00	16	4.			4.	1.		1.
74	WOOD IMPROVEMENTS- 10	092595	SL	39.00	16	15.			15.	6.		1.
75	PLATINUM PLUS	030705	SL	35.00	16	-198.			-198.	-38.		-6.
76	DEPOSIT	121905	SL	35.00	16	-250.			-250.	-43.		-7.
77	114 N MONTGOMERY IMPROVEMENTS	102102	SL	40.00	16	3,865.			3,865.	3,439.		97.
78	114 N MONTGOMERY IMPROVEMENTS	111802	SL	40.00	16	3,560.			3,560.	1,109.		89.
79	WOOD ST CARPET	012302	SL	5.00	16	7,006.			7,006.	7,006.		0.
80	ELECTRIC WORK	021903	SL	40.00	16	2,240.			2,240.	496.		56.



2012 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
81	SECURITY SYSTEM	03/24/03	SL	40.00	16	2,595.			2,595.	569.		65.
82	SECURITY SYSTEM	06/25/03	SL	40.00	16	120.			120.	25.		3.
83	SECURITY SYSTEM	07/07/03	SL	40.00	16	4,485.			4,485.	952.		112.
	* 990 PAGE 10 TOTAL											
	BUILDINGS					248,441.		0.	248,441.	140,097.	0.	4,909.
	MACHINERY & EQUIPMENT											
	COMPUTER WITH SOFTWARE											
2	SOFTWARE	02/15/00	SL	5.00	16	1,550.			1,550.	1,550.		0.
33	COMPUTERS	02/15/00	SL	5.00	16	2,370.			2,370.	2,370.		0.
43	MONITORS	04/18/00	SL	5.00	16	450.			450.	450.		0.
	COMPUTER WITH SOFTWARE											
5	SOFTWARE	05/26/00	SL	5.00	16	2,509.			2,509.	2,509.		0.
	COMPUTER WITH SOFTWARE											
6	SOFTWARE	06/15/00	SL	5.00	16	2,874.			2,874.	2,874.		0.
7	LAPTOP COMPUTER	06/30/00	SL	5.00	16	2,750.			2,750.	2,750.		0.
85	COMPUTERS	09/12/00	SL	5.00	16	4,865.			4,865.	4,865.		0.
94	COMPUTERS	01/24/01	SL	5.00	16	2,876.			2,876.	2,876.		0.
10	PERSONAL COMPUTER	04/17/01	SL	5.00	16	1,380.			1,380.	1,380.		0.
	PERSONAL COMPUTER \$											
11	NIC	06/01/01	SL	5.00	16	2,190.			2,190.	2,190.		0.
12	CPU	09/23/02	SL	5.00	16	1,497.			1,497.	1,497.		0.
13	DESKTOP COMPUTER	07/10/02	SL	5.00	16	1,300.			1,300.	1,300.		0.
14	WINTERM	03/18/03	SL	5.00	16	1,548.			1,548.	1,548.		0.

2012 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
15	COMPUTER EQUIPMENT AND SOFTWARE	0901103	SL	5.00	16	2,297.			2,297.	2,297.		0.
16	COMPUTER EQUIPMENT INTERACTIVE MAPS	100404	SL	5.00	16	2,061.			2,061.	2,061.		0.
17	SITE	112204	SL	5.00	16	3,500.			3,500.	3,500.		0.
18	COMPUTERS	061404	SL	5.00	16	2,485.			2,485.	2,485.		0.
19	DELL COMPUTER	032205	SL	5.00	16	2,630.			2,630.	2,630.		0.
20	DELL COMPUTER	120505	SL	5.00	16	1,880.			1,880.	1,880.		0.
21	DELL COMPUTER	010106	SL	5.00	16	1,882.			1,882.	1,882.		0.
22	PC CONNECTION	112106	SL	5.00	16	9,059.			9,059.	9,059.		0.
23	JMT CONSULTING	113006	SL	5.00	16	29,570.			29,570.	29,570.		0.
24	A PHASE ELECTRIC	112206	SL	5.00	16	2,595.			2,595.	2,595.		0.
25	ETO SOFTWARE	030606	SL	5.00	16	6,000.			6,000.	6,000.		0.
26	OFFICE FURNITURE	012494	SL	5.00	16	383.			383.	383.		0.
27	EQUIPMENT	122094	SL	5.00	16	4,500.			4,500.	4,500.		0.
28	EQUIPMENT	011995	SL	5.00	16	1,000.			1,000.	1,000.		0.
29	EQUIPMENT	021395	SL	5.00	16	828.			828.	828.		0.
30	APPLIANCES	070695	SL	5.00	16	725.			725.	725.		0.
31	APPLIANCES	090195	SL	5.00	16	489.			489.	489.		0.
32	SECURITY SYSTEM	091595	SL	5.00	16	2,326.			2,326.	2,326.		0.

