Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print 22-2350832 ISLES, INC File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 10 WOOD STREET return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions TRENTON, NJ 08618 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) THE ORGANIZATION The books are in the care of
 10 WOOD STREET TRENTON, NJ 08618 Telephone No. ► 609-341-4700 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box
and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

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For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Department of the Treasury

A For the 2022 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number Address change ISLES, INC Name change 22-2350832 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 609-341-4700 10 WOOD STREET 10,093,361. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended TRENTON, NJ 08618 H(a) Is this a group return return
Application
pending F Name and address of principal officer: SEAN JACKSON Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.ISLES.ORG J Website: H(c) Group exemption number **K** Form of organization: X Corporation L Year of formation: 1981 M State of legal domicile: NJ Trust Association Other Part I Summary Briefly describe the organization's mission or most significant activities: TO OFFER SERVICES IN LOW-INCOME **Activities & Governance** COMMUNITIES (IN THE TRENTON AND THE SURROUNDING AREA) TO ADDRESS 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 12 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 141 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 7,608,293. 8,792,665. Contributions and grants (Part VIII, line 1h) 8 1,591,251. 217,146. Program service revenue (Part VIII, line 2g) 434,654. 420,320. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 229,910. 170,301. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 9,864,108. 9,600,432. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 48,613. 195,322. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 3,906,043. 5,290,113. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 3,474,558. 4,685,781. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 7,429,214. 10,171,216. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,434,894. -570,784. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** Ы 25,476,363. 24,983,802 Total assets (Part X, line 16) 6,192,005. 6,593,703 21 Total liabilities (Part X, line 26) 三年 19,284,358. 18,390,099 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign 11-9-2023 SEAN JACKSON CEO Here Type or print name and title Date PTIN Check Preparer's signature Print/Type preparer's name 11/08/23 P02438051 TARA DEL GAVIO TARA DEL GAVIO self-employed Paid CLIFTONLARSONALLEN LLP Firm's name Firm's EIN 41-0746749 Preparer Firm's address 293 EISENHOWER PARKWAY, 2ND FLOOR Use Only Phone no. 973-994-9494 LIVINGSTON, NJ 07039

May the IRS discuss this return with the preparer shown above? See instructions

No

X Yes

	990 (2022) ISLES, INC	22-2350832	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	ISLES' MISSION IS TO FOSTER SELF-RELIANT FAMILIES AND H	EALTHY,	
	SUSTAINABLE COMMUNITIES.		
2	Did the organization undertake any significant program services during the year which were not listed on the		77
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		77
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, a		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ners, the total expenses, a	nd
	revenue, if any, for each program service reported.		
4a			<u>539.</u>
	COMMUNITY PLANNING AND DEVELOPMENT (CP&D): ISLES COLLA		
	RESIDENTS AND STAKEHOLDERS TO IDENTIFY COMMUNITY CONCER		
	PRIORITIES; CREATE COMMUNITY-LED NEIGHBORHOOD PLANS; AN		
	RESOURCES TO SUSTAIN NEIGHBORHOOD REVITALIZATION EFFORT		NG
	TERM. IN ADDITION, ISLES LEADS CITY-WIDE RESEARCH AND P	LANNING	
	INITIATIVES RELATED TO BLIGHT REDUCTION, CREATIVE PLACE	MAKING, AND F	OOD
	SYSTEMS. ISLES ALSO PURCHASES, IMPROVES, AND DEVELOPS R	EAL ESTATE IN	
	DOWNTOWN TRENTON, AND MANAGES AND MAINTAINS AFFORDABLE	HOUSING UNITS	ТО
	MODERATE THE MARKET AND ENSURE HEALTHY, SAFE, AFFORDABL	E HOUSING	
	REMAINS AVAILABLE FOR LONG-TERM RESIDENTS. IN 2022, THI	S WORK INCLUD	ED
	THE FOLLOWING:		
	PARTNERING WITH TRENTON CITY TO REVITALIZE BUSINESSES	AND COMMUNITY	•
4b	(Code:) (Expenses \$3 , 052 , 086 •including grants of \$) (Ret	venue \$ 146,	720.
	ISLES' CENTER FOR ENERGY AND ENVIRONMENTAL TRAINING (CE		
	GREEN COLLAR JOB TRAINING FACILITY, TARGETING CAREERS I		
	EFFICIENCY AND ENVIRONMENTAL HEALTH. THIS YEAR, CEET:		
	·		
	TRAINED 177 INDIVIDUALS IN ENVIRONMENTAL HEALTH AND EN	ERGY EFFICIEN	CY
	(BOTH VIRTUALLY AND IN-PERSON)		
	PROVIDED HEALTHY HOMES FOR 68 COMMUNITY HEALTH WORKERS		
	PROVIDED SUPPORT FOR 25 UNEMPLOYED WORKERS TO GET EMPL		THE
	CLEAN ENERGY JOBS PROGRAM		
	LEAD SAFETY AND HEALTHY HOMES: ISLES CONTINUED TO PROVI	DE RETROFITS	TO
	LOW-INCOME HOMES TO IMPROVE ENERGY EFFICIENCY AND REMOV		
4c	2 (47 (22	venue \$,
	SOCIAL PROFIT CENTER AT MILL ONE: IS A HISTORIC FORMER		ON
	THE TRENTON/HAMILTON BORDER THAT ISLES CONVERTED INTO A		
	HIGH-PERFORMING, MIXED USE REGIONAL HUB FOR DOZENS OF S		
	ORGANIZATIONS. THE CENTER FOSTERS A COLLABORATIVE ENVIR		
	ORGANIZATIONS TO THRIVE AND FIND NEW WAYS TO STRENGTHEN		
	THROUGH CAPACITY BUILDING PROGRAMMING AND TECHNICAL ASS		
	2022, WE:		
	SECURED 30 TENANTS INCLUDING NON PROFIT AND FOR PROFIT	COMPANTES	
	REPRESENTING 95% OCCUPANCY	OHI 1111110	
	CURRENTLY HOST MONTHLY MEETINGS AND QUARTERLY MIXERS W	ттн темамтс т	<u>'O</u>
	FOSTER A COLLABORATIVE ENVIRONMENT.	TILL TEMPHIS I	<u> </u>
	TODIEM Y COMPUDOWLIAN EMAINOMMENT.		
4-1	Other are sware and issay (Describe on Cabarlula O.)		
40	Other program services (Describe on Schedule O.)	12 997	
	(Expenses \$ 1,576,322. including grants of \$) (Revenue \$	12,887.)	
4e	Total program service expenses 8,822,608.		

