EXTENDED TO NOVEMBER 16, 2020

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

(Rev. January 2020) Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Α	For the	2019 calendar year, or tax year beginning and	ending			
В	Check if applicable	C Name of organization		D Employer identifi	ication number	
	Address					
	Name change	Doing business as		22-23508	32	
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) 10 WOOD STREET	Room/suite	E Telephone number 609-341-		
	return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	6,754,	912.	
	Amendo return			H(a) Is this a group r		
	Applica tion	,		for subordinates		X No
	pending	SAME AS C ABOVE		H(b) Are all subordinates i		No
$\overline{}$	Tax-exe	mpt status: $X = 501(c)(3)$ 501(c) () ◀ (insert no.) 4947(a)(1) o	or 527	1 ` ′	ı list. (see instructi	
		E: ► WWW.ISLES.ORG	<u>. </u>	H(c) Group exemption	•	J. 1.5)
		organization: X Corporation Trust Association Other	L Year	of formation: 1981		nicile: NJ
		Summary	= 100	or formation, == = = [otato or rogar don	110110; = 1 0
		Briefly describe the organization's mission or most significant activities: ${ m TO}$ OI	FFER S	ERVICES IN	LOW-INCOM	
ģ		COMMUNITIES (IN THE TRENTON AND THE SURRO			DDRESS	
Governance	2	Check this box if the organization discontinued its operations or dispos				
Ą	3 1			3		21
Ģ	3 4 N	Number of independent voting members of the governing body (Part VI, line 1b)				19
≪ "	5 5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)				89
. <u>ĕ</u>	6	Total number of volunteers (estimate if necessary)				250
Activities &	7a	Total unrelated business revenue from Part VIII, column (C), line 12			-2.	313.
Ā	h h	Net unrelated business taxable income from Form 990-T, line 39				403.
	<u> </u>			Prior Year	Current Ye	
Revenue	8 (Contributions and grants (Part VIII, line 1h)		4,927,385.	6,596,	
	9 F	Program service revenue (Part VIII, line 2g)		100,836.		800.
9	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		61,148.		879.
å	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-65,401.		038.
	1	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,023,968.	6,699,	
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		119,629.		571.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.		0.
.,	ا مد د	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,282,524.	3,344,	559.
Fxnenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	, , , , ,	0.
ē	b 7	Total fundraising expenses (Part IX, column (D), line 25)	95.			
й	i ₁₇ (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,383,491.	1,985,	924.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,785,644.	5,574,	054.
	1	Revenue less expenses. Subtract line 18 from line 12		238,324.	1,125,	668.
or	3	·	Ве	ginning of Current Year	End of Ye	ar
Assets or	₫ 20 기	otal assets (Part X, line 16)		19,876,349.	26,489,	916.
Ass	21	otal liabilities (Part X, line 26)		4,607,953.	9,933,	199.
Net	7	Net assets or fund balances. Subtract line 21 from line 20		15,268,396.	16,556,	717.
P	art II	Signature Block				
Und	der penal	ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of m	y knowledge and bel	ief, it is
true	e, correct	, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.		
Sig	jn	Signature of officer		Date		
Не	re	MARTIN JOHNSON, PRESIDENT				
		Type or print name and title				
		Print/Type preparer's name Preparer's signa****	, , [Date Check	PTIN	
Pai	d [Print/Type preparer's name BRIDGET HARTNETT Bridget Hark	nett 1	1/13/20 self-emplo		
Pre	parer	Firm's name ► SOBEL & CO., LLC CPA'S		Firm's EIN ▶	22-143003	39
Use	Only	Firm's address 293 EISENHOWER PARKWAY				
		LIVINGSTON, NJ 07039-1711		Phone no. 97	<u> 3-994-949</u>	4
Ма	y the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes	No

	7.77.7.77.77.7
	1990 (2019) ISLES, INC 22-2350832 Page 2 III Statement of Program Service Accomplishments
Pa	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	ISLES' MISSION IS TO FOSTER SELF-RELIANT FAMILIES AND HEALTHY,
	SUSTAINABLE COMMUNITIES.
_	
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 692,262. including grants of \$ 243,571.) (Revenue \$ 21,145.)
	COMMUNITY PLANNING & DEVELOPMENT/URBAN AGRICULTURE: ISLES COLLABORATES
	WITH RESIDENTS AND STAKEHOLDERS TO DEVELOP AND IMPLEMENT NEIGHBORHOOD
	REVITALIZATION PLANS, AS WELL AS TOPICAL PLANS SCALED BEYOND THE
	NEIGHBORHOOD LEVEL, SUCH AS PLANS RELATED TO VACANT PROPERTIES, FOOD
	SYSTEMS, AND ARTS AND CULTURE. ISLES HELPS RESIDENTS UNDERSTAND,
	INFLUENCE, AND BENEFIT FROM THE MULTIFACETED REDEVELOPMENT PROCESS
	ANDLEADS GRASSROOTS EFFORTS AGAINST VACANT AND ABANDONED PROPERTIES.
	ISLES ADDRESSES HUNGER, FOOD ACCESS, AND NEIGHBORHOOD DISINVESTMENT BY
	ENGAGING RESIDENTS IN URBAN AGRICULTURE.
	WE SUPPORT 63 COMMUNITY, SCHOOL, AND INSTITUTIONAL GARDENS AND OFFER
	HANDS-ON TRAINING IN OUR INCUBATOR GARDEN. ISLES MAINTAINS, BEAUTIFIES,
4b	(Code:) (Expenses \$1, 255, 941. including grants of \$) (Revenue \$)
	ISLES' CENTER FOR ENERGY AND ENVIRONMENTAL TRAINING (CEET): CEET IS A
	GREEN COLLAR JOB TRAINING FACILITY, TARGETING CAREERS IN ENERGY
	EFFICIENCY AND ENVIRONMENTAL HEALTH.
	LEAD AND HEALTHY HOMES POLICY: ISLES CONTINUES TO PROVIDE RETROFITS TO
	LOW-INCOME HOMES TO IMPROVE ENERGY EFFICIENCY AND REMOVE LEAD, MOLD,
	AND ASTHMA TRIGGERS, AND OTHER HEALTH HAZARDS.
4c	(Code:) (Expenses \$1,061,159. including grants of \$) (Revenue \$)
	ISLES REAL ESTATE SERVICES WORK IN CONJUNCTIONWITH THE COMMUNITY
	PLANNING AND DEVELOPMENT SERVICES TO CARRY OUT STRATEGIC REDEVELOPMENT
	PROJECTS, INCLUDING COMMUNITY FACILTIES, HOMES, AND COMMERCIAL SPACES.
	THIS ALSO INCLUDES LONG-TERM MANAGEMENT OF ALL ISLES PURCHASED
	PROPERTIES AND ISLES OFFICE FACILITIES. PROPERTY MANAGEMENT CONSISTS OF
	PROPERTY MAINTENANCE AND REPAIRS AND TENANT SERVICES. FACILITIES
	MANAGEMENT CONSISTS OF ASSISTING WITH TRAINING AND MEETING SPACES AS
	WELL AS MAINTENANCE AND REPAIRS OF FACILITTIES.
	ISLES REAL ESTATE SERVICES ALSO OVERSEE THE DEVELOPMENT OF THE MILL ONE
	PROJECT AND THE SOCIAL PROFIT CENTER AT MILL ONE. THIS INCLUDES ALL

CONSTRUCTION AND TENANT IMPROVEMENTS. THEY ALSO HANDLE DEVELOPMENT OF

4d Other program services (Describe on Schedule O.)

le Total program service expenses ► 4,025,094.