2012 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
33	APPLIANCES	091995	SL	5.00	16	759.			759.	759.		0.
34	APPLIANCES	091995	SL	5.00	16	249.			249.	249.		0.
35	APPLIANCES	092595	SL	5.00	16	229.			229.	229.		0.
36	FURNITURE	061901	SL	5.00	16	5,050.			5,050.	5,050.		0.
37	PROJECTOR	111102	SL	5.00	16	2,670.			2,670.	2,670.		0.
38	CABINETS	110702	SL	5.00	16	1,570.			1,570.	1,570.		0.
39	FURNITURE	121802	SL	5.00	16	2,000.			2,000.	2,000.		0.
40	PHONE SYSTEM	052903	SL	5.00	16	21,465.			21,465.	21,465.		0.
41	PHONE SYSTEM	052903	SL	5.00	16	299.			299.	299.		0.
42	PHONE SYSTEM	053003	SL	5.00	16	2,400.			2,400.	2,400.		0.
43	PHONE SYSTEM	060403	SL	5.00	16	5,145.			5,145.	5,145.		0.
44	PHONE SYSTEM	060603	SL	5.00	16	250.			250.	250.		0.
45	PHONE SYSTEM	060903	SL	5.00	16	932.			932.	932.		0.
46	PHONE SYSTEM	061303	SL	5.00	16	623.			623.	623.		0.
47	PHONE SYSTEM	062003	SL	5.00	16	353.			353.	353.		0.
48	PHONE SYSTEM	062303	SL	5.00	16	375.			375.	375.		0.
49	PHONE SYSTEM	063003	SL	5.00	16	255.			255.	255.		0.
50	PHONE SYSTEM	063003	SL	5.00	16	781.			781.	781.		0.

2012 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
51	PHONE SYSTEM	070203	SL	5.00	16	1,000.			1,000.	1,000.		0.
52	97 NIFTY LIFT	012103	SL	5.00	16	6,800.			6,800.	6,800.		0.
53	OUTDOOR EQUIPMENT	052103	SL	5.00	16	2,700.			2,700.	2,700.		0.
54	FURNITURE	111104	SL	5.00	16	3,853.			3,853.	3,853.		0.
55	CABINETS	121104	SL	5.00	16	1,561.			1,561.	1,561.		0.
56	FURNITURE	030304	SL	5.00	16	19,795.			19,795.	19,795.		0.
57	2 WORKSTATIONS	030205	SL	5.00	16	2,284.			2,284.	2,284.		0.
58	ID WHOLESALER	020706	SL	5.00	16	1,707.			1,707.	1,707.		0.
59	JMT- MIP SOFTWARE	033007	SL	5.00	16	4,620.			4,620.	4,620.		0.
60	JMT- MIP SOFTWARE	050907	SL	5.00	16	1,540.			1,540.	1,540.		0.
61	PLAT PLUS HEIM	062707	SL	5.00	16	2,132.			2,132.	1,919.		213.
62	DELL	092807	SL	5.00	16	2,535.			2,535.	2,282.		253.
63	PC CONNECTION	032907	SL	5.00	16	5,837.			5,837.	5,253.		584.
102	CDW DIRECT (NETWORKING)	070109	SL	5.00	16	12,680.			12,680.	6,340.		2,536.
104	COMM-TECHAV (AV SETUP TUCKER)	070109	SL	5.00	16	13,600.			13,600.	6,800.		2,720.
105	COMPUTER NETWORK (PRO-VANTAGE HEIM C)	070109	SL	5.00	16	3,594.			3,594.	1,798.		718.
106	COMPUTER NETWORK (TECH-SOUP JERRY CC)	070109	SL	5.00	16	792.			792.	396.		158.
107	FLOOR BOX SYSTEM	070109	SL	5.00	16	10,214.			10,214.	5,108.		2,042.

