

Return of Organization Exempt From Income Tax

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

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning and ending

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	C Name of organization ISLES, INC		D Employer identification number 22-2350832
	Doing Business As		E Telephone number 609-341-4700
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 10 WOOD STREET		G Gross receipts \$ 4,920,529.
	City or town, state or province, country, and ZIP or foreign postal code TRENTON, NJ 08618		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	F Name and address of principal officer: MARTIN JOHNSON SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	I 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		H(c) Group exemption number

J Website: **WWW.ISLES.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1981** **M** State of legal domicile: **NJ**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO OFFER SERVICES IN LOW-INCOME COMMUNITIES (IN THE TRENTON AND THE SURROUNDING AREA) TO ADDRESS	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 16
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5 101
	6 Total number of volunteers (estimate if necessary)	6 250
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
b Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 5,079,426. Current Year: 4,541,730.
	9 Program service revenue (Part VIII, line 2g)	393,305. 123,171.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	70,169. 167,739.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-223,319. -168,245.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,319,581. 4,664,395.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0. 179,926.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,618,623. 2,421,238.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25)	335,080.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,157,279. 1,816,300.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,775,902. 4,417,464.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	543,679. 246,931.
	20 Total assets (Part X, line 16)	Beginning of Current Year: 13,218,180. End of Year: 13,330,897.
	21 Total liabilities (Part X, line 26)	1,502,066. 1,202,596.
	22 Net assets or fund balances. Subtract line 21 from line 20	11,716,114. 12,128,301.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	MARTIN JOHNSON, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name RON MATAN	Preparer's signature <i>Ron Matan CPA</i>	Date 09/29/14	Check if self-employed <input type="checkbox"/>	PTIN P01277732
	Firm's name SOBEL AND CO., LLC CPA'S	Firm's EIN 22-1430039	Firm's address 293 EISENHOWER PARKWAY LIVINGSTON, NJ 07039-1711	Phone no. 973-994-9494	

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

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning _____, 2013, and ending _____, 20____

2013

Department of the Treasury
Internal Revenue Service

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

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

Name of exempt organization

Employer identification number

ISLES, INC

22-2350832

Name and title of officer

**MARTIN JOHNSON
PRESIDENT**

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

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

1a	Form 990 check here	▶ <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>4,664,395.</u>
2a	Form 990-EZ check here	▶ <input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a	Form 1120-POL check here	▶ <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	_____
4a	Form 990-PF check here	▶ <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a	Form 8868 check here	▶ <input type="checkbox"/>	b	Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	_____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 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 2013 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 2013 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 ▶ 9-23-14

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 2013 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 ▶ 09/18/14

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

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

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

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

4a (Code:) (Expenses \$ 1,148,650. including grants of \$) (Revenue \$ 46,509.) ISLES YOUTH INSTITUTE (IYI): ISLES YOUTH INSTITUTE OFFERS ALTERNATIVE EDUCATION OPTIONS FOR AT-RISK URBAN STUDENTS SEEKING A GED, VOCATIONAL SKILLS TRAINING (CONSTRUCTION, COMPUTER TECHNOLOGY, OFFICE MANAGEMENT), AND LIFE SKILLS TRAINING (LEADERSHIP, FINANCIAL, HEALTH EDUCATION, CONFLICT MANAGEMENT). ISLES HAS DEVELOPED AN EFFECTIVE PEER-BASED APPROACH FOR STUDENTS AGES 16 TO 24, WHO HAVE STRUGGLED IN CONVENTIONAL SCHOOL SETTINGS AND/OR HAVE HAD ENCOUNTERS WITH THE JUSTICE SYSTEM. IYI STUDENTS REHABILITATE AT LEAST ONE ABANDONED HOME IN TRENTON EACH YEAR.