1,015,732. including grants of \$

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4,736.)

17191113 758553 ISLESINC

) (Revenue \$

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Form 990 (2019) ISLES, INC Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	L,		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		1
8	, ,			x
•	Schedule D, Part III	8		
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?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		7.7	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	 17 a		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
15		4.5		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		_v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	_X_	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> </u>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

Form 990 (2019) ISLES, INC
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		x
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Pai	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	38	X	Ь
. u	Check if Schedule O contains a response or note to any line in this Part V			
	Check if Confedule C Contains a response of flote to any line in this Fait V		Voc	Na
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the Harmost of Forms W 24 mondaded in mile 14. Enter of in not applicable			
·	(gambling) winnings to prize winners?	1c	Х	
03300	1 01 20 20			(2019)

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Form 990 (2019) ISLES, INC

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

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				100	110
	filed for the calendar year ending with or within the year covered by this return	2a	89			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	O		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authori	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accoun	t)?	4a		_X_
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	s (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		<u>X</u>
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			0-		v
	any contributions that were not tax deductible as charitable contributions?			6a		_X_
D	If "Yes," did the organization include with every solicitation an express statement that such contributi		gitts	Gh.		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c)			6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vicae n	rovided to the payor?	7a	х	
a b	Teller III II I		Tovided to the payor:	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			7.5		
·	to file Form 8282?	ao roqu		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		:?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fil	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	e			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b	, , , , , , , , , , , , , , , , , , , ,			9b		
10	Section 501(c)(7) organizations. Enter:	1	1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	445				
a	Gross income from members or shareholders Gross income from other sources (Do not not amounts due or paid to other sources against	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		_X_
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		_X_
	If "Yes," see instructions and file Form 4720, Schedule N.		_			37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incon	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.					

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 21			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
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?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This social 2 logistic mismatch as sat policies to require by the mismatch as social)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
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?	16a		х
b	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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶NJ			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.	,/		
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 609-341-4700			
	10 WOOD STREET, TRENTON, NJ 08618			

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Form 990 (2019) ISLES, INC 22-2350832 Page 7

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.

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

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

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than o	one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MARTIN JOHNSON EX-OFFICIO	20.00	.		Х				61 050	0.	2,330.
(2) KATHLEEN FITZPATRICK	0.50	Х		Λ				61,958.	0.	4,330.
TREASURER & TRUSTEE	0.50	Х		х				0.	0.	0.
(3) LINDA REVELLE	0.50	^						0.	0.	<u></u>
CHAIRPERSON	0.50	Х		Х				0.	0.	0.
(4) CALVIN B. THOMAS, JR	0.50							0.	0.	<u></u>
TRUSTEE	0.50	х						0.	0.	0.
(5) CHRISTOPHER CRAMER	0.50							•	•	
TRUSTEE	0.30	х						0.	0.	0.
(6) CLARICE TAYLOR	0.50								0.1	
TRUSTEE		Х						0.	0.	0.
(7) GARY GRAY	0.50								-	
TRUSTEE		Х						0.	0.	0.
(8) IAN GOLDSTEIN	0.50									
TRUSTEE		Х						0.	0.	0.
(9) KAREN MCGUINNESS	0.50									
TRUSTEE		Х						0.	0.	0.
(10) MATTHEW WASSERMAN	0.50									
TRUSTEE		Х						0.	0.	0.
(11) MELANIE WILLOUGHBY	0.50									
TRUSTEE		Х						0.	0.	0.
(12) RACHEL COGSVILLE-LATTIMER	0.50	<u> </u>								
TRUSTEE		Х						0.	0.	0.
(13) ROLANDO TORRES, JR.	0.50									
TRUSTEE	0.50	Х						0.	0.	0.
(14) RON STARK	0.50	1								_
TRUSTEE		Х						0.	0.	0.
(15) RUKIYA BLACKWELL	0.50	ļ								
TRUSTEE	0.50	Х	_					0.	0.	0.
(16) SEAN JACKSON	0.50	٠,						_	_	_
TRUSTEE (4.7.) GEEDWEN WILLIAMS		Х	_		_	-		0.	0.	0.
(17) STEPHEN WILLIAMS	0.50	₩.							0.	_
TRUSTEE	0.50	X						0.	<u> </u>	0. Form 990 (2010)

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Form 990 (2019) ISLES, I	NC								22-2350	832	Pag	e 8
Part VII Section A. Officers, Directors, Trus	stees, Key Emp	loy	ees,	anc	l Hig	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)	((F)	
Name and title	Average hours per week	box	not ch , unles cer an	ss per	more rson i	than o	n an	Reportable compensation from	Reportable compensation from related	amo	mated ount of ther	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compe fror organ and r		n I
(18) STEVE GOODELL	0.50								_			
TRUSTEE		Х						0.	0.		(0.
(19) THOMAS SULLIVAN TRUSTEE	0.50	Х						0.	0.		(0.
(20) TIM MANAHAN	0.50								<u> </u>			
TRUSTEE		х						0.	0.		(0.
(21) WILLARD ALONZO STANBACK TRUSTEE	0.50	Х						0.	0.			
(22) JOHN HART		Λ						0.	0.		,	0.
COO	32.00			х				120,000.	0.	10	,710	ο.
(23) SHENETTE GRAY	40.00											
MANAGING DIRECTOR	0.50			Х				84,308.	0.	3	,155	ō.
(24) MICHAEL NORDQUIST MANAGING DIRECTOR	40.00			х				32,458.	0.		513	
(25) PETER ROSE	40.00		Н					32,430.	•		<u> </u>	<u> </u>
MANAGING DIRECTOR	0.50			х				71,699.	0.	8	, 263	3.
1b Subtotal	•				•		▶	370,423.	0.	24	,971	ī.
c Total from continuation sheets to Part V							•	0.	0.		(0.
d Total (add lines 1b and 1c)							•	370,423.	0.	24	,971	ī.
2 Total number of individuals (including but r compensation from the organization							o re	ceived more than \$100,	000 of reportable			1
compensation from the organization										Y	'es N	No.
3 Did the organization list any former officer		,	,	•	,	,	•		•			
line 1a? If "Yes," complete Schedule J for s										3		X

and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 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

Section B. Independent Contractors

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 tay year

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							
RUFF AVE HOME IMPROVEMENTS	CONCERNICETON	206 650							
308 RUTHERFORD AVENUE, TRENTON, NJ 08618	CONSTRUCTION	296,650.							
2 Total number of independent contractors (including but not limited to those listed	above) who received more than								

Form 990 (2019)