2012 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
108	RACKS AND ACCESSORIES (SETT L	070109	SL	5.00	16	5,819.			5,819.	2,910.		1,163.
109	RESOURCE INTERIOURS (FURNITURE TUCKER)	070109	SL	5.00	16	25,057.			25,057.	12,529.		5,011.
111	SERVER TERMINAL	VARIES	SSL	5.00	16	9,198.			9,198.	4,596.		3,069.
112	COMPUTER EQUIPMENT	VARIES	SSL	5.00	16	10,691.			10,691.	1,782.		3,563.
114	COMPUTER EQUIPMENT	092812	SL	5.00	16	1,606.			1,606.			83.
115	SEMPERON-TELEPHONE	101912	SL	5.00	16	10,475.			10,475.			418.
116	SEMPERON-TELEPHONE	121412	SL	5.00	16	444.			444.			0.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					308,308.		0.	308,308.	245,347.	0.	22,531.
	LAND											
110	LAND	VARIES		.000	16	67,000.			67,000.			0.
	* 990 PAGE 10 TOTAL LAND					67,000.		0.	67,000.	0.	0.	0.
	OTHER CONSTRUCTION IN PROGRESS											
1	PROGRESS	VARIES	SSL	40.00	16	5696389.			5696389.			0.
842	2001 DODGE RAM	091901	SL	5.00	16	17,600.			17,600.	17,600.		0.
851	1997 DODGE RAM	061901	SL	5.00	16	8,000.			8,000.	8,000.		0.
862	2003 HONDA ODYSSEY	060703	SL	5.00	16	23,340.			23,340.	23,340.		0.
872	2007 HONDA PRIUS	010107	SL	5.00	16	23,393.			23,393.	23,393.		0.
882	2008 TOYOTA TRUCK	070108	SL	5.00	16	15,500.			15,500.	10,850.		3,100.

2012 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
89	2008 CHEVY 15 PASSENGER	02/01/09	SL	5.00	16	20,295.			20,295.	10,147.		4,060.
100	2005 FORD CARGO VAN	11/01/09	SL	5.00	16	10,000.			10,000.	5,000.		2,000.
101	2009 CHEVY TRAILBLAZER	01/01/09	SL	5.00	16	17,785.			17,785.	8,893.		3,557.
113	WEBSITE DEVELOPMENT	03/01/11	SL	3.00	16	37,896.			37,896.	6,316.		12,632.
120	BUILDING AND IMPROVEMENTS	12/30/12	SL	40.00	16	5,000.			5,000.			0.
121	BUILDING AND IMPROVEMENTS	12/30/12	SL	40.00	16	4,000.			4,000.			0.
122	BUILDING AND IMPROVEMENTS	12/30/12	SL	40.00	16	2,200.			2,200.			0.
	* 990 PAGE 10 TOTAL OTHER					5881398.		0.	5881398.	113,539.	0.	25,349.
	* GRAND TOTAL 990 PAGE 10 DEPR					6505147.		0.	6505147.	498,983.	0.	52,789.

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

**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 original (no copies needed).

Enter filer's identifying number, see instructions

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

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**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**

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

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2013**.

5 For calendar year **2012**, or other tax year beginning , and ending .

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension  
**INFORMATION FROM THIRD PARTIES HAS YET TO BE RECEIVED. THIS INFORMATION IS REQUIRED IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	<b>0.</b>

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title  Date

For calendar year 2012, or fiscal year beginning \_\_\_\_\_, 2012, and ending \_\_\_\_\_, 20\_\_\_\_

**2012**

Department of the Treasury  
Internal Revenue Service

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

Name of exempt organization

Employer identification number

**ISLES, INC**

**22-2350832**

Name and title of officer

**MARTIN JOHNSON  
PRESIDENT AND CEO**

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

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 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.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>5319581</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c) .....	<b>5b</b> _____

**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 2012 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

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

as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

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

**22722549494**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ **11/15/13**

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



# TAX RETURN FILING INSTRUCTIONS

NEW JERSEY FORM CRI-300R

FOR THE YEAR ENDING

DECEMBER 31, 2012

<b>Prepared for</b>	ISLES, INC 10 WOOD STREET TRENTON, NJ 08618
<b>Prepared by</b>	SOBEL AND CO., LLC CPA'S 293 EISENHOWER PARKWAY LIVINGSTON, NJ 07039-1711
<b>Amount due or refund</b>	NO PAYMENT REQUIRED
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	NEW JERSEY DIVISION OF CONSUMER AFFAIRS CHARITIES REGISTRATION & INVESTIGATION P.O. BOX 45021 NEWARK, NJ 07101
<b>Return must be mailed on or before</b>	DECEMBER 31, 2013
<b>Special Instructions</b>	THE NEW JERSEY RETURN SHOULD BE SIGNED AND DATED BY THE REQUIRED INDIVIDUAL(S).