4b (Code:) (Expenses \$ 1,630,037. including grants of \$) (Revenue \$ 69,200.) CENTER FOR ENERGY AND ENVIRONMENTAL TRAINING (CEET)/ENVIRONMENTAL HEALTH: ISLES' CEET IS A GREEN COLLAR JOB TRAINING FACILITY TARGETING CAREERS IN CLEAN ENERGY AND ENVIRONMENTAL HAZARD CLEANUP. CEET PARTNERS WITH EMPLOYERS, INDUSTRY LEADERS, HIGHER EDUCATION INSTITUTIONS, LABOR UNIONS, TRAINING ORGANIZATIONS, PUBLIC SECTOR, AND OTHERS. TRAINING MODULES INCLUDE ENERGY AUDITS AND RETROFITS, GREEN CONSTRUCTION, RENEWABLE ENERGY, ENVIRONMENTAL ASSESSMENT, AND HAZARDOUS MATERIALS CLEANUP. CEET IS A BUILDING PERFORMANCE INSTITUTE (BPI) CERTIFIED TRAINER, AND THE ONLY APPROVED NATIONAL CENTER FOR HEALTHY HOUSING SATELLITE TRAINING CENTER IN THE U.S. ISLES TARGETS THE ENVIRONMENTAL HAZARDS THAT IMPACT FAMILY HEALTH AND DEVELOPS COST EFFECTIVE WAYS TO REDUCE THE PRESENCE AND IMPACT OF THOSE HAZARDS. THROUGH RESEARCH,

4c (Code:) (Expenses \$ 184,305. including grants of \$ 179,926.) (Revenue \$ 7,462.) COMMUNITY PLANNING AND DEVELOPMENT/URBAN AGRICULTURE/OTHER ISLES FOSTERS RESIDENT PARTICIPATION AND KNOWLEDGE OF THE REDEVELOPMENT PROCESS IN COMMUNITIES. ISLES TEACHES RESIDENTS HOW TO ORGANIZE, IDENTIFY, AND ADDRESS IMMEDIATE LAND, BUSINESS, AND SERVICE NEEDS AND OPPORTUNITIES THROUGH MASTER PLANNING PROJECTS IN THE REGION. ISLES' URBAN AGRICULTURE WORK ADDRESSES HUNGER, FOOD ACCESS, AND COMMUNITY DISINVESTMENT IN TRENTON BY SHARING TOOLS, NETWORKS, AND RESOURCES THAT EMPOWER RESIDENTS AND STAKEHOLDERS TO TAKE ACTION AND MAKE HEALTHY CHOICES. ISLES CURRENTLY SUPPORTS 58 COMMUNITY AND SCHOOL GARDENS BY PROVIDING TECHNICAL ASSISTANCE, ENVIRONMENTAL EDUCATION TO LOCAL RESIDENTS, TEACHERS AND STUDENTS, AND COMMUNITY-BASED ORGANIZATIONS.

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

4e Total program service expenses 2,962,992.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or 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
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. 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 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
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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
c 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
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 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
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 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
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 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	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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	
36 Section 501(c)(3) organizations. 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
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 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 or note to any line in this Part V

Main form body containing questions 1a through 14b with input fields and Yes/No columns.

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 or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (17); 1b Enter the number of voting members included in line 1a, above, who are independent (16); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NJ
18 Section 6104 requires an organization to make its Forms 1023 (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. [] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
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 or note to any line in this Part VII

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

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

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

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) ANN MARIE SENIOR VICE CHAIR	1.00	X		X				0.	0.	0.
(3) STEVEN GOODELL, ESQ. BOARD CHAIR	1.00	X		X				0.	0.	0.
(4) LIZ ERICKSON SECRETARY	1.00	X		X				0.	0.	0.
(5) FRANCIS BLANCO TRUSTEE	0.50	X						0.	0.	0.
(6) TOM BYRNE TRUSTEE	0.50	X						0.	0.	0.
(7) CALVIN B. THOMAS, JR TRUSTEE	0.50	X						0.	0.	0.
(8) BARBARA COE TRUSTEE	0.50	X						0.	0.	0.
(9) MICHAEL DUNDAS TRUSTEE	0.50	X						0.	0.	0.
(10) STUART M. ESSIG TRUSTEE	0.50	X						0.	0.	0.
(11) ROBERT H. HARRIS TRUSTEE	0.50	X						0.	0.	0.
(12) KAREN HERNANDEZ-GRANZEN TRUSTEE	0.50	X						0.	0.	0.
(13) JACQUE P. HOWARD TRUSTEE	0.50	X						0.	0.	0.
(14) MICHELE MINTER TRUSTEE	0.50	X						0.	0.	0.
(15) OYE OLUKOTUN TRUSTEE	0.50	X						0.	0.	0.
(16) SA MUT A. SCOTT TRUSTEE	0.50	X						0.	0.	0.
(17) MARTIN JOHNSON PRESIDENT AND CEO	35.00 5.00	X		X				127,192.	0.	20,007.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RONALD ZILINSKI CFO & ASSISTANT TREASURER	33.00 7.00			X				62,292.	0.	1,246.
(19) PETER ROSE MANAGING DIRECTOR, COMMUNI	16.00 24.00			X				73,115.	0.	9,728.
(20) JULIA TAYLOR MANAGING DIRECTOR, PLANNIN	38.00 2.00			X				75,782.	0.	9,658.
(21) YUKI LAURENTI MANAGING DIRECTOR, RESOURC	40.00			X				79,034.	0.	1,620.
(22) RICHARD OBER SECRETARY	30.00 5.00			X				23,783.	0.	523.
1b Sub-total								441,198.	0.	42,782.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								441,198.	0.	42,782.