\$100,000 of compensation from the organization

Form Pa			2019) ISL			NC				22-2350	832 Page 9
га	I L V	••••						=			
			Check if Schedule O o	cont	ains a i	response	or note to any lir	(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	b c d e f	Membership dues Fundraising events	ibuti gran abov	ions) ts, and ve	1f 3,	96,838. 722,776. 776,467.	6,596,081.			
							Business Code		70.000		
Program Service Revenue	2	b c d	PROGRAM FEES				900099	79,800.	79,800.		
п.	f All other program service revenue g Total. Add lines 2a-2f							79,800.			
	3 4 5		Investment income (included other similar amounts)	ling of tax	divider k-exem	nds, intere	est, and	46,584.			46,584.
	6	b	Gross rents Less: rental expenses Rental income or (loss)	6a 6b 6c	7 10	Real ,993. ,306.					
			Net rental income or (loss)				>	-2,313.		-2,313.	
anne	7	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	7a 7b	1	,705.	(ii) Other				
3eve			Net gain or (loss)					-1,705.			-1,705.
Other Revenue		а	Gross income from fundraisir including \$ 96 contributions reported on Part IV, line 18 Less: direct expenses	ng ev , 8 Iine	nents (n 38 • 1c). Se	ot of ee 8a	7,951.				
			Net income or (loss) from					-35,228.			-35,228.
		b	Part IV, line 19Less: direct expenses	s income from gaming activities. See IV, line 19		9a 9b					
	10	а	Net income or (loss) from a Gross sales of inventory, I and allowances Less: cost of goods sold	ess 	returns	10a					
			Net income or (loss) from				•				
aneous enue	11		MISCELLANEOUS				Business Code 900099	16,503.			16,503.
ž d		b									

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d All other revenue

Total revenue. See instructions

e Total. Add lines 11a-11d

79,800.

-2,313.

16,503. 699,722.

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Form 990 (2019) ISLES, INC
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	alete all columns. All othe	er organizations must cor	nnlete column (A)	
00011	Check if Schedule O contains a respon			прісте соганні (ну.	X
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			3	
	and domestic governments. See Part IV, line 21	234,141.	234,141.		
2	Grants and other assistance to domestic		•		
	individuals. See Part IV, line 22	9,430.	9,430.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	395,393.	290,042.	81,483.	23,868.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,336,496.	1,711,705.	480,187.	144,604.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	59,229.	57,247.	1,088.	894. 15,279.
9	Other employee benefits	296,799.	182,753.	98,767.	15,279.
10	Payroll taxes	256,642.	199,970.	43,574.	13,098.
11	Fees for services (nonemployees):	224 525	444 446	- 0.40	40.050
а	Management	234,537.	144,416.	78,048.	12,073.
	Legal	1,492.	918.	497.	12,073. 77. 3,130.
	Accounting	60,800.	37,437.	20,233.	3,130.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	CC1 720	407 464	220 211	24 064
	column (A) amount, list line 11g expenses on Sch O.)	661,739. 3,641.	407,464. 2,681.	220,211. 527.	34,064. 433.
12	Advertising and promotion	3,041.	2,001.	547.	433.
13	Office expenses	87,488.	53,870.	29,114.	4,504.
14	Information technology	0/,400.	33,070.	23,114.	4,504.
15	Royalties	138,434.	128,788.	7,425.	2,221.
16	Occupancy	19,474.	17,655.	1,059.	760.
17	Travel Payments of travel or entertainment expenses	17,114	17,033.	1,000.	700•
18	for any federal, state, or local public officials				
40	Conferences, conventions, and meetings				
19 20		129,284.	15,986.	92,678.	20,620.
21	Payments to affiliates		23,300	22,0,00	20,020
22	Depreciation, depletion, and amortization	67,954.	64,206.	3,200.	548.
23	Insurance	169,110.	134,916.	34,194.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM EXPENSES AND SU	203,817.	169,794.	26,315.	7,708.
b	SERVICES EXPENSE	97,636.	90,833.	5,237.	1,566.
С	STIPEND	28,220.	21,989.	4,791.	1,440.
d	DUES AND MEMBERSHIPS	24,399.	17,965.	3,533.	2,901.
е	All other expenses	57,899.	30,888.	25,004.	2,007.
25	Total functional expenses. Add lines 1 through 24e	5,574,054.	4,025,094.	1,257,165.	291,795.
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)				

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Part X | Balance Sheet ISLES, INC

Pai	rt 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
	1	Cash - non-interest-bearing	676,218.	1	415,020.
	2	Savings and temporary cash investments	14,971.		11,464.
	3	Pledges and grants receivable, net	477,166.	3	840,958.
	4	Accounts receivable, net	2,251,327.	4	2,795,293.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ι	7	Notes and loans receivable, net		7	5,767,000.
Assets	8	Inventories for sale or use		8	
ğ	9	Prepaid expenses and deferred charges	30,397.	9	17,765.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 16,336,987.			
	b	Less: accumulated depreciation 10b 1,618,697.	15,013,862.		14,718,290.
	11	Investments - publicly traded securities	1,390,667.	11	1,573,900.
	12	Investments - other securities. See Part IV, line 11	14,300.	12	14,300.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	7,441. 19,876,349.	15	335,926.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	19,876,349.	16	26,489,916.
	17	Accounts payable and accrued expenses	790,983.	17	3,741,702.
	18	Grants payable	0 205	18	014 140
	19	Deferred revenue	2,325.	19	214,140.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
-ia Fi		controlled entity or family member of any of these persons	2 220 040	22	5 624 274
_	23	Secured mortgages and notes payable to unrelated third parties	3,228,048. 412,808.	23	5,624,374. 182,694.
	24	Unsecured notes and loans payable to unrelated third parties	412,000.	24	102,094.
	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	173,789.	OE.	170,289.
	26	Total liabilities. Add lines 17 through 25	4,607,953.		9,933,199.
	20	Organizations that follow FASB ASC 958, check here	4,001,555	20	J, J, J, J, J, T, J, J, T,
S		and complete lines 27, 28, 32, and 33.			
ĕ	27	Net assets without donor restrictions	10,083,787.	27	11,745,918.
3ala	28	Net assets with donor restrictions	5,184,609.	28	4,810,799.
Ē		Organizations that do not follow FASB ASC 958, check here	0,202,000		
Ē		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
et,	32	Total net assets or fund balances	15,268,396.	32	16,556,717.
2			19,876,349.	33	26,489,916.
	33	Total liabilities and net assets/fund balances	19,876,349.	33	26,489,

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Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,69</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,57		
3	Revenue less expenses. Subtract line 2 from line 1	3		.,12		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	<u> </u>	,26		
5	Net unrealized gains (losses) on investments	5		21	<u>1,9</u>	<u>71.</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8			5,8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9		- 4	3,4	26.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	16	5,55	6,7	17.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
2a	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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule C).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Au	tit			
	Act and OMB Circular A-133?			За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<u></u>	3b	X	
				Form	990	(2019)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number Name of the organization 22-2350832 **ISLES** INC Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

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Schedule A (Form 990 or 990-EZ) 2019