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22-2350832 Page **3**

Form 990 (2022) 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? See instructions	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 Rev. Proc. 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	<u> </u>		
	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,	Ť		
'	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		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZU		
D		12b	х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the constitution maintain on office constitution and the Light of the Light of Obtain			X
14a	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,	14a		 ^
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		_v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	—
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			l _
	complete Schedule G, Part III	19		X
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		
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	

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Form 990 (2022) 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			l
	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			37
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	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		-
2 5a	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		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	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		Х
28	Was the organization a party to a business transaction with one of the following parties (see the 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? If			
	"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	X	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
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		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			х
00	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33	Х	
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33	- 21	
34	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 91			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	۰. م	Х	
00000	(gambling) winnings to prize winners?	1c Form		(2022)
202UU2	. 12-13-22	1 01111		(_U_L)

2022.05000 ISLES, INC

	990 (2022) ISLES, INC		22-2350	832	Р	age
Par	tV 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,					
	filed for the calendar year ending with or within the year covered by this return	2a	141			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ıs?		2b	X	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority ove	r, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	ccount)?		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 Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of FinCEN Form 114, Report of FinCEN Foreign Bank and Financial Actions for Financial Act	counts (FB	AR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organizatio	on solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts				
	were not tax deductible?			6b		_
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services.	vices provide	d to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required				l
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				l
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For	m 8899 as	required?	7g		_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ion file a Fo	rm 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the				
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		-
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	ı				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1				
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	- 1		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	40.				
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c		4.0		v
14a				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		\vdash
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			45		X
	excess parachute payment(s) during the year?			15		\vdash^{Δ}
	If "Yes," see the instructions and file Form 4720, Schedule N.					4

Form **990** (2022)

16

17

that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities

If "Yes," complete Form 6069.

If "Yes," complete Form 4720, Schedule O.

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			
	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 1b 12			
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b				
	persons other than the governing body?	7b		X
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.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	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 on 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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and 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	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on 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		X
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)s	only)	availal	ole
	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	finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 609-341-4700			
	10 WOOD STREET, TRENTON, NJ 08618			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 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.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	l	11120		CO11 C)	ipci	Jac	(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
Name and the	hours per			heck i ss per				compensation	compensation	amount of
	week			nd a d				from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e e			ated		organization	(W-2/1099-MISC/	from the
	related	ıstee	truste		9	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	tional		ploye	t con		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SEAN JACKSON	36.00									
EX-OFFICIO	4.00	Х		Х				134,135.	0.	4,284.
(2) JOHN HART	32.00									
CHIEF OPERATING OFFICER	8.00			Х				111,753.	0.	10,231.
(3) PETER ROSE	40.00									
MANAGING DIRECTOR	0.50			Х				84,359.	0.	10,524.
(4) MICHAEL NORDQUIST	40.00									
MANAGING DIRECTOR	0.50			Х				85,570.	0.	2,760.
(5) MARTIN JOHNSON	20.00									
FOUNDER	4.00			X				57,619.	0.	9,418.
(6) JEFFREY STOLLER	0.50									
TRUSTEE	0.50	Х						0.	0.	0.
(7) PANDYA HEMANSHU	0.50									
TRUSTEE		Х						0.	0.	0.
(8) MATTHEW WASSERMAN	0.50									
TRUSTEE		Х						0.	0.	0.
(9) KAREN MCGUINNESS	0.50									
TRUSTEE		Х						0.	0.	0.
(10) STEPHEN R. LONGLEY	0.50									
TRUSTEE		Х						0.	0.	0.
(11) MANISH SHAH	0.50									
TRUSTEE		Х						0.	0.	0.
(12) LIZ LEMPERT	0.50								_	_
TRUSTEE		Х						0.	0.	0.
(13) RONALD STARK	1.00								_	_
TREASURER		Х		Х				0.	0.	0.
(14) TIM MANAHAN	1.00								_	_
VICE CHAIR		Х		Х				0.	0.	0.
(15) RUKIYA BLACKWELL, ESQ.	1.00								_	_
CHAIRPERSON		Х		Х				0.	0.	0.
(16) ADRIENNE KING	0.50							_	_	_
TRUSTEE	<u> </u>	Х						0.	0.	0.
(17) ROSS WISHNICK	0.50	<u></u>							_	
TRUSTEE		X						0.	0.	0.
232007 12-13-22										Form 990 (2022)

232007 12-13-22

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box,	not cl	ss per	more son i	than o s both r/trus	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(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/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
1b Subtotal								473,436.	0.	37,217.
c Total from continuation sheets to Part VI								0.	0.	0.
d Total (add lines 1b and 1c)								473,436.	0.	37,217.

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

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

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

the organization. Report compensation for the calculat year ending with or with	The organization of tax your.	
(A)	(B)	(C)
Name and business address	Description of services	Compensation
MF BROWN LLC		
454 ORANGE TREE AVENUE, GALLOWAY, NJ 08205	WEATHERIZATION WORK	234,553.
ARTHUR'S HEATING & A/C	HEATING WORK AND	
6 TYSON DRIVE, EWING, NJ 08638	RELATED INSTALLATION	232,299.
MURAWKSI & SONS	HEATING WORK AND	
19 CHRISTIAN LA, CHERRY HILL, NJ 08002	RELATED INSTALLATION	187,682.
ENVIRONMENTAL TESTING SERVICES, LLC	LEAD RISK ASSESSMENT	
619 WILLS AVENUE , DEPTFORD, NJ 08096	AND CLEARANCE	161,375.
TAHSHIN CONSTRUCTION, LLC, 116 WOODBERRY	LEAD REMEMDIATION	
DRIVE, EGG HARBOR TWP, NJ 08234	AND ABATEMENT	134,479.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization 6		
	•	= 000 (aaaa)

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Form 990 (2022)
Part VIII

Statem	ent of	Revenue
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		Check if Schedule O contains a response of	or note to anv lin	e in this Part VIII			
		<u> </u>	,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
တ္ထ	1 :	Federated campaigns 1a					
ant		Membership dues 1b					
جَ ق		Fundraising events 1c	77,500.				
Other Revenue Contributions, Gifts, Grants Revenue and Other Similar Amounts		Related organizations 1d	77,300.				
ية ق			383,659.				
Sir			303,037.				
utic er	T	All other contributions, gifts, grants, and	331,506.				
들 된			331,300.				
on	9	Noncash contributions included in lines 1a-1f		0 702 665			
<u>0</u> 8	r	Total. Add lines 1a-1f		8,792,665.			
	_	DDOCDAM FFFC	Business Code	217 146	217 116		
<u>ic</u>		PROGRAM FEES	900099	217,146.	217,146.		
er re	b						
n S	c	·					
e S	C						
og F	e						
Δ.		All other program service revenue		0.15 1.16			
	ç	Total. Add lines 2a-2f		217,146.			
	3	Investment income (including dividends, interest	st, and				
		other similar amounts)		420,222.			420,222.
	4	Income from investment of tax-exempt bond pr	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a 99,878.					
		Less: rental expenses 6b 0 •					
	c	Rental income or (loss) 6c 99,878.					
	c	Net rental income or (loss)		99,878.			99,878.
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory $7a462,304$.					
	k	Less: cost or other basis					
ne		and sales expenses					
len/	c	Gain or (loss) 7c 98.					
Re		Net gain or (loss)		98.			98.
ē		Gross income from fundraising events (not					
		including \$ 77,500 • of					
		contributions reported on line 1c). See					
		Part IV, line 188a	14,527.				
	b	Less: direct expenses 8b					
		Net income or (loss) from fundraising events		-16,196.			-16,196.
		Gross income from gaming activities. See					
		Part IV, line 199a					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances10a					
	ŀ	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
\neg			Business Code				
sno	11 =	MISCELLANEOUS	900099	86,619.			86,619.
nec Jue	t			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Miscellaneous Revenue							
Sce	,	All other revenue					
Σ	_	Total. Add lines 11a-11d		86,619.			
	12	Total revenue. See instructions		9,600,432.	217,146.	0.	590,621.