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

	Yes	No
3 Did the organization list any former 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
ST. JOSEPH CONTRACTOR, CORP. 440 MERCER STREET, HAMILTON, NJ 08690	CONSTRUCTION	166,795.
SMCAULIFEE & CARROLL ARCHITECTS 439 S BROAD STREET, TRENON, NJ 08611	ARCHITECTURE	140,715.

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 **2**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	36,037.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	1,773,703.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,731,990.			
	g	Noncash contributions included in lines 1a-1f: \$		101,724.			
	h	Total. Add lines 1a-1f		4,541,730.			
	Program Service Revenue			Business Code			
2 a		PROGRAM FEES	900099	78,471.	78,471.		
b		CONSULTING FEES	900099	44,700.	44,700.		
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		123,171.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		84,484.		84,484.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	(ii) Personal			
			18,207.				
			b Less: rental expenses		173,185.		
			c Rental income or (loss)		-154,978.		
	d	Net rental income or (loss)			-154,978.		
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			32,094.	85,344.			
			b Less: cost or other basis and sales expenses		34,183.	0.	
			c Gain or (loss)		-2,089.	85,344.	
	d	Net gain or (loss)			83,255.		
	8 a	Gross income from fundraising events (not including \$ 36,037. of contributions reported on line 1c). See Part IV, line 18	a	32,425.			
	b	Less: direct expenses	b	48,766.			
	c	Net income or (loss) from fundraising events			-16,341.		
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
b	Less: direct expenses	b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a					
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a	OTHER	900099	3,074.		3,074.		
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		3,074.				
12	Total revenue. See instructions.		4,664,395.	123,171.	0.	-506.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	179,926.	179,926.		
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	483,980.	168,283.	235,043.	80,654.
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	1,573,821.	1,173,982.	288,757.	111,082.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	26,938.	21,501.	3,957.	1,480.
9 Other employee benefits	142,389.	94,654.	39,171.	8,564.
10 Payroll taxes	194,110.	134,922.	39,777.	19,411.
11 Fees for services (non-employees):				
a Management				
b Legal	7,489.		7,489.	
c Accounting	59,250.		59,250.	
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.)	871,779.	720,703.	115,466.	35,610.
12 Advertising and promotion	1,632.	694.	828.	110.
13 Office expenses	37,909.	19,471.	15,974.	2,464.
14 Information technology	108,810.	38,778.	59,845.	10,187.
15 Royalties				
16 Occupancy	245,698.	162,791.	80,792.	2,115.
17 Travel	81,590.	76,368.	4,835.	387.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	51,008.		51,008.	
23 Insurance	64,419.	45,257.	19,162.	
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 PROGRAM EXPENSES AND SU	148,785.	76,103.	10,215.	62,467.
b UNCOLLECTED PLEDGES	70,903.		70,903.	
c TRANSPORTATION COSTS	23,427.	23,427.		
d TRAINING	14,676.	12,659.	1,543.	474.
e All other expenses	28,925.	13,473.	15,377.	75.
25 Total functional expenses. Add lines 1 through 24e	4,417,464.	2,962,992.	1,119,392.	335,080.
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 or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	777,162.	1	956,734.
	2	Savings and temporary cash investments	303.	2	387.
	3	Pledges and grants receivable, net	865,964.	3	554,108.
	4	Accounts receivable, net	3,997,887.	4	3,273,484.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	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	
	7	Notes and loans receivable, net	25,129.	7	25,129.
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	20,930.	9	15,467.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,758,760.		
	b	Less: accumulated depreciation	10b 602,780.	10c 5,953,375.	6,155,980.
	11	Investments - publicly traded securities	1,316,444.	11	2,065,472.
	12	Investments - other securities. See Part IV, line 11	260,186.	12	283,336.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	800.	15	800.
16	Total assets. Add lines 1 through 15 (must equal line 34)	13,218,180.	16	13,330,897.	
Liabilities	17	Accounts payable and accrued expenses	553,792.	17	268,033.
	18	Grants payable		18	
	19	Deferred revenue	262,062.	19	321,839.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	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	
	23	Secured mortgages and notes payable to unrelated third parties	175,129.	23	175,129.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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	511,083.	25	437,595.
	26	Total liabilities. Add lines 17 through 25	1,502,066.	26	1,202,596.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	4,952,069.	27	4,729,934.
	28	Temporarily restricted net assets	5,363,401.	28	5,983,401.
	29	Permanently restricted net assets	1,400,644.	29	1,414,966.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	11,716,114.	33	12,128,301.	
34	Total liabilities and net assets/fund balances	13,218,180.	34	13,330,897.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,664,395.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,417,464.
3	Revenue less expenses. Subtract line 2 from line 1	3	246,931.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,716,114.
5	Net unrealized gains (losses) on investments	5	165,159.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	97.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	12,128,301.