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6529280.	5546951.	4732925.	4927385.	6596081.	28332622.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	6529280.	5546951.	4732925.	4927385.	6596081.	28332622.
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)						
	Public support. Subtract line 5 from line 4.						28332622.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	6529280.	5546951.	4732925.	4927385.	6596081.	28332622.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	75,509.	75,715.	117,853.	106,787.	46,584.	422,448.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	522,342.	3,636.	56,801.	20,477.		619,759.
11	Total support. Add lines 7 through 10						29374829.
12	Gross receipts from related activities,	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			12	596,904.
13	First five years. If the Form 990 is for	•			•	. , , ,	
0	organization, check this box and stor	here					>
Sec	ction C. Computation of Publi						06.45
14	Public support percentage for 2019 (I					14	96.45 %
15	Public support percentage from 2018					15	95.99 %
16a	33 1/3% support test - 2019. If the c						
	stop here. The organization qualifies						
D	33 1/3% support test - 2018. If the contract the support test - 2018 is the contract t						. \Box
47-	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the "fac				· · · · · · · · · · · · · · · · · · ·	_	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets the						₽
40	organization meets the "facts-and-circ			•	,		
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 160, 1/a, or 1/b	, cneck this box ar	na see instructions	5 P

Schedule A (Form 990 or 990-EZ) 2019

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

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

Se	ction A. Public Support	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	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						
7	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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						
•	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						L
	ction B. Total Support	Г	1		T	T	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<i>.</i>		L	504()(0)	<u>.</u>
14	First five years. If the Form 990 is for	-			-		
20	check this box and stop here ction C. Computation of Publi						P
	Public support percentage for 2019 (I			oolumn (f))		15	30
	Public support percentage from 2018					16	<u>%</u>
<u>16</u> Se	ction D. Computation of Inves				•••••	1 10 1	70
_	Investment income percentage for 20			ne 13 column (f)		17	%
18	Investment income percentage from					18	
	a 33 1/3% support tests - 2019. If the						
	more than 33 1/3%, check this box ar						. —
	33 1/3% support tests - 2018. If the						
•	line 18 is not more than 33 1/3%, che	· ·				•	
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

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

	Yes	No
1		
•		
2		
3a		
- Ga		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
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7		
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8		
9a		
9b		
9c		
10a		
10b		<u> </u>
gan or ga	10-F71	2010

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Pa	t IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
-	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes." explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	or type is emphasizing organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	1, 0 0	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
	men = 17 m 1)pe m eupperung engammanen		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
Ü	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		2		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
' a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	uctions)		
2	Activities Test. Answer (a) and (b) below.	ictions)	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	140
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Lu		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
		2b		
3	activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below.	£IJ		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
h	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	Jd		
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	JU		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integra	ted Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations _(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	5		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	•	(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
<u>a</u>	From 2014			
b	From 2015			
с	From 2016			
<u>d</u>	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
<u>_ i</u>	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
	Evenes from 2010			

Schedule A (Form 990 or 990-EZ) 2019

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

2019

22-2350832 **ISLES** INC Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization Employer identification number

ISLES, INC 22-2350832 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 FIDELITY CHARITABLE FUND X Person **Payroll** PO BOX 770001 400,000. Noncash (Complete Part II for CINCINNATI, OH 45277 noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 SANDS FOUNDATION X Person **Payroll** 902 CARNEGIE CENTER WEST, SUITE 400 150,000. Noncash (Complete Part II for PRINCETON, NJ 08540 noncash contributions.) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 JOHNSON FAMILY X Person Payroll 62 LAMBERTVILLE-HOPEWELL ROAD 500,000. Noncash (Complete Part II for HOPEWELL, NJ 08525 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 4 VOLCKER FAMILY X Person Payroll 151 E 79TH STREET 200,000. Noncash (Complete Part II for NEW YORK, NY 10075 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 COUNTY OF MERCER Person 640 SOUTH BROAD STREET, ROOM 317, PO Payroll BOX 8068 234,402. Noncash (Complete Part II for TRENTON, NJ 08650 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 NEW JERSEY DEPARTMENT OF LABOR X Person Payroll 1 JOHN FITCH PLAZA 512,570. Noncash (Complete Part II for

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noncash contributions.)

TRENTON, NJ 08625

Name of organization

Employer identification number

22-2350832

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS 101 SOUTH BROAD STREET, PO BOX 800 TRENTON, NJ 08625	\$ 1,313,199.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	NEW JERSEY DEPARTMENT OF HEALTH 369 SOUTH WARREN STREET TRENTON, NJ 08625	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	CITY OF TRENTON 319 EAST STATE STREET TRENTON, NJ 08625	\$ 275,545.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for

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

Name of or	rganization			Employer identification number			
ISLES,	, INC			22-2350832			
Part III		through (e) and the following line charitable, etc., contributions of \$1,000	entry. For or	01(c)(7), (8), or (10) that total more than \$1,000 for the year			
(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, ar	nd ZIP + 4	Re	elationship 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, ar	nd ZIP + 4	Re	elationship 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		Re	elationship 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, ar	nd ZIP + 4	Re	elationship of transferor to transferee			

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ISLES, INC **Employer identification number** 22-2350832

Pa			imilar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6. (a) Donor advised	d funds	(b) Funds and other accounts
1	Total number at end of year	(a) Donor advised	a idilus	(w) i dilde and other accounts
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	vriting that the assets hel	d in donor advised f	unds
Ū	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·		Yes No
Pai				
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of a h	istorically important land area
	Protection of natural habitat		Preservation of a c	ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribu	ition in the form of a	conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				
С	Number of conservation easements on a certified historic stru	ıcture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on	a historic structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or te	erminated by the org	anization during the tax
	year ▶			
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri	odic monitoring, inspecti	on, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	handling of violations, an	d enforcing conserva	ation easements during the year
				
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enf	orcing conservation	easements during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	• •		
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footness.	ote to the organization's	financial statements	that describes the
Dai	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art Historical Tres	euros or Otho	r Similar Assots
I a	Complete if the organization answered "Yes" on Form		asures, or other	Ollilla Assets.
			nue statement and h	palanaa ahaat warka
ıa	If the organization elected, as permitted under FASB ASC 958	•		
	of art, historical treasures, or other similar assets held for pub			erance or public
h	service, provide in Part XIII the text of the footnote to its finan			noe shoot works of
D	If the organization elected, as permitted under FASB ASC 958	· ·		
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in lurthera	nce of public service,
	provide the following amounts relating to these items:			• \$
	(i) Revenue included on Form 990, Part VIII, line 1			. .
2		neuroe or other similar as		
2	If the organization received or held works of art, historical treation following amounts required to be reported under EASP ASP			iii, provide
_	the following amounts required to be reported under FASB AS	~		• \$
a	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X			
IJ	ASSERT INCIDITED IN FULL BOOK FAIL A			🕶 🛡

Schedule D (Form 990) 2019

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

22-2350832 Page 2 ISLES, INC Schedule D (Form 990) 2019 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): Public exhibition Loan or exchange program h Scholarly research Other Preservation for future generations С Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 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? No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c 1d d Additions during the year 1e Distributions during the year Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Nο If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (b) Prior year (a) Current year (c) Two years back (d) Three years back (e) Four years back 1,373,901. 1,703,281, 1,427,173 1,654,967 1,755,075. **1a** Beginning of year balance Contributions 101,075. 248,238. 286,901. -51,766. -97,661**.** Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities 231,719. 328,869. 42,148. 48,342. and programs Administrative expenses 1,579,991. 1,373,901. 1,703,281, End of year balance 1,427,173, 1,654,967. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes (i) Unrelated organizations X (ii) Related organizations 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		72,509.		72,509.
b Buildings		257,532.		257,532.
c Leasehold improvements		403,054.		403,054.
d Equipment		2,311,053.		2,311,053.
e Other		13,292,839.	1,618,697.	11,674,142.
Total. Add lines 1a through 1e. (Column (d) must equa	14,718,290.			