232009 12-13-22

Form 990 (2022) ISLES, INC Part IX Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	105 200	105 200		
	and domestic governments. See Part IV, line 21	195,322.	195,322.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	4 202 020	2 024 470	220 004	100 547
	trustees, and key employees	4,283,830.	3,834,479.	320,804.	128,547.
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				
8	Pension plan accruals and contributions (include	122 024	119,856.	400	2 177
_	section 401(k) and 403(b) employer contributions)	122,834.		-499. -1,882.	3,477. 13,126.
9	Other employee benefits	463,668. 419,781.	452,424. 409,602.	-1,704.	11,883.
10	Payroll taxes	419,/81.	409,602.	-1,704.	11,003.
11	Fees for services (nonemployees):	E2 E00	41 000	0 070	1 000
	Management	53,580.	41,802. 9,887.	9,879. 2,336.	1,899.
	Legal	12,672. 59,001.	46,032.	10,878.	1,899. 449. 2,091.
	Accounting	39,001.	40,032.	10,070.	2,091.
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	2 211 600	1 002 542	426 216	01 021
	column (A), amount, list line 11g expenses on Sch 0.)	2,311,680. 6,400.	1,803,543. 5,227.	426,216.	81,921. 658.
12	Advertising and promotion	95,123.			11 005
13	Office expenses	153,511.	71,914.	11,404.	11,805. 5,440.
14	Information technology	133,311.	119,707.	20,304.	3,440.
15	Royalties	468,774.	430,589.	38,185.	
16	Occupancy	62,621.	41,914.	2,415.	18,292.
17	Travel	02,021.	41,914.	2,413.	10,292.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	325,162.	324,152.	1,010.	
20	Interest	323,102.	324,132.	1,010.	
21	Payments to affiliates Depreciation, depletion, and amortization	217,413.	217,103.	310.	
22		134,096.	76,682.	57,414.	
23	Insurance Other expenses. Itemize expenses not covered	134,090.	70,002.	37,414.	
24	above. (List miscellaneous expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	PROGRAM EXPENSES AND SU	592,941.	448,272.	71,085.	73,584.
b	SERVICES EXPENSE	99,692.	98,014.	1,288.	390.
c	STIPENDS	38,684.	37,746.	-157.	1,095.
d	DUES AND MEMBERSHIPS	32,824.	22,857.	8,382.	1,585.
	All other expenses	21,607.	15,424.	5,255.	928.
25	Total functional expenses. Add lines 1 through 24e	10,171,216.	8,822,608.	991,438.	357,170.
26	Joint costs. Complete this line only if the organization	. ,	. ,	,	, , , ,
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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Form 990 (2022)

Part X | Balance Sheet

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	935,822.	1	288,676.
	2	Savings and temporary cash investments	37,729.	2	55,027
	3	Pledges and grants receivable, net	956,337.	3	1,252,520.
	4	Accounts receivable, net	2,147,954.	4	2,472,732
	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	
S.	7	Notes and loans receivable, net	7,992,541.	7	7,992,541.
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	3,129.	9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 6,162,255.			
	b	Less: accumulated depreciation 10b 2,010,743.	4,336,121.	10c	4,151,512.
	11	Investments - publicly traded securities	1,916,301.	11	1,642,246.
	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	7,136,129.	15	7,114,248.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	25,476,363.	16	24,983,802.
	17	Accounts payable and accrued expenses	502,688.	17	852,048.
	18	Grants payable		18	
	19	Deferred revenue	430,127.	19	437,188.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Se	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties	5,161,127.	23	5,256,381.
	24	Unsecured notes and loans payable to unrelated third parties	92,140.	24	45,126.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	F 000		0 000
		of Schedule D	5,923.		2,960.
	26	Total liabilities. Add lines 17 through 25	6,192,005.	26	6,593,703.
S		Organizations that follow FASB ASC 958, check here			
ce		and complete lines 27, 28, 32, and 33.	15 244 506		14 450 207
alar	27	Net assets without donor restrictions	15,344,586.	27	14,450,327.
В	28	Net assets with donor restrictions	3,939,772.	28	3,939,772.
'n		Organizations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balances		and complete lines 29 through 33.			
ts (29	Capital stock or trust principal, or current funds		29	
SSE	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
)t A	31	Retained earnings, endowment, accumulated income, or other funds	19,284,358.	31	18,390,099.
ž	32	Total net assets or fund balances		32	
	33	Total liabilities and net assets/fund balances	25,476,363.	33	24,983,802.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,60		
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,17		
3	Revenue less expenses. Subtract line 2 from line 1	3	-57		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	19,28		
5	Net unrealized gains (losses) on investments	5	-30	5,9	<u>67.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	<u>-1</u>	7,5	08.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	18,39	0,0	99.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022 Open to Public

Inspection

Name of the organization

ISLES, INC

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

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

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

he	organi	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)		
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	า 990).)			
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	ii).	
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental unit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).	
7	X	An organization that normal	-					oublic described in
		section 170(b)(1)(A)(vi). (C	•		9		g (
8		A community trust describe	-	1)(A)(vi). (Complete Par	t II.)			
9	Ħ	An agricultural research org			-	ed in coni	inction with a land-grant	college
•		or university or a non-land-g				-	-	•
		university:	rant conege of agrice	antare (ecc metraetione).	Littor the i	namo, ony	, and state of the conege	, 01
10		An organization that normal	Ilv receives (1) more	than 33 1/3% of its sunn	ort from c	ontribution	ns membershin fees and	d aross receints from
		activities related to its exem						
		income and unrelated busin		· ·				-
		See section 509(a)(2). (Cor		(1000 000 tion of the taxy in c	m baomo	occ acqui	iod by the organization t	artor during do, 1070.
11		An organization organized a	•	vely to test for public sa	fety See	section 50	09(a)(4).	
 12		An organization organized a	•		•			purposes of one or
_		more publicly supported org	•		-		•	
		lines 12a through 12d that of	-					
а		Type I. A supporting orga	* *			-		aivina
_		the supported organization	· · · · · · · · · · · · · · · · · · ·		•	-		
		organization. You must c			,, -			9
b		Type II. A supporting orga	· · · · · · · · · · · · · · · ·		ion with its	s supporte	ed organization(s), by hav	vina .
		control or management of	•					-
		organization(s). You mus					3	
С		Type III functionally inte	-		in connect	tion with, a	and functionally integrate	ed with,
		its supported organization	-				• •	,
d		Type III non-functionally		-				zation(s)
		that is not functionally into					• • • • •	
		requirement (see instructi	-		•		•	
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or						
f	Ente	r the number of supported o						
g	Prov	ride the following information						
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)