Part XII Financial Statements and Reporting

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

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

Form 990 (2013)

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1864394.	6851752.	6379497.	5079426.	4541730.	24716799.
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 Total. Add lines 1 through 3	1864394.	6851752.	6379497.	5079426.	4541730.	24716799.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						24716799.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	1864394.	6851752.	6379497.	5079426.	4541730.	24716799.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	120,131.	101,181.	29,688.	46,739.	102,169.	399,908.
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.)	8,277.	6,691.			3,074.	18,042.
11 Total support. Add lines 7 through 10						25134749.
12 Gross receipts from related activities, etc. (see instructions)					12	5,347,448.
13 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	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	98.34 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	98.86 %
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2012. 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 stop here. 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 Private foundation. 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"/>	

Schedule A (Form 990 or 990-EZ) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (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

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. 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.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization ISLES, INC	Employer identification number 22-2350832
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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	THE NEW YORK COMMUNITY TRUST 909 THIRD AVENUE NEW YORK, NY 10022	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	NANCY & DUNCAN MACMILLAN 16 JAMES COURT PRINCETON, NJ 08540	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	RITA ALLEN FOUNDATION, INC. 92 NASSAU STREET PRINCETON, NJ 08625	\$ 148,281.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CITI BUSINESS SERVICES 425 PARK AVENUE, 2ND FLOOR NEW YORK, NY 10022	\$ 160,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	PNC FOUNDATION 620 LIBERTY AVE PITTSBURGH, PA 15222	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	JUDITH & WILLIAM SCHEIDE 133 LIBRARY PLACE PRINCETON, NJ 08540	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ISLES, INC	Employer identification number 22-2350832
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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	CHARLES GALBRAITH TRUST 100 SOUTHGATE PARKWAY, PO BOX 1997 MORRISTOWN, NJ 07962	\$ 152,616.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	DALIO FAMILY FOUNDATION ONE GLENDINNING PLACE WESTPORT, CT 06880	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	HIGH MEADOWS FOUNDATION 160 COMMONWEALTH AVENUE, SUITE L5 BOSTON, MA 02116	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	HARBOURTON FOUNDATION 47 HULFISH STREET, SUITE 305 PRINCETON, NJ 08625	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	STATE OF NEW JERSEY ATTORNEY GENERAL 25 MARKET STREET TRENTON, NJ 08625	\$ 197,738.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	STATE OF NEW JERSEY DEP 25 MARKET STREET TRENTON, NJ 08625	\$ 127,583.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ISLES, INC	Employer identification number 22-2350832
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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
13	STATE OF NEW JERSEY DOL 25 MARKET STREET TRENTON, NJ 08625	\$ 251,135.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	STATE OF NEW JERSEY DCF 25 MARKET STREET TRENTON, NJ 08625	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	STATE OF NEW JERSEY DCA 101 SOUTH BROAD STREET TRENTON, NJ 08625	\$ 557,642.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	STATE OF NEW JERSEY DOL 25 MARKET STREET TRENTON, NJ 08625	\$ 110,465.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	STATE OF NEW JERSEY JJC 25 MARKET STREET TRENTON, NJ 08625	\$ 126,473.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	THE PRUDENTIAL FOUNDATION 751 BROAD STREET, 15TH FLOOR NEWARK, NJ 07102	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

ISLES, INC

22-2350832

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

Employer identification number

ISLES, INC

22-2350832

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)

Supplemental Financial Statements

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two yes/no questions about donor advisement.