New Jersey Office of the Attorney General

Division of Consumer Affairs
Office of Consumer Protection
Charities Registration Section
124 Halsey Street, 7th Floor, P.O. Box 45021
Newark, NJ 07101
(973) 504-6215

Form CRI-300R
Long-Form Renewal Registration/Verification Statement
(Revised April 2008)

All questions must be answered.

Pursuant to the New Jersey Charitable Registration and Investigation Act (also known as "the C.R.I. Act" (N.J.S.A. 45:17A-18 et seq.), and prior to operating or commencing solicitation activity in the State, a charitable organization unless exempted from registration requirements (or qualified to file a Short-Form Registration Statement, CRI-200) shall file a Long-Form Initial Registration Statement, CRI-150-I. Charities submitting their annual long-form renewal registration must use Form CRI-300R. Please see the checklist at the end of this form for a discussion of fees, financial statements, documents to be attached, and other requirements for registration.

1. This statement contains the facts and financial information for the fiscal year ending: 12/31/2012
2. Federal ID Number (EIN) 22-2350832 2a. N.J. Charities Registration Number: CH- 0404600
3. Full legal name of the registering organization: ISLES, INC
4. Mailing Address: 10 WOOD STREET, TRENTON, NJ 08618
NOTE: If "in care of," a postal, private or rural delivery mail box number is used, the street address of the charity must be given below.
5. The principal street address of the registering organization
[X] Same as Mailing Address

6. Does the organization have any offices in New Jersey in addition to the one listed above? [X] Yes [ ] No
If "Yes," attach a list giving the street address and telephone number of each office in New Jersey.
SEE STATEMENT 1
6a. If the street address listed above is not where the organization's official records are kept, or if the organization does not maintain an office in New Jersey, indicate the name, full address, phone and fax number of the person having custody of the organization's records, and to whom correspondence should be addressed.

7. Organization's contact information:
609-341-4700
WWW.ISLES.ORG

8. Type of organization (check one):
[X] Nonprofit corporation [ ] Foundation [ ] Individual [ ] Association [ ] Society
[ ] Partnership [ ] Trust [ ] Other (Specify)

9. Where and when was the organization legally established? Date: 04/10/1981 State: NJ

As required by the C.R.I. Act (N.J.S.A. 45:17A-24c(1)), attach to this registration a copy of the organization's bylaws and instrument of organization (that is, the organization's charter, articles of incorporation or organization, agreement of association, instrument of trust, or constitution) only if the document has been issued or amended during the fiscal year being reported.

10. Does the organization solicit funds under any name or names other than as indicated on line 3 of this form?  Yes  No  
If "Yes," indicate all of the other names used: \_\_\_\_\_

11. Does the organization intend to solicit contributions from the general public?  Yes  No

12. Is the organization authorized by any other state or jurisdiction to solicit contributions?  Yes  No  
If "Yes," please provide a list of those states or jurisdictions, below or on a separate sheet of paper.  
\_\_\_\_\_  
\_\_\_\_\_

13. Does the organization have affiliates which share the contributions or other revenue it raised in New Jersey?  Yes  No  
If "Yes," provide a separate listing of those affiliates indicating the name, street address and telephone number for each one.

**SEE STATEMENT 2**

14. What is the charitable purpose or purposes for which the organization was formed? If necessary, attach a separate statement to this registration.

**TO ADDRESS CRITICAL URBAN NEEDS IN THE AREAS OF HOUSING, GARDENING, RECREATION, AND ENVIRONMENTAL EDUCATION**

14a. What are the specific programs and charitable purposes for which contributions are used? For each program, state whether it already exists or is planned. Only major program categories need be listed. If necessary, attach a separate statement to this registration.  
\_\_\_\_\_  
\_\_\_\_\_

**SEE STATEMENT 3**

15. Does the organization use an independent paid fund-raiser or fund-raising counsel?  Yes  No  
If "Yes," please attach to this registration a list of paid fund-raiser(s) or fund-raising counsel(s), including their full address, telephone number, fax number, registration number in New Jersey, and a contact person's name.