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

(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4927385.	6596081.	5098599.	7608293.	8792665.	33023023.
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	4927385.	6596081.	5098599.	7608293.	8792665.	33023023.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						33023023.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	4927385.	6596081.	5098599.	7608293.	8792665.	33023023.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	106,787.	46,584.	506,018.	547,379.	520,100.	1726868.
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.)	20,477.	16,503.	402,712.	119,377.	86,619.	645,688.
11	Total support. Add lines 7 through 10	- ,		,		, , ,	35395579.
	Gross receipts from related activities,	etc. (see instruction	ons)			12 2	,068,643.
	First 5 years. If the Form 990 is for the		,				· · · · · · · · · · · · · · · · · · ·
	organization, check this box and stop	•					
Sec	ction C. Computation of Publi						
14	Public support percentage for 2022 (I	ine 6, column (f), di	ivided by line 11, c	olumn (f))		14	93.30 %
	Public support percentage from 2021					15	93.63 %
	33 1/3% support test - 2022. If the					ore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	_					
	meets the facts-and-circumstances te			-			
b	10% -facts-and-circumstances test	-	•	• • •	-		
	more, and if the organization meets the	_					
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization						s
	<u> </u>		,	. ,			(Form 990) 2022

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the 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						
78	A Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	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.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	•		•			
	check this box and stop here						
	ction C. Computation of Publi					Т Т	
	Public support percentage for 2022 (I		•	column (f))		15	<u>%</u>
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			40		T 4= T	
	Investment income percentage for 20					17	<u>%</u>
18	, ,					18	<u>%</u>
19a	a 33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2021. If the						
20	line 18 is not more than 33 1/3%, che						

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Schedule A (Form 990) 2022

ISLES, INC

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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		
За		
Sa		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
106		
le A (Forn	n 990)	2022

	capporting 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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
0	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	-		
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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,			
Sec	supervised, or controlled the supporting organization. stion C. Type II Supporting Organizations	2		
300	tion of Type it Supporting Organizations		V	N
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
	and 217 in Type in cupper ung Crgaminations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	NO
•	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 on line 2, above, did the organization's supported organizations have a	_		
_	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	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)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3b		

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	: : :g: -
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		·	
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):			
a	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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	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 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
_4	Enter greater of line 2 or line 3.	4		
_5	Income tax imposed in prior year	5		
6	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-function	ally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990) 2022

instructions).

Par	τV	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ıed)	
Secti	ion D -	Distributions		,		Current Year
1	Amou	ints paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amou	ints paid to perform activity that directly furthers exemp	t purposes of supported			
	organ	izations, in excess of income from activity			2	
3	Admir	nistrative expenses paid to accomplish exempt purpose	s of supported organizations	S	3	
4	Amou	ints paid to acquire exempt-use assets			4	
5	Qualif	ied set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6		distributions (describe in Part VI). See instructions.			6	
7	Total	annual distributions. Add lines 1 through 6.			7	
8	Distrib	outions to attentive supported organizations to which th	e organization is responsive	1		
	(provi	de details in Part VI). See instructions.			8	
9	Distrib	outable amount for 2022 from Section C, line 6			9	
10	Line 8	B amount divided by line 9 amount			10	
Secti	ion E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ıs	(iii) Distributable Amount for 2022
1	Distrib	outable amount for 2022 from Section C, line 6				
2	Unde	rdistributions, if any, for years prior to 2022 (reason-				
	able c	cause required - explain in Part VI). See instructions.				
3	Exces	s distributions carryover, if any, to 2022				
а	From	2017				
b	From	2018				
С	From	2019				
d	From	2020				
е	From	2021				
f	Total	of lines 3a through 3e				
g	Applie	ed to underdistributions of prior years				
h	Applie	ed to 2022 distributable amount				
i	Carry	over from 2017 not applied (see instructions)				
j	Rema	inder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distrib	outions for 2022 from Section D,				
	line 7:	\$				
а	Applie	ed to underdistributions of prior years				
b	Applie	ed to 2022 distributable amount				
С	Rema	inder. Subtract lines 4a and 4b from line 4.				
5	Rema	ining underdistributions for years prior to 2022, if				
	any. S	Subtract lines 3g and 4a from line 2. For result greater				
	than z	zero, explain in Part VI. See instructions.				
6	Rema	ining underdistributions for 2022. Subtract lines 3h				
	and 4	b from line 1. For result greater than zero, explain in				
	Part \	/I. See instructions.				
7	Exces	ss distributions carryover to 2023. Add lines 3j				
	and 4	-				
8	Break	down of line 7:				
а		ss from 2018				
b	Exces	ss from 2019				
С	Exces	ss from 2020				
d	Exces	ss from 2021				
е	Exces	ss from 2022				

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022 ISLES, INC	22-2350832 Page 8
Part VI	Supplemental Information. Provide the explanations required Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6 (See instructions.)	11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,

Schedule B

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Schedule B (Form 990) (2022)

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

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

Employer identification number

IS	LES, INC	22-2350832			
Organization type (check o	ne):				
Filers of:	Section:				
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
Note: Only a section 501(c)	s covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.			
General Rule					
_	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's				
Special Rules					
sections 509(a)(1) a contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) I line 1. Complete Parts I and II.	d that received from any one			
contributor, during literary, or education	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a the year, total contributions of more than \$1,000 exclusively for religious, charitable, so anal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (e) instead of the contributor name and address), II, and III.	entific,			
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 th answer "No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, grequirements of Schedule B (Form 990).	orm 990), but it must			

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

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

22-2350832

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$\$\$\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.

Page 3

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			
		 \$				

Schedule B (Form 990) (2022) Page **4**

Name of organization **Employer identification number** ISLES, 22-2350832 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

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

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds	or Accounts	 Complete if th 	е
	organization disenses to our our coo, raintry, mis	(a) Donor advi	sed funds	(b) Funds	and other accou	nts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w	vriting that the assets I	neld in donor advise	ed funds		
	are the organization's property, subject to the organization's e	exclusive legal control	>		Yes	☐ No
6	Did the organization inform all grantees, donors, and donor ac					
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?				Yes	☐ No
Pai	rt II Conservation Easements. Complete if the org					
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).			
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of	a historically imp	oortant land area	
	Protection of natural habitat		Preservation of	a certified histor	ic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contr	bution in the form	of a conservation	easement on th	e last
	day of the tax year.			He	ld at the End of th	e Tax Year
а	Total number of conservation easements			2a		
b				_		
С	Number of conservation easements on a certified historic stru	cture included in (a)		2c		
d	Number of conservation easements included in (c) acquired at	fter July 25,2006, and	not on a			
	historic structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele				ing the tax	
	year					
4	Number of states where property subject to conservation ease	ement is located				
5	Does the organization have a written policy regarding the period	odic monitoring, inspe	ction, handling of			
	violations, and enforcement of the conservation easements it	holds?			Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations,	and enforcing cons	ervation easeme	nts during the ye	ear
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and	enforcing conservat	ion easements d	uring the year	
8	Does each conservation easement reported on line 2(d) above	, ,	,	/ / //		
	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization reports conservation	n easements in its rev	enue and expense	statement and		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization	's financial stateme	ents that describe	es the	
Da	organization's accounting for conservation easements.	Aut Historiaal To		h a Oi-sail a A		
Pal	organizations Maintaining Collections of		easures, or Ot	ner Similar A	ssets.	
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 958	'				
	of art, historical treasures, or other similar assets held for publ			· ·	lic	
	service, provide in Part XIII the text of the footnote to its finance					
b	, ,					
	art, historical treasures, or other similar assets held for public	exhibition, education,	or research in furth	erance of public	service,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					
				\$_		
2	If the organization received or held works of art, historical trea			gain, provide		
	the following amounts required to be reported under FASB AS					
	, , , , , , , , , , , , , , , , , , , ,					
	Assets included in Form 990, Part X					
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Sc	hedule D (Form	990) 2022