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

Table with 3 columns: Question, Held at the End of the Tax Year. Rows include purpose(s) of conservation easements, total number, acreage, and various monitoring and reporting questions.

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.

Table with 3 columns: Question, Amount. Rows include questions about reporting works of art, historical treasures, and similar assets, with sub-rows for revenues and assets.

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	1,400,644.	575,043.	525,000.		
b Contributions	14,322.	825,601.	50,043.		
c Net investment earnings, gains, and losses	190,490.	21,973.			
d Grants or scholarships					
e Other expenditures for facilities and programs	0.	21,973.			
f Administrative expenses					
g End of year balance	1,605,456.	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 %
 - b Permanent endowment 100.00 %
 - c Temporarily restricted endowment %
- 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:
- | | Yes | No |
|-----------------------------|-------------------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
- 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.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		67,000.		67,000.
b Buildings		7,456.	7,456.	0.
c Leasehold improvements		255,071.	150,102.	104,969.
d Equipment		309,543.	282,403.	27,140.
e Other		6,119,690.	162,819.	5,956,871.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				6,155,980.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION LIABILITY	437,595.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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.

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final total column.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final total column.

Part XIII Supplemental Information.

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

PART V, LINE 4:

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

PART X, LINE 2:

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

CHESTNUT MONMOUTH FAMILY HOUSING, LLC, ISLES JOHNSTON AVE UNIT A, LLC, AND ISLES JOHNSTON AVE UNIT B, LLC ARE TAXED AS PARTNERSHIPS. ACCORDINGLY, ANY INCOME OR LOSS IS REFLECTED ON THE TAX RETURNS OF THE RESPECTIVE MEMBERS.

SINCE THESE PARTNERSHIPS ARE WHOLLY OWNED BY ISLES, INC., THEY ARE

Part XIII Supplemental information (continued)

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 2013 AND 2012. THE TAX YEARS SUBJECT TO AUDIT BY FEDERAL AND STATE JURISDICTIONS ARE THE YEARS ENDED DECEMBER 31, 2010, AND FORWARD. AT DECEMBER 31, 2013 AND 2012, 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 (add col. (a) through col. (c))	
		MILES FOR ISLES (event type)	GOLF EVENT (event type)	NONE (total number)		
Revenue	1	Gross receipts	19,742.	48,720.	68,462.	
	2	Less: Contributions		36,037.	36,037.	
	3	Gross income (line 1 minus line 2)	19,742.	12,683.	32,425.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes		6,500.	6,500.	
	6	Rent/facility costs		20,000.	20,000.	
	7	Food and beverages		12,972.	12,972.	
	8	Entertainment				
	9	Other direct expenses	7,274.	2,020.	9,294.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)				48,766.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-16,341.

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))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization 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: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

Employer identification number
22-2350832

ISLES, INC

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Yes No

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOMEFRONT, INC 1880 PRINCETON AVENUE LAWRENCEVILLE, NJ 08648	22-3165145	501(C)3	22,970.	0.	FMV		IMPLEMENT NEIGHBORHOOD PLAN, SUMMER CAMP FOR 15 YOUTH AND CASE MANAGEMENT
MERCER STREET FRIENDS 151 MERCER STREET TRENTON, NJ 08611	21-0733990	501(C)3	29,200.	0.	FMV		IMPLEMENT NEIGHBORHOOD PLAN, PARENTING EDUCATION AND YOUTH ENRICHMENT
NJ STATE FEDERATION OF COLORED WOMEN'S CLUBS, INC - 40 FOWLER STREET - TRENTON, NJ 08618	22-2002686	501(C)3	20,756.	0.	FMV		IMPLEMENT NEIGHBORHOOD PLAN, RENT FOR COMMUNITY RESOURCE CENTER, YOUTH AND SENIOR YOUTH EXERCISE.
SHILOH COMMUNITY DEVELOPMENT CORPORATION - 620 WEST STRATE STREET - TRENTON, NJ 08618	12-3799161	501(C)3	107,000.	0.	FMV		IMPLMENT NEIGHBORHOOD PLAN, CAREER CENTER PROJECT AND OUTREACH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **4.**