15a. Does the independent paid fund-raiser or fund-raising counsel have custody, control or access to the organization's funds?  Yes  No

If "Yes," please describe the situation.  
\_\_\_\_\_  
\_\_\_\_\_

16. Has the organization permitted a charitable sales promotion to be conducted on its behalf by a commercial co-venturer during the fiscal year-end being reported?  Yes  No

If "Yes," please explain: \_\_\_\_\_  
\_\_\_\_\_

17. Has the Internal Revenue Service (I.R.S.) determined that the organization is tax exempt under code 501(c)(3)?  Yes  No

a. If "No," has an application been filed which is still pending? If so, please attach a copy of the I.R.S. 1023 form filed.  Yes  No

b. Has a tax exemption been granted under another I.R.S. code?  Yes  No  
If "Yes," advise which one: \_\_\_\_\_

c. Has an I.R.S. tax exemption been refused, changed or revoked?  Yes  No  
If an exemption has been refused, changed or revoked, attach to this registration a copy of the I.R.S. determination letter of notification and provide a detailed explanation of the circumstances on a separate sheet of paper.

18. Has the organization ever had its authority to conduct charitable activities denied, suspended, or revoked in any jurisdiction or has the organization ever entered into any voluntary agreement of discontinuance with any governmental entity?  Yes  No  
 If "Yes," attach to this registration a copy of the denial, suspension, revocation or voluntary agreement of discontinuance. If the document does not explain the reasons for the denial, suspension or revocation, attach to this registration an explanation on a separate sheet of paper.

19. Has the organization voluntarily entered into an assurance of voluntary compliance or similar order or agreement (including, but not limited to, a settlement of an administrative investigation or proceeding, with or without an admission of liability) with any jurisdiction, state or federal agency or officer?  Yes  No  
 If "Yes," please attach to this registration the relevant document.

20. Has the organization or any of its present officers, directors, executive personnel or trustees ever been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions, or are such proceedings pending in this or any other jurisdiction?  Yes  No  
 If "Yes," attach to this registration photocopies of any and all written documentation (such as a court order, administrative order, judgment, formal notice, written assurance or other document) which show the final disposition of the matter.

21. Has the organization or any of its present officers, directors, trustees or principal salaried executive staff employees ever been convicted of any criminal offense committed in connection with the performance of activities regulated under this act or any criminal or civil offense involving untruthfulness or dishonesty or any criminal offense relating adversely to the registrant's fitness to perform activities regulated by this Act? A plea of guilty, non vult, nolo contendere or any similar disposition of alleged criminal activity shall be deemed a conviction.  Yes  No

22. Has the organization or any of its officers, directors, trustees or principal salaried executive staff employees been adjudged liable in any administrative or civil action involving theft, fraud, or deceptive business practices? For purposes of this question a judgment of liability in an administrative or civil action shall include, but is not limited to, any finding or admission that the individual engaged in an unlawful practice in relation to the solicitation of contributions or the administration of charitable assets.  Yes  No  
 If "Yes," identify the individual(s) below and attach to this registration a copy of any order, judgment or other documents indicating the final disposition of the matter.

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23. Provide the following information for each officer, director, trustee and the five most-highly compensated executive staff employees:

Name	Business address	Telephone number (include area code)	Title	Salary
<b>SEE STATEMENT 4</b>				

# CRI-300R Long-Form Registration Renewal Financial Statement

**Note:** If the financial value of a line item = 0, place a zero in the space provided.

*Please report all figures as GROSS, not NET.*

Full legal name and street address of the organization

Full legal name: ISLES, INC

Fiscal year-end being reported: 12/31/2012  
month day year

Federal ID Number (EIN) 22-2350832

Mailing address:

10 WOOD STREET, TRENTON, NJ 08618

Mailing Address

P.O. Box Number or Suite

City

State

ZIP Code

Street address of the registering organization: 10 WOOD STREET, TRENTON, NJ 08618

Street Address

City

State

ZIP Code

New Jersey Charities Registration number: CH 0404600

-00

Telephone number: 609-341-4700

(include area code)

Attach to this registration the most recent Internal Revenue Service Form 990 and Schedule A (990), if the organization has filed those forms. Attach a copy if the organization's annual financial report included an audited financial statement, or if the organization received gross revenue in excess of \$250,000. **Note:** If the organization received gross revenue of less than \$250,000, the financial reports must be certified by the organization's president or other authorized officer of the organization's board.