22-2350832 Page 2 ISLES, INC Schedule D (Form 990) 2022 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 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 b 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. (c) Two years back (d) Three years back (a) Current year (b) Prior year (e) Four years back 1,896,451. 1,745,443. 1,579,991 1,373,901 1,703,281. **1a** Beginning of year balance Contributions -270,770. 151,008. 165,626. 248,238. Net investment earnings, gains, and losses -97,661. Grants or scholarships Other expenditures for facilities 42,148. 231,719. and programs Administrative expenses 1,625,681. 1,896,451. 1,745,443. 1,579,991, 1,373,901. End of year balance 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 by: (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		2,327,111.	2,010,743.	316,368.
c Leasehold improvements		3,468,762.		3,468,762.
d Equipment		293,873.		293,873.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equa	I Form 990 Part Y colun	an (R) line 10c)		4.151.512.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 ISLES, INC		22	-2350832 Page 3
Part VII Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990. Part IV. line	11b. See Form 990. Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
<u>(F)</u>			
(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"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) LOAN COSTS			164,943.
(2) INVESTMENT IN SPCMO			6,949,305.
(3)			
(5)			
<u>(6)</u>			
<u>(7)</u>			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		7,114,248.
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes	TTTM		
(2) SECURITY DEPOSITS - CHESTI	AO.T.		2,960.
(3) MONMOUTH			2,900.
(4)			
<u>(6)</u> (7)			
(8)			
(9)			
Total (Calumn (h) must agual Form 000 Part V and (D) line	. 05)		2 960.

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) 2022

ISLES, INC 22-2350832 Page 4 Schedule D (Form 990) 2022 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 a Net unrealized gains (losses) on investments Donated services and use of facilities 2c Recoveries of prior year grants Other (Describe in Part XIII.) Add lines 2a through 2d 2e Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c Other losses d Other (Describe in Part XIII.) Add lines 2a through 2d 2e Subtract line **2e** from line **1** 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI,

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

PART V, LINE 4:

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

PART X, LINE 2:

THE INTERNAL REVENUE SERVICE HAS RECOGNIZED ISLES, INC.; ISLES' COMMUNITY FOUNDATION, INC.; ISLES MILL 57, INC.; ISLES COMMUNITY ENTERPRISES CORP., AND ISLES E4, INC. AS TAX-EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND IT HAS RECOGNIZED ISLES PROPERTIES, INC. AS TAX-EXEMPT UNDER SECTION 501(C)(2) OF THE INTERNAL REVENUE CODE.

ACADEMY COURT, LLC; ISLES JOHNSTON AVE UNIT A, LLC; ISLES JOHNSTON AVE

Part XIII Supplemental Information (continued)

UNIT B, LLC; TRENTON COMMUNITY HOLDING COMPANY; SOCIAL PROFIT CENTER MILL
ONE, LLC: ISLES MILL ONE MANAGER, LLC, MILL ONE MASTER TENANT, LLC, AND
WOOD STREET HOUSING PARTNERSHIP, L.P. ARE TAXED AS PARTNERSHIPS.
ACCORDINGLY, ANY INCOME OR LOSS IS REFLECTED ON THE TAX RETURNS OF THE
RESPECTIVE MEMBERS. SOME OF THESE PARTNERSHIPS ARE WHOLLY OWNED BY EITHER
ISLES, INC. OR ISLES PROPERTIES, INC., AND ARE CONSIDERED DISREGARDED
ENTITIES FOR TAX PURPOSES. ENTITIES HAVING ADDITIONAL PARTNERS FILE
SEPARATELY.

THE ORGANIZATION FOLLOWS STANDARDS THAT TROVIDE CHARTFICATION ON
ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN THE
ORGANIZATION'S CONSOLIDATED FINANCIAL STATEMENTS. THE GUIDANCE PRESCRIBES
A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE RECOGNITION AND
MEASUREMENT OF A TAX POSITION TAKEN, OR EXPECTED TO BE TAKEN, IN A TAX
RETURN, AND ALSO PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION,
INTEREST AND PENALTIES, DISCLOSURE AND TRANSITION. THE ORGANIZATION'S
POLICY IS TO RECOGNIZE INTEREST AND PENALTIES ON UNRECOGNIZED TAX BENEFITS
IN INCOME TAX EXPENSE. NO INTEREST AND PENALTIES WERE RECORDED DURING THE
YEARS ENDED 2022 AND 2021. DECEMBER 31, 2022 AND 2021, THERE ARE NO
SIGNIFICANT INCOME TAX UNCERTAINTIES.

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

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

2022

Open to Public Inspection

Name of the organization	TNC					Employer ide 22-2350	ntification number ໑ລລ
ISLES, Part I Fundraising Activities.	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, lii	ne 17		
required to complete this part							
1 Indicate whether the organization rais							
a Mail solicitations				overnment grants			
b Internet and email solicitations				nment grants			
c Phone solicitations	g Special	fundra	ising (events			
d In-person solicitations							
2 a Did the organization have a written of	-		-		ees,		
key employees listed in Form 990, P					_	Yes	
b If "Yes," list the 10 highest paid indiv		ant to	agreer	ments under which th	e tur	idraiser is to be)
compensated at least \$5,000 by the	organization.						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have con contribu	ustody trol of	(iv) Gross receipts from activity	to (c	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 organizatio or licensing.			utions	or has been notified	it is e	exempt from reg	gistration
-							
						<u> </u>	
						<u> </u>	