3 Enter total number of other organizations listed in the line 1 table

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2013)

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

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

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

PART I, LINE 2:

QUARTERLY SPENDING REPORTS AND NARRATIVES

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

NJ STATE FEDERATION OF COLORED WOMEN'S CLUBS, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPLEMENT NEIGHBORHOOD PLAN, RENT FOR COMMUNITY RESOURCE CENTER, YOUTH AND SENIOR YOUTH EXERCISE PROGRAMS

**SCHEDULE M
(Form 990)**

Noncash Contributions

CMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>RENTAL SPACE</u>)	X	1	67,809.	FMV
26 Other ▶ (<u>SOFTWARE LICE</u>)	X	1	23,920.	FMV
27 Other ▶ (<u>OTHER</u>)	X	1	9,995.	FMV
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2013)

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

ISLES, INC

Employer identification number

22-2350832

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

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

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

EDUCATION AND ACTION, 4,000 PEOPLE EACH YEAR LEARN ABOUT LEAD AND
ASTHMA TRIGGERS IN HOMES, THEIR RELATIONSHIP TO ENERGY EFFICIENCY
EFFORTS, AND CREATIVE APPROACHES TO TESTING FOR HAZARDS AND THEN
RETROFITTING HOMES TO IMPROVE HEALTH AND QUALITY OF LIFE.

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

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

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

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

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

B. HAS READ AND UNDERSTANDS THE POLICY,

C. HAS AGREED TO COMPLY WITH THE POLICY, AND

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

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

Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

Name of the organization

ISLES, INC

Employer identification number

22-2350832

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 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:

ARCHITECTURAL FEES:

PROGRAM SERVICE EXPENSES	600.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	600.

CONSULTING FEES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	73,460.
FUNDRAISING EXPENSES	16,578.
TOTAL EXPENSES	90,038.

STAFFING FEES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	11,020.
FUNDRAISING EXPENSES	0.

Name of the organization

ISLES, INC

Employer identification number

22-2350832

TOTAL EXPENSES	11,020.
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TRAINING/TESTING FEES:

PROGRAM SERVICE EXPENSES	132,377.
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MANAGEMENT AND GENERAL EXPENSES	0.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	132,377.
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SUB CONTRACTOR FEES:

PROGRAM SERVICE EXPENSES	586,432.
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MANAGEMENT AND GENERAL EXPENSES	0.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	586,432.
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OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	1,294.
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MANAGEMENT AND GENERAL EXPENSES	30,986.
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FUNDRAISING EXPENSES	19,032.
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TOTAL EXPENSES	51,312.
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TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	871,779.
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ADJUSTMENT TO OPENING BALANCE	97.
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FORM 990, PART XII LINE 2C

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

Name of the organization

ISLES, INC

Employer identification number

22-2350832

RECENT HIGHLIGHTS

21 IYI STUDENTS RECEIVED THEIR HIGH SCHOOL DIPLOMA OR GED.

47 STUDENTS EARNED NATIONALLY RECOGNIZED PRE-APPRENTICE CONSTRUCTION

TRAINING (PACT) CERTIFICATIONS

AS THEY WORKED ON HOMES AND CONTRUCTION PROJECTS AROUND THE CITY.

PROJECTS INCLUDED POST-SANDY RENOVATIONS, RAISED GROWING BEDS FOR

SENIORS AND PARK RENOVATIONS.

ISLES CENTER FOR ENERGY AND ENVIROMENTAL TRAINING (CEET) PROVIDES

ENERGY EFFICIENCY AND ENVIRONMENTAL JOB TRAINING TARGETING EXISTING

WORKERS AND THOSE IN MOST NEED OF A JOB. IN 2013, 360 TRAINEES

COMPLETED COURSES AND 170 TRAINEES EARNED NATIONAL CERTIFICATIONS.