Schedule D (Form 990) 2019

Part VII Investments - Other Securities.		22-	-2350832 Page 3
Complete if the organization answered "Yes" o	n Form 900 Part IV line	11h See Form 990 Part V line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-vear market value
(1) Financial derivatives	(-,	(5)	
(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" o	n 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-vear market value
(1)	(-,	(-,	
(2)			
(3)		<u> </u>	
(4)		<u> </u>	
(5)			
(6)			
(7)			
(8)			
Total (Col. (b) must squal Form 000, Part V. sol. (P) line 12.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description	11d. Gee 1 Gilli 556, 1 art X, iiile 15.	(b) Book value
(1)			(-,
(2)			
(3)			
<u>(4)</u>			
<u>(5)</u>			
(6)			
(9)			
	45.)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<i>[5.]</i>		
Complete if the organization answered "Yes" o	n Form 000 Part IV line	110 or 11f Soo Form 900 Part V line 25	
. (a) Description of liability	in Form 990, Fart IV, line	The of Thi. See Form 990, Fart A, line 25.	(b) Book value
(1) Federal income taxes			(b) Book value
(2) BOX POWER PROJECT			150,000.
	TTM		130,000.
	01		20,289.
(4) MONMOUTH			40,409.
(5)			
(6)			
(7)			
(8)			
(9)	27.		170,289.
Total. (Column (b) must equal Form 990. Part X. col. (B) line	<u>25.) </u>	>	1/0,409.

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

Schedule D (Form 990) 2019

	dule D (Form 990) 2019 ISLES, INC	L. Will D	22-2350632 Page
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	ts with Revenue per i	Return.
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1			1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a	
a	Net unrealized gains (losses) on investments Donated services and use of facilities	2b	
0	Recoveries of prior year grants	2c	
	Other (Describe in Part XIII.)		
			2e
3	Add lines 2a through 2d Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	•••••	
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	Other (Describe in Part XIII.)		
	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses pe	r Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		. 2e
3	Subtract line 2e from line 1		. 3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		. 4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
	t XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV		ne 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 additi	onal information.	
PΔR	T V, LINE 4:		
	11 11 11		
THE	ORGANIZATION'S ENDOWMENT FUNDS ARE TO BE	JSED FOR THE IS	SLES YOUTH
CEN	TERED SERVICES AND TO CREATE CAPITAL.		
PAR	T X, LINE 2:		
тиъ	INTERNAL REVENUE SERVICE HAS RECOGNIZED I	ST.FG TNC AG	тау ғуғмот
1111	I INTERNAL REVENCE BERVICE HAD RECOGNIZED I	SHED, INC. AD .	
UNE	ER SECTION 501(C)(3) OF THE INTERNAL REVEN	JE CODE.	
TRE	NTON COMMUNITY HOLDING COMPANY IS TAXED AS	A PARTNERSHIP	. ACCORDINGLY,
ANY	INCOME OR LOSS IS REFLECTED ON THE TAX RE	TURNS OF THE RI	ESPECTIVE
	IDED GIVE BURGE DIRECTOR TO INC.	OLDIED DIZ TOTTO	g TNG
MEN	BERS. SINCE THESE PARTNERSHIPS ARE WHOLLY	OMMED BY ISTE	S, INC., THEY
ARE	CONSIDERED DISREGARDED ENTITIES FOR TAX P	JRPOSES.	
	10-02-19		Schedule D (Form 990) 20

Schedule D (Form 990) 2019

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

ISLES,	INC					22-2350	832
Part I Fundraising Activities.	- Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	line 1		
required to complete this par 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indictions compensated at least \$5,000 by the	sed funds through any of the following e Solicitates f Solicitates g Special Special or oral agreement with any individual Part VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (incluc	non-g gover aising ding of onal fu	overnment grants nment grants events fficers, directors, trus undraising services?	stees,	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	to (d	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total 3 List all states in which the organization or licensing.	on is registered or licensed to solicit c		utions	or has been notified	l it is	exempt from re	<u>L</u> gistration
Of flooring.							

Schedule G (Form 990 or 990-EZ) 2019

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

	edu ı rt İ	le G (Form 990 or 990-EZ) 2019 ISLES,				2350832 Page 2
Pa	וונו	Fundraising Events. Complete if the of fundraising event contributions and groups are the contributions.				
			(a) Event #1 LEGACY EVENT	(b) Event #2 ISLES BRIDGE BUILDER	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
ne			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	103,439.	1,350.		104,789.
	2	Less: Contributions	95,488.	1,350.		96,838.
	3	Gross income (line 1 minus line 2)	7,951.			7,951.
	4	Cash prizes				
s	5	Noncash prizes				
bense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	18,167.	2,768.		20,935.
	8	Entertainment	2,000.	300. 2,686.		2,300.
	9	Other direct expenses		2,686.		19,944.
		3			>	43,179.
Da	ırt l	Net income summary. Subtract line 10 from li Gaming. Complete if the organization a		000 Dort IV line 10 or r		-35,228.
		\$15,000 on Form 990-EZ, line 6a.	answered res on Form	990, Fait IV, line 19, 011	eported more triair	
Revenue		, ,	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
	2	Cash prizes				
Expenses						
t Exp	3	Noncash prizes				
Direc	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
9	En	ter the state(s) in which the organization condu	cts gaming activities:			
		the organization licensed to conduct gaming ac	-	states?		Yes No
b	lf "	No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax y	ear?	. L Yes No

Schedule G (Form 990 or 990-EZ) 2019

Sch	nedule G (Form 990 or 990-EZ) 2019 ISLES, INC 22-	2350832	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
á	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
•	of gaming revenue retained by the third party > \$		
	If "Yes," enter name and address of the third party:		
•	on 165, onto hame and address of the time 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
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	, ,	, ,
	· · · · · · · · · · · · · · · · · · ·		
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_			
_			

Schedule G (Form 990 or 990-EZ) ISLES, INC	22-2350832 Page 4
Schedule G (Form 990 or 990-EZ) ISLES, INC Part IV Supplemental Information (continued)	<u> </u>
i (continued)	

17191113 758553 ISLESINC

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization ISLES, INC							Employer identification number 22-2350832
Part I General Information on Grants a							22-2350832
Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro	o substantiate the						on X Yes No
Part II Grants and Other Assistance to I					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$	5,000. Part II can	be duplicated if additi	onal space is neede	ed.			
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 noncash assistance	(h) Purpose of grant or assistance
219 EAST HANOVER , LLC 113 SOUTH MONTGOMERY STREET TRENTON, NJ 08611			82,529.	0.			ENVIRONMENTAL CLEAN UP
I AM TRENTON COMMUNITY FOUNDATION PO BOX 1743 TRENTON, NJ 08618			47,500.	0.			COMMUNITY ENGAGEMENT
NEW JERSEY SHARES, INC 4 WALTER E. FORAN BOULEVARD, SUITE FLEMING, NJ 08822			89,000.	0.			ENERGY SELF SUFFICIENCY FOR INDIVIDUALS AND FAMILIES
THE TRENTON HEALTH TEAM , INC. ONE WEST STATE STREET, 4TH FLOOR TRENTON, NJ 08608			14,061.	0.			HEALTH AND WELL BEING OF THE TRENTON COMMUNITY
2 Enter total number of section 501(c)(3) at3 Enter total number of other organizations	-	-	e line 1 table				3. 1.