In lieu of completing the CRI-300R Financial Statement pages, attached please find a copy of the I.R.S. 990 filing for the fiscal year-end indicated above.

## A. Receipts

Line A1a. Direct Public Support received from the following sources:

- (1) Direct mail .....
- (2) Telephone solicitation .....
- (3) Commercial co-venture .....
- (4) Gross receipts from fund-raising events .....
- (5) Canisters, counter cards, door to door etc .....
- (6) Corporations and other businesses .....
- (7) Foundations and trusts .....
- (8) Donated land, buildings, property, equipment and materials .....
- (9) Legacies and bequests .....
- (10) Membership dues solely resulting from solicitations .....
- (11) Other support (specify) .....

Line A1b. Total Direct Public Support (add lines A1a(1) through A1a(11)) .....

Line A1c. Indirect Public Support received from the following sources:

- (1) Federated fund-raising organization .....
- (2) From an affiliated organization .....
- (3) From another fund-raising organization .....

Line A1d. Total Indirect Public Support (add lines A1c(1) thru A1c(3)) .....

**Line A1e. Total Gross Contributions** (add lines A1b and A1d) .....

Line A2. Government grants including purchase of service contracts (specify agency)

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

Line A2e. Total Government Grants (add lines 2a thru 2d) \_\_\_\_\_

Line A3. Other Support

a. Bona fide membership \_\_\_\_\_

b. Program service revenue \_\_\_\_\_

c. Professional services rendered by volunteers \_\_\_\_\_

d. Miscellaneous income (specify) \_\_\_\_\_

Line A3e. Total Other Support (add the total of lines A3a thru A3d) \_\_\_\_\_

Line A4. Total Gross Revenue (add lines A1e, A2e, and A3e) \_\_\_\_\_

**B. Expenses**

Line B1. Program expenses \_\_\_\_\_

Line B2. Management and general expenses \_\_\_\_\_

Line B3. Fund-raising expenses \_\_\_\_\_

Line B4. Payments to state/national affiliates (if applicable) \_\_\_\_\_

Line B5. Total Expenses (add the totals of line B1 thru B4) \_\_\_\_\_

**C. Excess or Deficit**

For the fiscal year-end (subtract line B5 from line A4) \_\_\_\_\_

**D. Fund Balance**

Line D1. Net assets or fund balances at beginning of year \_\_\_\_\_

Line D2. Other changes in net assets or fund balances (attach explanation) \_\_\_\_\_

Line D3. Net assets or fund balances at end of year (Combine line C, D1 and D2) \_\_\_\_\_

**Please Note:** The amount of Gross Contributions (line A1e on this form) determines the registration fee which must be paid and the form which should be used. July 2006 revisions to the Charities Registration Act now require all charities to pay a registration fee, including charities whose Gross Contributions are less than \$10,000. Further information for charity registrants may be found on our Web site: <http://www.njconsumeraffairs.gov/ocp/charities.htm>.

**Long-Form Renewal Registration Statement  
Form CRI-300RC  
Confidential Information**

Organization's Name: ISLES, INC

N.J. Charities Registration Number: CH- 0404600 -00

Federal ID Number (EIN) 22-2350832

Fiscal Year-End being reported: 12/31/2012  
month day year

24. Are any of the organization's officers, directors, trustees or the five most-highly compensated employees related by blood, marriage or adoption to:

- a. each other?  Yes  No
- b. any officers, agents or employees of any fund-raising counsel or independent paid fund-raiser under contract to the organization?  Yes  No
- c. any chief executive, employee, any other employee of the organization with a direct financial interest in the transaction, or any partner, proprietor, director, officer, trustee, or to any shareholder of the organization with more than two (2) percent interest in any supplier or vendor providing goods or services to the organization?  Yes  No
- d. If you answered "Yes," to questions 24a, b, or c, please provide a statement explaining these relationships.

25. Do any of the organization's officers, directors, trustees or the five most-highly compensated employees have a financial interest in any activities engaged in by a fund-raising counsel or independent paid fund-raiser under contract to the organization, or any supplier or vendor providing goods or services to the organization?  Yes  No

If "Yes," please detail these relationships below or on a separate sheet of paper, and provide the name, business address and telephone number of all interested parties.

---

We understand that this registration is being issued at the discretion of the Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. We also understand that we may be required to provide additional information if requested.