ISLES MANAGED THE REDEVELOPMENT OF THE ROBERT CLEMENTE PARK IN OLD

TRENTON NEIGHBORHOOD AND HELD THE GRAND REOPENING IN AUGUST 2013.

IN ISLES' FINANCIAL SOLUTIONS SERVICES:

60 FIRST TIME HOMEBUYERS SOUGHT COUNSELING. ISLES FACILITATED THE

PURCHASE OF 15 HOMES.

90 FORECLOSURE CUSTOMERS SOUGHT COUNSELING, RESOLUTING IN 32

RESOLUTIONS.

200 INDIVIDUALS PARTICIPATED IN WORKSHOPS AND 62 CUSTOMERS MADE USE OF

SERVICE PRODUCTS.

ISLES' GARDEN SUPPORT NETWORK HELPED CREATE 58 COMMUNITY AND SCHOOL

Name of the organization

ISLES, INC

Employer identification number

22-2350832

GARDENS.

60 YOUTH PARTICPATED IN ISLES' YOUTHGROW SERVICE GAINING HANDS-ON GARDENING AND NUTRITION EDUCATION SKILLS.

ISLES' ENGAGED THE COMMUNITY WITH SEVEN FILM DOCUMENTARIES AND SIX COOKING WORKSHOPS IN HEALTHLY EATING.

250 HOMES WERE TESTED FOR UNHEALTHY OR UNSAFE INDOOR CONDITIONS.

ISLES PARTNERED WITH MERCER STREET FRIENDS TO TRAIN THEIR COMMUNITY HEALTH WORKERS AND OTHER HOME VISITORS TO IMPROVE THE HEALTH OF HOMES. ISLES DEVELOPED A TRAINING MODJLE ON THE SEVEN PRINCIPALS OF HEALTHY HOMES.

SECURED FUNDING TO LEAD AN INNOVATIVE PROJECT TO IDENTIFY EVERY VACANT BUILDING AND PARCEL IN THE CITY (SURVEY COMPLETED IN 2014) WHILE AT THE SAME TIME CONDUCTING RESEARCH TO ASSESS THE VIABILITY OF REDEVELOPING SOME OF THOSE PROPERTIES AS FOOD ASSETS TO BOLSTER THE CITY'S FOOD SYSTEM.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ISLES, INC

Employer identification number
22-2350832

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2013

Open to Public
Inspection

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CHESTNUT MONMOUTH FAMILY HOUSING, LLC - 22-3710194, 10 WOOD STREET, TRENTON, NJ 08618	GENERAL PARTNER OF CHESTNUT MONMOUTH URBAN RENEWAL APARTMENTS, LP	NEW JERSEY	86,460	1,274,604	ISLES, INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ISLES COMMUNITY FOUNDATION, INC. - 37-1420125, 10 WOOD STREET, TRENTON, NJ 08618	MANAGES INVESTMENT ACTIVITY FOR ISLES INC, HOLDING COMPANY OF REAL ESTATE PROPERTY FOR ISLES, INC.'S EXEMPT PURPOSE	NEW JERSEY	501(C)(3)	LINE 11C, LII-FI	ISLES INC		X
TRENTON, NJ 08618		NEW JERSEY	501(C)(2)		ISLES INC		X
ISLES R4, INC - 27-0375809	WEATHERIZATION SERVICES TO LOW INCOME HOUSEHOLDS PROVIDES EDUCATION, TRAINING, AND FINANCING TO DISTRESSED COMMUNITIES	NEW JERSEY	501(C)(3)	LINE 9	ISLES INC		X
TRENTON, NJ 08618		NEW JERSEY	501(C)(3)	LINE 9	ISLES INC		X
ISLES COMMUNITY ENTERPRISES CORP. - 26-2483265, 10 WOOD STREET, TRENTON, NJ 08618		NEW JERSEY	501(C)(3)	LINE 9	ISLES INC		X
TRENTON, NJ 08618		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) 2013

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ISLES E4, INC.	D	471,013. LOAN	
(2) ISLES COMMUNITY FOUNDATION INC.	E	642,747. LOAN	
(3) ISLES PROPERTIES, INC.	D	2,328,710. LOAN	
(4) ISLES E4, INC.	D	150,000. LOAN	
(5) ISLES MILL 57	D	573,179. LOAN	
(6) ISLES COMMUNITY ENTERPRISES CORP.	D	235,523. LOAN	