22-2350832 Page **2**

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance UPGRADING OF COMMERCIAL KITCHEN 0. 9,430. 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

ISLES, INC

Schedule I (Form 990) (2019)

SCHEDULE L

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open To Public Inspection

Name of the organization						Emplo	yer ident	ificatio	on nu	mber
ISLES,							3508	32		
Part I Excess Benefit Trans	sactions (section 50	01(c)(3)	, secti	on 501(c)(4), and sec	ction 501(c)(29) organ	izations	only).			
Complete if the organization	n answered "Yes" on I	Form 99	90, Pa	ırt IV, line 25a or 25b	, or Form 990-EZ, Pa	rt V, line	40b.			
1 ((b) Relationship bety	ween d	isqual	ified	\ D i - ti f t			(d)	Corre	cted?
(a) Name of disqualified person	person and or	rganiza	tion	(0	c) Description of trans	saction		Ye	es	No
2 Enter the amount of tax incurred by	the organization man	agers c	or disq	ualified persons duri	ng the year under					
section 4958						▶	\$			
3 Enter the amount of tax, if any, on li	ne 2, above, reimburs	sed by t	he org	ganization		▶	\$			
Part II Loans to and/or Fron	n Interested Pers	sons.								
Complete if the organization	າ answered "Yes" on F	Form 99	90-EZ,	Part V, line 38a or F	orm 990, Part IV, line	26; or if	the orga	nizatio	n	
reported an amount on Form	<u> </u>						l/1 \ A			
(a) Name of (b) Relation		(d) Loa from		(e) Original	(f) Balance due	(g) ln	l'hv hc	proved ard or	(i) W	/ritten
interested person with organi	ization of loan	organiz		principal amount		default	<u>cómn</u>	nittee?	agree	ment?
		То	From			Yes N	o Yes	No	Yes	No
							_			
							_			
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							_			
						-	-			
							+			
T-1-1				. .						
Total Part III Grants or Assistance	Benefiting Inter	ested	Per	> \$						
Complete if the organization	_									
(a) Name of interested person				(c) Amount of	(d) Type	of	10	e) Purp	000.0	f
(a) Name of interested person	(b) Relationship interested pers			assistance	assistand			assista		•
	the organiza		-							
	1						1			
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	1						1			
	1									

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

Schedule L (Form 990 or 990-EZ) 2019

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

ISLES

Employer identification number 22-2350832 INC

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 Ef 4ENERGY AND WEATHERIZATION SERVICES. SUBSIDIARY,

LINE 4A, FORM 990, PART III, PROGRAM SERVICE ACCOMPLISHMENTS: AND ACTIVATES THE PUBLIC REALM WITH GARDENS, POP UP EVENTS, PARKLETS AND PARK PROGRAMMING IN ORDER TO POSITIVELY CHANGE THE PERCEPTION AND EXPERIENCE OF PLACE IN NEIGHBORHOODS.

PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: ALL SPACES AS WELL AS BRINGING IN NEW TENANTS TO THE SITE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: ISLES YOUTH INSTITUTE (IYI): ISLES YOUTH INSTITUTE OFFERS ALTERNATIVE EDUCATION OPTIONS FOR AT-RISK URBAN STUDENTS SEEKING A HIGH SCHOOLDIPLOMA, VOCATIONAL SKILLS TRAINING, AND LIFE SKILLS TRAINING HEALTH EDUCATION, (LEADERSHIP, FINANCIAL, CONFLICT MANAGEMENT). ISLES HAS DEVELOPEDAN EFFECTIVE PEER-BASED APPROACH FOR STUDENTS AGES 16 TO WHO HAVESTRUGGLED IN TRADITIONAL SCHOOL SETTINGS AND/OR HAVE HAD ENCOUNTERSWITH THE JUSTICE SYSTEM. IYI STUDENTS ARE SERVANT LEADERS AND HELP REVITILIZE THE COMMUNITY.

HOMEOWNERSHIP/FORECLOSURE COUNSELING: ISLES OFFERS HOMEBUYER AND FORECLOSURE COUNSELING TO PREPARE LOW- AND MODERATE-INCOME INDIVIDUALS FOR HOMEOWNERSHIP AND TO HELP FAMILIES AVOID FORECLOSURE.

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Employer identification number Name of the organization 22-2350832 ISLES, INC ISLES FINANCIAL SOLUTIONS: ISLES FINANCIAL SOLUTIONS (IFS) IS AN EMPLOYER-BASED FINANCIAL CAPABILITY INITIATIVE FOR LOWER WAGE WORKERS. EXPENSES \$ 1,015,732. INCLUDING GRANTS OF \$ 0. REVENUE \$ 4,736. FORM 990, PART VI, SECTION A, LINE 2: SHENETTE GRAY, MANAGING DIRECTOR, IS RELATED TO GARY GRAY, BOARD MEMBER. THEY ARE HUSBAND AND WIFE. FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 IS PROVIDED TO THE CHIEF FINANCIAL OFFICER FOR REVIEW BEFORE IT IS FILED. AFTER THE REVIEW, IT IS FORWARDED TO THE BOARD FOR APPROVAL. FORM 990, PART VI, SECTION B, LINE 12C: EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS THAT SUCH PERSON: A.HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, B.HAS READ AND UNDERSTANDS THE POLICY, C.HAS AGREED TO COMPLY WITH THE POLICY, AND D.UNDERSTANDS THAT ISLES, INC. IS A NON-PROFIT ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES. FORM 990, PART VI, SECTION B, LINE 15: THE PROCESS FOR DETERMINING COMPENSATION INVOLVES AN ANNUAL REVIEW OF INDIVIDUAL PERFORMANCE AND COMPARISON OF PRESENT COMPENSATION TO MARKET DATA.