---

We hereby certify that the above information and the attached financial schedule(s) and statement(s) are true. We are aware that if any of the above statements are willfully false, we are subject to punishment.

Signature \_\_\_\_\_ Name MARTIN JOHNSON Title PRESIDENT AND CEO Date \_\_\_\_\_

Signature \_\_\_\_\_ Name RONALD ZILINSKI Title CHIEF FINANCIAL OFFICER Date \_\_\_\_\_

*This form must be signed by two (2) authorized officers of the organization, including the chief financial officer.*

---

**Note: Form CRI-300RC must be filed with Form CRI-300R.**

FORM CRI-300R

OTHER OFFICES IN NEW JERSEY

STATEMENT 1

ORGANIZATION ADDRESS

TELEPHONE NO.

33 TUCKER STREET, TRENTON NJ 08618

609-341-4700

FORM CRI-300R

AFFILIATES WHICH SHARE CONTRIBUTIONS/REVENUE  
PAGE 2, LINE 13

STATEMENT 2

NAME

PHONE

ISLES PROPERTIES, INC.

609-341-4700

ADDRESS

10 WOOD STREET TRENTON, NJ 08618

NAME

PHONE

ISLES COMMUNITY FOUNDATION, INC.

609-341-4700

ADDRESS

10 WOOD STREET TRENTON, NJ 08618

NAME

PHONE

ISLES E4, INC.

609-341-4700

ADDRESS

10 WOOD STREET TRENTON, NJ 08618

NAME

PHONE

ISLES MILL 57, INC

609-341-4700

ADDRESS

10 WOOD STREET TRENTON, NJ 08618

NAME

PHONE

ISLES COMMUNITY ENTERPRISES CORP

609-341-4700

ADDRESS

10 WOOD STREET TRENTON, NJ 08618



PROGRAMS/CHARITABLE PURPOSE

ALREADY EXISTS-YOUTH BUILD INSTITUTE AND FINANCIAL SELF RELIANCE  
ALREADY EXISTS-COMMUNTY PLANNING AND RESEARCH AND REAL ESTATE DEVELO  
ALREADY EXISTS-ENVIRONMENT AND COMMUNITY HEALTH

FORM CRI-300R

LIST OF OFFICERS, DIRECTORS, TRUSTEES  
AND FIVE MOST HIGHLY PAID EMPLOYEES

STATEMENT 4

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

MARTIN JOHNSON

PRESIDENT &amp; CEO

609-341-4700

ADDRESS

10 WOOD STREET  
TRENTON, NJ 08618

SALARY

98,942.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

RONALD ZILINSKI

CHIEF FINANCIAL  
OFFICER

609-341-4700

ADDRESS

10 WOOD STREET  
TRENTON, NJ 08618

SALARY

59,490.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

PETER ROSE

MANAGING DIRECTOR  
COMMUNITY

609-341-4700

ADDRESS

10 WOOD STREET  
TRENTON, NJ 08618

SALARY

69,380.

NAME OF INDIVIDUALTITLETELEPHONE NO.

JULIA TAYLOR

MANAGING DIRECTOR  
PLANNING & D

609-341-4700

ADDRESS10 WOOD STREET  
TRENTON, NJ 08618SALARY

68,475.

NAME OF INDIVIDUALTITLETELEPHONE NO.

YUKI LAURENTI

MANAGING DIRECTOR  
RESOURCE DEV

609-341-4700

ADDRESS10 WOOD STREET  
TRENTON, NJ 08618SALARY

78,996.

NAME OF INDIVIDUALTITLETELEPHONE NO.

GAIL BROOKS

PRINCIPAL & MANAGING  
DIRECTOR

609-341-4700

ADDRESS10 WOOD STREET  
TRENTON, NJ 08618SALARY

79,675.

NAME OF INDIVIDUALTITLETELEPHONE NO.

RICHARD OBER

GENERAL COUNSEL &  
ASSISTANT SE

609-341-4700

ADDRESS10 WOOD STREET  
TRENTON, NJ 08618SALARY

21,345.

NAME OF INDIVIDUALTITLETELEPHONE NO.

MANISH H. SHAH

TREASURER

ADDRESS10 WOOD STREET  
TRENTON, NJ 08618SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

LIZ ERICKSON

SECRETARY

ADDRESS10 WOOD STREET  
TRENTON, NJ 08618SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

ANN MARIE SENIOR

VICE CHAIR

ADDRESS10 WOOD STREET  
TRENTON, NJ 08618SALARY

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NAME OF INDIVIDUALTITLETELEPHONE NO.