232081 10-27-22

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

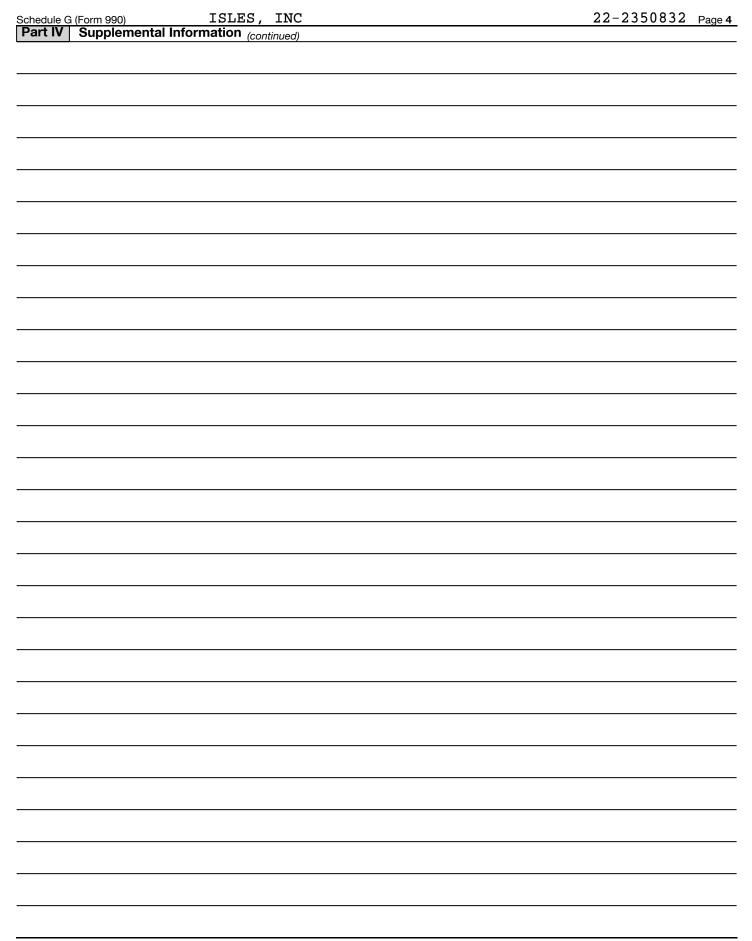
Schedule G (Form 990) 2022

		e G (Form 990) 2022 ISLES,	INC		22-	·2350832 Page 2
Pa	ırt I	Fundraising Events. Complete if the	ne organization answered	l "Yes" on Form 990, Parl	IV, line 18, or reported	more than \$15,000
		of fundraising event contributions and gr				
			(a) Event #1	(b) Event #2	(c) Other events	(a) Total avanta
			SPRING		NONE	(d) Total events
				FORUM		(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ne			(616.113) [66]	(orom type)	(10101111011)	
Revenue	_	0	77 327	14 700		92,027.
Вè	1	Gross receipts	77,327.	14,700.		92,021.
			62 000	14 700		77 500
	2	Less: Contributions	62,800.	14,700.		77,500.
			14 505			14 505
	3	Gross income (line 1 minus line 2)	14,527.			14,527.
	4	Cash prizes				
	5	Noncash prizes				
es						
ens	6	Rent/facility costs	1,632.			1,632.
Direct Expenses						
H H	7	Food and beverages	15,438.			15,438.
ie	'	Tood and bevolages				
	۱ ـ	Entortainment	3 376.			3,376.
	8	Entertainment Other direct expanses	3,376. 9,891.	386.		10,277.
	9	Other direct expenses				30,723.
	10	Direct expense summary. Add lines 4 through				-16,196.
Da	ırt I	Net income summary. Subtract line 10 from I		. 000 D-+ N/ P 40		-10,190.
ГС	11 L I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1 990, Part IV, line 19, or r	eported more than	
	1	\$13,000 on Form 990-EZ, line oa.	T	T =		T
<u> </u>		\$13,000 OH FORM 990-EZ, line oa.	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
enne		\$13,000 OH FOHH 990-EZ, line oa.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
sevenue		\$13,000 OH FOHH 990-EZ, line oa.	(a) Bingo		(c) Other gaming	
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	
Revenue	1		(a) Bingo		(c) Other gaming	
	1	Gross revenue	(a) Bingo		(c) Other gaming	
	1		(a) Bingo		(c) Other gaming	
	1	Gross revenue	(a) Bingo		(c) Other gaming	
Expenses	2	Gross revenue	(a) Bingo		(c) Other gaming	
ct Expenses	2	Gross revenue	(a) Bingo		(c) Other gaming	
Expenses	2	Gross revenue	(a) Bingo		(c) Other gaming	
ct Expenses	3	Gross revenue Cash prizes Noncash prizes Rent/facility costs	(a) Bingo		(c) Other gaming	
ct Expenses	2	Gross revenue		bingo/progressive bingo		
ct Expenses	2 3 4 5	Gross revenue		bingo/progressive bingo Yes%		
ct Expenses	3	Gross revenue Cash prizes Noncash prizes Rent/facility costs		bingo/progressive bingo		
ct Expenses	2 3 4 5	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes%	bingo/progressive bingo Yes % No		
ct Expenses	2 3 4 5	Gross revenue	Yes%	bingo/progressive bingo Yes%		
ct Expenses	2 3 4 5 6 7	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes% No h 5 in column (d)	bingo/progressive bingo Yes% No	Yes % No	
ct Expenses	2 3 4 5	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes% No h 5 in column (d)	bingo/progressive bingo Yes% No	Yes % No	
ct Expenses	2 3 4 5 6 7 8	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes% No h 5 in column (d)	bingo/progressive bingo Yes% No	Yes % No	
6 Direct Expenses	2 3 4 5 6 7 8	Gross revenue	Yes% No h 5 in column (d) from line 1, column (d)	bingo/progressive bingo Yes% No	Yes %	col. (a) through col. (c)
6 Direct Expenses	2 3 4 5 6 7 8	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes% No h 5 in column (d) from line 1, column (d)	bingo/progressive bingo Yes% No	Yes %	col. (a) through col. (c)
b 6 Direct Expenses	2 3 4 5 6 7 8	Gross revenue	Yes % No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	yes% No	Yes %	col. (a) through col. (c)
b 6 Direct Expenses	2 3 4 5 6 7 8	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through the gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct gaming a summary are conduct gaming a summary.	Yes % No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	yes% No	Yes %	col. (a) through col. (c)
b 6 Direct Expenses	2 3 4 5 6 7 8	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through the gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct gaming a summary are conduct gaming a summary.	Yes % No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	yes% No	Yes %	col. (a) through col. (c)
Direct Expenses	2 3 4 5 6 7 8 Entire list to lif "	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through the gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct gaming a summary are conduct gaming a summary.	Yes% No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	Yes% No	Yes%No	col. (a) through col. (c)
Direct Expenses	2 3 4 5 6 7 8 Entire list is the list in West	Gross revenue	Yes % No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	yes% No states?	Yes%No	col. (a) through col. (c)
Direct Expenses	2 3 4 5 6 7 8 Entire list is the list in West	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through the gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct he organization licensed to conduct gaming a No," explain:	Yes % No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	yes% No states?	Yes%No	col. (a) through col. (c)

Schedule G (Form 990) 2022

232082 10-27-22

Sch	nedule G (Form 990) 2022 ISLES, INC 22:	-2350832	2 Page 3
11	Does the organization conduct gaming activities with nonmembers?	. Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a	%
	b An outside facility		
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	. [100]	
14	Effici the frame and address of the person who prepares the organization's gaming/special events books and records.		
	N.		
	Name		
	Address		
			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
ı	b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
(c If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
10	Gaming manager information.		
	Maria		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
. '			
D۵	organization's own exempt activities during the tax year \$ art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I	Dort III linaa O	0h 10h
		art III, IIIles 9,	90, 100,
_	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
_			
_			