17191113 758553 ISLESINC

Name of the organization ISLES, INC	Employer identification number 22-2350832
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT O	F INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC U	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTING FEES & OTHER:	
PROGRAM SERVICE EXPENSES	407,464.
MANAGEMENT AND GENERAL EXPENSES	220,211.
FUNDRAISING EXPENSES	34,064.
TOTAL EXPENSES	661,739.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	661,739.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
BAD DEBT	-43,426.
FORM 990, PART XII LINE 2C: OVERSIGHT OF AUDIT: THE PROCESS HAS NOT CHANGED FROM THE PROCESS HAS N	PRIOR YEAR.
HIGHLIGHTS OF 2019:	
FINANCIAL SERVICES:	
ISLES CONTINUED TO OFFER HOMEBUYER AND FORECLOSURE COUNSEL	ING TO
PREPARE LOW- AND MODERATE-INCOME INDIVIDUALS FOR HOMEOWNER	RSHIP AND TO
HELP FAMILIES AVOID FORECLOSURE. WE ALSO OFFERED ISLES FIN	NANCIAL
SOLUTIONS (IFS), AN EMPLOYER-BASED FINANCIAL CAPABILITY IN	ITIATIVE FOR
LOWER WAGE WORKERS THAT INCLUDES AN INNOVATIVE MIX OF FINE	ANCIAL
·	GROUP-BASED Indule O (Form 990 or 990-EZ) (2019

Employer identification number Name of the organization ISLES, INC 22-2350832 LEARNING. IFS WORKS WITH PRINCETON UNIVERSITY, CAPITAL HEALTH SYSTEMS AND LOCAL NONPROFITS. THIS YEAR: ISLES HAD 533 CUSTOMERS SEEKING HOUSING OR FORECLOSURE ADVICE OR ASSISTANCE O 13 CUSTOMERS PURCHASED A FIRST HOME. O 17 FORECLOSURE CUSTOMERS HAD POSITIVE MORTGAGE OUTCOMES (LOAN MODIFICATIONS, ETC.). O 118 HOUSING CERTIFICATES WERE EARNED. 147 EMPLOYEES RECEIVED IFS SERVICES O 94 ONE-ON-ONE CUSTOMERS COMPLETED A BUDGET, CREDIT ANALYSIS AND ACTION PLAN. O 32 CUSTOMERS FILED THEIR TAXES WITH THE ASSISTANCE OF A FINANCIAL COACH. ISLES' CENTER FOR ENERGY AND ENVIRONMENTAL TRAINING (CEET): CEET IS A GREEN COLLAR JOB TRAINING FACILITY, TARGETING CAREERS IN ENERGY EFFICIENCY AND ENVIRONMENTAL HEALTH. THIS YEAR, CEET: PROVIDED OR FACILITATED HEALTHY HOMES FOR COMMUNITY HEALTH WORKERS TRAINING COURSE FOR 73 HOME VISITORS OFFERED "THE SEVEN KEYS TO A HEALTHY HOME" TRAINING TO A TOTAL OF 84 COMMUNITY MEMBERS. PROVIDED LEAD-SAFE RENOVATION, REPAIR, AND PAINT TRAINING AND CERTIFICATION FOR 28 WORKERS. LEAD SAFETY AND HEALTHY HOMES: ISLES CONTINUED TO PROVIDE RETROFITS TO LOW-INCOME HOMES TO IMPROVE ENERGY EFFICIENCY AND REMOVE LEAD, MOLD, AND ASTHMA TRIGGERS, AND OTHER HEALTH HAZARDS. THIS YEAR:

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization **Employer identification number** ISLES, INC 22-2350832 TESTED MORE THAN 150 TRENTON HOMES FOR LEAD IN WATER, SOIL, AND PAINT. COMPLETED MORE THAN 60 LEAD HAZARD CONTROL PROJECTS. ALL UNITS WERE MADE LEAD SAFE. ISLES YOUTH INSTITUTE (IYI): IYI OFFERS ALTERNATIVE EDUCATION OPTIONS FOR DISENGAGED STUDENTS SEEKING THEIR HIGH SCHOOL EQUIVALENCY DIPLOMA, JOB SKILLS, AND LIFE SKILLS TRAINING. THIS YEAR: 15 IYI STUDENTS GRADUATED WITH HIGH SCHOOL DIPLOMAS, AND ONE MATRICULATED TO COLLEGE 24 PRE-APPRENTICE CONSTRUCTION TRAINING (PACT) CERTIFICATES WERE ISSUED TO STUDENTS-12 CORE SKILLS CERTIFICATIONS AND 12 IN THE CARPENTRY FIELD. 40 YOUTH PARTICIPATED IN MEANINGFUL COMMUNITY SERVICE PROJECTS. 22 CERTIFICATIONS WERE EARNED IN CPR/FIRST AID AND OSHA. 30 STUDENTS, COMMUNITY MEMBERS, AND ALUMNI PARTICIPATED IN VARIOUS INTERNAL AND EXTERNAL JOB TRAINING INTERNSHIPS. 20 STUDENTS PARTICIPATED IN THE LEADERSHIP ACADEMY, WHICH INCLUDED ATTENDING THE SYMPOSIUM ON VIOLENCE PREVENTION AT TCNJ, VISITING THE STATE CAPITOL IN TRENTON TO SPEAK WITH CITY COUNCIL MEMBERS, AND VISITING THE U.S. CAPITOL IN WASHINGTON, D.C. FOR A CONGRESSIONAL COMMITTEE MEETING ON MENTAL HEALTH IN URBAN COMMUNITIES COMMUNITY PLANNING AND DEVELOPMENT (CP&D): ISLES PARTNERS WITH RESIDENTS, CIVIC ORGANIZATIONS, AND NEIGHBORHOOD ASSOCIATIONS TO IDENTIFY COMMUNITY NEEDS, INTERESTS, AND PRIORITIES ON CITY-WIDE CONCERNS AND NEIGHBORHOOD LAND USE AND COMMUNITY DEVELOPMENT, AND TO SUPPORT IMPLEMENTATION OF RECOMMENDATIONS THAT EMERGE FROM

Schedule O (Form 990 or 990-EZ) (2019)

Employer identification number Name of the organization 22-2350832 ISLES, INC PLANNING PROCESSES. IN 2019, THIS WORK INCLUDED THE FOLLOWING: CONDUCTED THE SECOND CITY-WIDE VACANT PROPERTY SURVEY WITH SUPPORT FROM THE KRESGE FOUNDATION, WHICH WILL INFORM ONGOING POLICY AND PLANNING WORK AROUND REDEVELOPMENT, VIOLENCE REDUCTION, AND PLACEMAKING OPPORTUNITIES. AS PART OF ITS LEADERSHIP ROLE WITH THE CAPITAL CITY YOUTH VIOLENCE COALITION, HELPED ORGANIZE THE SECOND CITYWIDE SYMPOSIUM ON VIOLENCE REDUCTION WHERE THE COALITION RELEASED THE YOUTH SAFETY PLAYBOOK, A DATA-DRIVEN SET OF STRATEGIES TO SYSTEMATICALLY REDUCE YOUTH VIOLENCE IN TRENTON CONTINUED IMPLEMENTATION OF THE CREEK TO CANAL CREATIVE DISTRICT PLAN, SUPPORTING INNOVATIVE ARTS-BASED INITIATIVES IN AND AROUND DOWNTOWN, INCLUDING THE BROAD STREET BANK GALLERY, THE A-TEAM AT STUDIO 51, AND CREATIVE HANOVER, AMONG OTHERS PROVIDED T-RECS SERVICES AT OVER 30 EVENTS REACHING OVER 1,800 PEOPLE, INCLUDING NATIONAL NIGHT OUT, EAST TRENTON DAY, BRUNSWICK AVE DAY, THE LEVITT CONCERT SERIES IN MILL HILL PARK, THE CHILDREN'S HOME SOCIETY'S ANNUAL HEALTH FAIR, AND THE CITY OF TRENTON'S TAKE-IT-TO-THE-STREETS FUNDED FAADE IMPROVEMENTS TO SMALL BUSINESSES, COORDINATED NEIGHBORHOOD CLEAN-UPS, AND INSTALLED PLANTERS AT HOMES AND BUSINESSES IN OLD TRENTON, CONTRIBUTING TO BEAUTIFICATION EFFORTS WITH I AM TRENTON AND FUNDING FROM THE NEIGHBORHOOD REVITALIZATION TAX CREDIT PROGRAM, INITIATED TWO ROUNDS OF SMALL GRANTS IN OLD TRENTON AND THE TRENTON HISTORIC DEVELOPMENT COLLABORATIVE NEIGHBORHOODS TO SUPPORT SMALL BUSINESSES AND CREATIVE ENTERPRISES