STEVEN GOODELL, ESQ.

BOARD CHAIR

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EDWARD J. BUTLER

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ZANE DION CLARK

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BARBARA COE

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STUART M. ESSIG

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SA MUT A. SCOTT

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**New Jersey Office of the Attorney General**

Division of Consumer Affairs  
Office of Consumer Protection  
Charities Registration Section  
124 Halsey Street, 7th Floor, P.O. Box 45021  
Newark, NJ 07101  
(973) 504-6215

**Form CRI-400**

(Revised April 2008)

**Application for an Extension of Time to File the Annual Renewal Registration Statement and Financial Report for a Charitable Organization**

**All questions must be answered.**

**Important: Effective July 9, 2006, changes were made to the Charitable Registration and Investigation Act.**

*Carefully review the attached instructions before completing and submitting this form.*

Short-form filers, which take in \$10,000 or less per year in gross contributions, will no longer be granted an extension of time to file their renewal registration, pursuant to changes in the Charitable Registration and Investigation Act effective July 9, 2006, for fiscal years ending January 31, 2006, and after. Please Note: Extensions of time to file cannot be granted for Initial Registrations.

Date fiscal year ends: 12/31/12 Date of this application: 06/20/13 N.J. Charities Registration Number: CH- 0404600

Charity's Full Legal Name: ISLES, INC

Other Names Used (d.b.a.) \_\_\_\_\_

**Mailing Address:**

10 WOOD STREET, TRENTON, NJ 08618

In care of: Address City State ZIP Code

**Street Address:**

\_\_\_\_\_  
Street Address City State ZIP Code

Check this box to flag a change of address or other vital information.

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(include area code)

E-mail: \_\_\_\_\_ Federal Tax ID (EIN): 22-2350832

Web site: WWW.ISLES.ORG Fax Number: \_\_\_\_\_  
(include area code)

1. A six-month extension of time to file the Renewal Statement and Financial Report(s), for the fiscal year-end shown above, is hereby requested for the following reason(s):

INFORMATION FROM THIRD PARTIES HAS YET TO BE RECEIVED. THIS  
INFORMATION IS REQUIRED IN ORDER TO FILE A COMPLETE AND ACCURATE  
RETURN.

2. Has the organization filed all renewal registration statements for years prior to the fiscal year ending on the date shown on the first page of this application?  Yes  No  
*If "No," please stop: if any prior years' filings are delinquent, the extension request will be denied. Please bring the renewal registration filings for all previous years up to date before submitting a request for an extension on a more current year.*
3. Has the organization submitted all previous years' registration fees and/or penalties owed to the Charities Registration Section of the Division of Consumer Affairs?  Yes  No
4. Has the organization previously filed an initial registration with the Charities Registration Section?  Yes  No  
*If "No," please stop: You must immediately file an initial registration for which an extension of time to file cannot be granted.*
5. Final Check List - please review and check off each of the five items below as they are confirmed and accomplished.

- I have read the instructions for the extension of time to file the Registration Statement and Financial Report(s).
- All of the questions on this application have been answered.
- The charity has filed all previous renewal registrations and required documents.
- The charity has paid all previous years' fees and penalties owed to the Division.
- Payment of the registration fee due for the fiscal year being requested on this application is enclosed and has been made payable to the "New Jersey Division of Consumer Affairs."

We hereby certify that all of the above statements are true. I further certify that the organization has filed all previous years' reports, has paid all fines and penalties owed to the Division, and that this extension request contains true and accurate information. We are aware that if any of the above statements are willfully false, we are subject to punishment.

Signature \_\_\_\_\_ Title PRESIDENT AND C Date \_\_\_\_\_

Signature \_\_\_\_\_ Title CHIEF FINANCIAL Date \_\_\_\_\_

*This form must be signed by at least one (1) officer of the charity.*

*Should you have questions regarding charities registration in New Jersey, please visit our Web site at <http://www.njconsumeraffairs.gov/ocp/charities.htm> where registration information, instructions, forms and a fee schedule may be viewed and/or downloaded. After reading through all of the information on our Web site, if you have further questions, please contact the Charities Registration Section at our hotline number (973)-504-6215 during regular business hours.*