SCHEDULE I (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Name of the organization ISLES, INC	!						Employer identification number $22-2350832$
Part I General Information on Grants and	d Assistance						
 Does the organization maintain records to criteria used to award the grants or assista Describe in Part IV the organization's proc 	ance?						
Part II Grants and Other Assistance to D recipient that received more than \$5	omestic Organi	zations and Domesti	c Governments.	complete if the orga	anization answered "\	es" on Form 990, Parl	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CITY DELI, LLC							
15 N WILLOW STREET							
TRENTON, NJ 08618			6,400.	0.			SMALL BUSINESS GRANT
BRITTANY LITTLEJOHN 261 BELLVUE AVENUE			5.000				CWALL DUGLADES GDANG
TRENTON, NJ 08618 COMMUNITY LOAN FUND OF NEW JERSEY			5,000.	0.			SMALL BUSINESS GRANT
INC ATTN. COMMUNITY STRATEGIES 100 ALBANY ST. SUITE 250 - NEW							
BRUNSWICK, NJ 08901			10,000.	0.			HEALTHY HOUSING GRANT
NEW JERSEY SHARES, INC. 4 WALTER E. FORAN BOULEVARD FLEMING, NJ 08822			89,000.	0.			OUTREACH PROGRAM
ILIMING, NO 00022			03,000.	0.			OUTRIMENT TROUMENT
RAZOR SHARP BARBER AND BEAUTY SHOP 20 PASSAIC STREET							
TRENTON, NJ 08618			8,500.	0.			SMALL BUSINESS GRANT
TRENTON HEALTH TEAM, INC.							
ATTN: GREGORY PAULSON ONE WEST							
STATE STREET, 4TH FLOOR - TRENTON, NJ 08608			31,322.	0.			DATA DRIVEN SOLUTIONS
2 Enter total number of section 501(c)(3) and	-	~	ne line 1 table				
3 Enter total number of other organizations	listed in the line	1 table					

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LARRY'S NEW AND USED TIRES 1977 N. OLDEN AVE. SUITE 234							
EWING, NJ 08618			12,300.	0.			SMALL BUSINESS GRANT

Page 1

ISLES, INC 22-2350832 Schedule I (Form 990) 2022 Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III 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 Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part IV PART I, LINE 2: QUARTERLY SPENDING REPORTS AND NARRATIVES

SCHEDULE L

Department of the Treasury

(Form 990)

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

2022

Open To Public Inspection

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Name of th	ne organization												ident		on nu	mber		
.		ISLES,											508	32				
Part I	Excess Bene																	
	Complete if the	organization						ne 25a or 25b	o, or F	orm 990-EZ, P	art V,	ine 40	b.					
1 (a) Na	me of disqualified p	person	(b) F	Relationship bet			lified	(6	c) Des	scription of tran	sactio	n		(d)	Corre	cted?		
		50.00		person and o	rganiza	ation								<u> </u>	es	No		
														-	_			
														-	_			
														+	\dashv			
														+	-			
														+	\dashv			
	the amount of tax																	
				- la														
3 Enter	the amount of tax,	ıı any, on lir	ie 2, i	above, reimburs	ea by	ine or	yanızat	IOI1				\$						
Part II	Loans to and	d/or From	ı Int	erested Pers	sons.													
	Complete if the						Part \	/ line 38a or F	Form 9	990 Part IV lin	e 26·	or if th	e orga	nizatio	nn			
	reported an amo	Ü					,	,	0,,,,,	, , , , , , , , , , , , , , , , , , ,	0 20,	01 11 111	o orga	i ii Latii	,,,			
(6	a) Name of	(b) Relation		(c) Purpose	(d) Lo	an to or	(е) Original	(f)	Balance due	(g) In	(h) Ap	proved	(i) V	/ritten		
inter	rested person	with organiz	zation			n the zation?	princ	ipal amount	``			ault?	comm	ard or nittee?		ment?		
					То	From								No	Yes	No	Yes	No
					<u> </u>													
					<u> </u>													
					-													
Part III	Grants or As	eietance	Ron	efiting Inter	octor	d Dor	eone	<u>\$</u>										
T al t iii	_			_														
	Complete if the		\neg							(al) T				\ D				
(a) N	Name of interested	person		(b) Relationship interested pers the organiz	son an			c) Amount of assistance		(d) Type assistan			•) Purp assist		T		
			_									\dashv						
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			1				1		- 1			- 1						

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

Schedule L (Form 990) 2022

Part IV Business Transactions Involv	_					
Complete if the organization answered				(d) December 11 - 11 - 15	(e) Sha	aring of
(a) Name of interested person	(b) Relationsh person an	ip between interested d the organization	(c) Amount of transaction	(d) Description of transaction	organiz	zation's nues?
		J			Yes	No
JULIA STOLLER	SHE IS T	THE WIFE OF	6,101.	EMPLOYEE	100	X
			. ,			
Part V Supplemental Information.	I				1	
Provide additional information for response	onses to questio	ons on Schedule L (see i	nstructions).			
SCH L, PART IV, BUSINESS T	RANSACTI	ONS INVOLVIN	G INTERESTE	ED PERSONS:		
(A) NAME OF PERSON: JULIA	STOLLER					
(II) WHILE OF THEOON. COLLIN	БІОППП					
(B) RELATIONSHIP BETWEEN I	NTERESTE:	D PERSON AND	ORGANIZATI	ON:		
SHE IS THE WIFE OF BOARD M	г м ого тг	PP CMOTTED				
SHE IS THE WIFE OF BOARD M.	EMBER UE.	FF SIULLER.				

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

> ISLES, INC

Employer identification number 22-2350832

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION	N:
CRITICAL URBAN NEEDS IN THE AREAS OF COMMUNITY REVITALIZATION	N, URBAN
AGRICULTURE, GREEN JOB TRAINING, YOUTH EDUCATION, VIOLENCE PR	REVENTION,
CLIMATE IMPACT, LEAD REMEDIATION, ENERGY AND WEATHERIZATION S	SERVICES,
FINANCIAL AND HOUSING COUNSELING AND EDUCATION AND RESEARCH A	AND POLICY
IMPLEMENTATION.	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS	:
THROUGH THE NEIGHBORHOOD PRESERVATION PROGRAM	
DESIGNED AND INSTALLED NEW SIGNAGE AND SAFETY MEASURES FOR 8	8 DOWNTOWN
BUSINESSES	
ADVANCED CONSTRUCTION ON 15 UNITS OF AFFORDABLE HOUSING	
URBAN AGRICULTURE: ISLES SUPPORTS OVER 70 COMMUNITY, SCHOOL, AND INSTITUTIONAL GARDENS- IN 2022, WE:	BACKYARD,
·	AND
PROVIDED 20+ WORKSHOPS IN GARDENING, NUTRITION, BEEKEEPING,	AND
COOKING, REACHING MORE THAN 200 YOUTH AND RESIDENTS DISTRIBUTED MORE THAN 200 FREE "GROW KITS" TO PROMOTE AT-HON	ME
GARDENING, AND DONATED MORE THAN 700 LBS OF PRODUCE TO EMERGI	ENCY FOOD
SUPPLIERS	
SUPPORTED OVER 200 GARDENERS IN TRENTON	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS	:
MOLD/MOISTURE, ASTHMA TRIGGERS, FALL AND BURN HAZARDS AND OTH	HER
NEGATIVE INDOOR HEALTH CONDITIONS. IN ADDITION, ISLES CONTINU	JES TO BE A
STRONG ADVOCATE FOR LEAD AND HEALTHY HOMES PUBLIC EDUCATION,	POLICY
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2022