(SPONSORED BY OTHER NONPROFITS OR ORGANIZATIONS) GARDENS. IN 2019, WE: Schedule O (Form 990 or 990-EZ) (2019)

ISLES CP&D CURRENTLY SUPPORTS 63 COMMUNITY, SCHOOL, AND INSTITUTIONAL

17191113 758553 ISLESINC

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

2019

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ISLES, INC

Employer identification number
22-2350832

Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or	Total income	l	
of disregarded entity		,	Total income	End-of-year assets	Direct controlling
		foreign country)			entity
CIAL PROFIT CENTER MILL ONE, LLC -	TO EXECUTE THE CONSTRUCTION				
-4449905, 10 WOOD STREET, TRENTON, NJ	OF THE SOCIAL PROFIT CENTER				
618	AT MILL ONE COMPLEX	NEW JERSEY	269,089.	7,917,793.	ISLES, INC.
LES MILL ONE MANAGER, LLC - 83-4454621	TO LEASE SPACE FROM SPCMO,				
WOOD STREET	LLC AND TO LEASE INDIVIDUAL				
ENTON, NJ 08618	AREAS TO OTHERS	NEW JERSEY			ISLES, INC.
LES MILL ONE MASTER TENANT, LLC -					
-4470161, 10 WOOD STREET, TRENTON, NJ	TO OPERATE THE SOCIAL				
618	PROFIT CENTER	NEW JERSEY	17,648.		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	(f) Direct controlling entity	Section 5 contr enti	olled
				501(c)(3))		Yes	No
ISLES COMMUNITY FOUNDATION, INC							1
37-1420125, 10 WOOD STREET, TRENTON, NJ	MANAGES INVESTMENT			LINE 12D,			1
08618	ACTIVITY FOR ISLES INC.	NEW JERSEY	501(C)(3)	III-O	ISLES INC	X	<u> </u>
ISLES PROPERTIES, INC 55-0799217	HOLDING COMPANY OF REAL						
10 WOOD STREET	ESTATE PROPERTY FOR ISLES,						l
TRENTON, NJ 08618	INC.'S EXEMPT PURPOSE	NEW JERSEY	501(C)(2)		ISLES INC	Х	
ISLES E4, INC - 27-0375809							
10 WOOD STREET	WEATHERIZATION SERVICES TO						ł
TRENTON, NJ 08618	LOW INCOME HOUSEHOLDS	NEW JERSEY	501(C)(3)	LINE 11	ISLES INC	Х	l
ISLES COMMUNITY ENTERPRISES CORP	PROVIDES EDUCATION,						
26-2483265, 10 WOOD STREET, TRENTON, NJ	TRAINING, AND FINANCING TO						l
08618	DISTRESSED COMMUNITIES	NEW JERSEY	501(C)(3)	LINE 11	ISLES INC	Х	<u> </u>

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

Schedule R (Form 990) 2019

Schedule R (Form 990) ISLES, INC 22-2350832

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
ISLES MILL 57, INC 27-1568899	ACQUIRE, HOLD, & SELL REAL						
10 WOOD STREET	PROPERTY TO SUPPORT OTHER						
TRENTON, NJ 08618	501(C)(3) ENTITIES	NEW JERSEY	501(C)(3)	LINE 12A, I	ISLES INC	X	
							
							
							
-							
						1	
						1	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country						Yes	No

Schedule R (Form 990) ISLES, INC 22-2350832

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

	Γ		Ī	1		I	1		ı		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income	Share of total income	Share of end-of-year		portion-	Code V-UBI	General managi	or Percentage ownership
of related organization		(state or foreign	Critity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	moonic	assets	ate allo		Code V-UBI amount in box 20 of Schedule	partition	<u>-</u>
		country)		Sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
ARCHIPELAGO CONDOMINIUM	4										
ASSOCIATION INC	4										
56-2575978, 1800 EAST STATE	CONDOMINIUM										
STREET, HAMILTON, NJ 08609	ASSOCIATION	NJ	N/A	RELATED				X	N/A	X	45.20%
LAZARD, LTD - 98-0437848											
CLARENDON HOUSE, 2 CHURCH											
STREET, HAMILTON HM 11,											
BERMUDA	INVESTMENT	BERMUDA	N/A	RELATED				X	N/A	X	.01%
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Page 3

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No		
1	During the tax year, did the organization engage in any of the following transactions with o	one or more rela	ated organizations listed ir	n Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X		
	Gift, grant, or capital contribution to related organization(s)				1b		X		
	Gift, grant, or capital contribution from related organization(s)				1c		X		
	Loans or loan guarantees to or for related organization(s)				1d	Х			
	Loans or loan guarantees by related organization(s)				1e	Х			
f	Dividends from related organization(s)				1f		<u>х</u> х		
g Sale of assets to related organization(s)									
	Purchase of assets from related organization(s)				1h		_X_		
i	Exchange of assets with related organization(s)				1i		X		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	Х			
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		_X_		
	Performance of services or membership or fundraising solicitations for related organization				11		_X_		
m	Performance of services or membership or fundraising solicitations by related organization	on(s)			1m		_X_		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х			
0	Sharing of paid employees with related organization(s)				10	Х			
р	Reimbursement paid to related organization(s) for expenses				1 p	Х			
	Reimbursement paid by related organization(s) for expenses				1q	Х			
r	Other transfer of cash or property to related organization(s)				1r	Х			
	Other transfer of cash or property from related organization(s)				1s		_X_		
2	If the answer to any of the above is "Yes," see the instructions for information on who must	ust complete this	s line, including covered re	elationships and transaction thresholds.					
		(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount invo	olved				
(1)	ISLES COMMUNITY FOUNDATION INC.	E	2,689,689.	LOAN					

2,599,253.LOAN (2) ISLES PROPERTIES, INC. D D 743,498.LOAN (3) ISLES E4, INC. (4) ISLES MILL 57 D 665,998.LOAN 912,565.LOAN (5) ISLES COMMUNITY ENTERPRISES CORP. Ε (6) SPCMO 2,851,788.LOAN Ε

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

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

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

Schedule R	(Form 990) 2019 ISLES, INC	22-2350832	Page 5
Part VII	Supplemental Information		
	Provide additional information for responses to questions on Schedule R. See instructions.		
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