Page 2

Schedule O (Form 990) 2022 **Employer identification number** Name of the organization ISLES, INC 22-2350832 CHANGE AND INCREASED FUNDING FOR REMEDIATION OF LEAD CONTAMINATED HOMES. THIS YEAR, ISLES: CONDUCTED 221 LEAD AND HEALTHY HOMES ASSESSMENTS MADE 43 HOMES LEAD SAFE IMPROVED HEATING SYSTEMS AND ENERGY-EFFICIENCY IN 130 HOMES FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: ISLES YOUTH INSTITUTE (IYI): IYI OFFERS ALTERNATIVE EDUCATION OPTIONS FOR DISENGAGED STUDENTS SEEKING THEIR HIGH SCHOOL EQUIVALENCY DIPLOMA, JOB SKILLS, AND LIFE SKILLS TRAINING. 33 CERTIFICATIONS WERE EARNED BY ISLES YOUTH INSTITUTE STUDENTS IN CPR, OSHA, AND PRE- APPRENTICESHIP CONSTRUCTION TRAINING 16 IYI STUDENTS GRADUATED EARNING THEIR HIGH SCHOOL DIPLOMAS. 58 STUDENTS, COMMUNITY MEMBERS AND ALUMNI PARTICIPATED IN VARIOUS INTERNAL AND EXTERNAL JOB TRAINING, INTERNSHIP, AND SUMMER EMPLOYMENT OPPORTUNITIES. MEANINGFUL COMMUNITY SERVICE PROJECTS FOR MORE THAN 30 YOUTH, WHICH INCLUDED BEAUTIFYING AND MAINTAINING THE TRENTON CITY HALL OUTDOOR ATRIUM AND IMPROVING COMMUNITY CENTERS. 50 YOUTH EARNED CERTIFICATIONS IN CPR, OSHA, AND PRE-APPRENTICE CONSTRUCTION TRAINING FINANCIAL SERVICES: ISLES CONTINUED TO OFFER HOMEBUYER AND FORECLOSURE COUNSELING TO PREPARE LOW- AND MODERATE-INCOME INDIVIDUALS FOR HOMEOWNERSHIP AND TO HELP FAMILIES AVOID FORECLOSURE. WE ALSO OFFERED

Schedule O (Form 990) 2022

ISLES FINANCIAL SOLUTIONS (IFS), AN EMPLOYER-BASED FINANCIAL CAPABILITY

INITIATIVE FOR LOWER WAGE WORKERS THAT INCLUDES AN INNOVATIVE MIX OF

Schedule O (Form 990) 2022 Page **2**

Name of the organization

ISLES, INC

Employer i

22-2

Employer identification number 22-2350832

FINANCIAL COACHING, CREDIT-BUILDING FINANCE, SAVINGS PRODUCTS, AND

GROUP-BASED LEARNING. IFS WORKS WITH PRINCETON UNIVERSITY, CAPITAL

HEALTH SYSTEMS AND LOCAL NONPROFITS. THIS YEAR:

ISLES HAD 330 CUSTOMERS SEEKING HOUSING OR FORECLOSURE ADVICE OR

ASSISTANCE

155 CUSTOMERS ATTENDED PRE-PURCHASE WORKSHOPS.

93 CUSTOMERS EARNED HOUSING CERTIFICATES (TO QUALIFY FOR FINANCIAL

ASSISTANCE.)

34 CUSTOMERS PURCHASED A FIRST HOME.

319 CUSTOMERS RECEIVED IFS SERVICES

EXPENSES \$ 1,576,322. INCLUDING GRANTS OF \$ 0. REVENUE \$ 12,887.

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:

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page **2**

Schedule O (Form 990) 2022	Page 2
Name of the organization ISLES, INC	Employer identification number 22-2350832
THE PROCESS FOR DETERMINING COMPENSATION INVOLVES AN ANNUA	AL REVIEW OF
INDIVIDUAL PERFORMANCE AND COMPARISON OF PRESENT COMPENSAT	TION TO MARKET
DATA.	
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	JPON REQUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTING FEES & OTHER:	
PROGRAM SERVICE EXPENSES	1,803,543.
MANAGEMENT AND GENERAL EXPENSES	426,216.
FUNDRAISING EXPENSES	81,921.
TOTAL EXPENSES	2,311,680.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,311,680.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
BAD DEBT	-17,508.
FORM 990, PART XII LINE 2C:	
OVERSIGHT OF AUDIT: THE PROCESS HAS NOT CHANGED FROM THE F	PRIOR YEAR.
	_

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ISLES, INC

Employer identification number
22-2350832

of disregarded entity SLES MILL ONE MANAGER, LLC - 83-4454621 TO LEASE SPACE FROM SPCMO, UC AND TO LEASE INDIVIDUAL RENTON, NJ 08618 CADEMY COURT LLC - 00-0000000 WOOD STREET USED FOR HOUSING RENTON, NJ 08618 DEVELOPMENT NEW JERSEY ISLES, INC. ISLES, INC. ISLES, INC. ISLES, INC. ISLES, INC. ISLES, INC.	(a)	(b)	(c)	(d)	(e)	(f)
LLC AND TO LEASE INDIVIDUAL RENTON, NJ 08618 AREAS TO OTHERS USED FOR HOUSING RENTON, NJ 08618 DEVELOPMENT OWOOD STREET USED FOR HOUSING DEVELOPMENT OWOOD STREET		Primary activity	,	Total income	End-of-year assets	Direct controlling entity
AREAS TO OTHERS NEW JERSEY ISLES, INC. ACADEMY COURT LLC - 00-0000000 LO WOOD STREET USED FOR HOUSING DEVELOPMENT NEW JERSEY ISLES, INC. ISLES, INC. ISLES, INC.	SLES MILL ONE MANAGER, LLC - 83-4454621	TO LEASE SPACE FROM SPCMO,				
ACADEMY COURT LLC - 00-0000000 10 WOOD STREET USED FOR HOUSING TRENTON, NJ 08618 DEVELOPMENT NEW JERSEY ISLES, INC. JOHNSTON AVE UNIT B LLC - 00-0000000 10 WOOD STREET	0 WOOD STREET	LLC AND TO LEASE INDIVIDUAL				
USED FOR HOUSING PRENTON, NJ 08618 DEVELOPMENT JOHNSTON AVE UNIT B LLC - 00-0000000 10 WOOD STREET JOHNSTON STREET	TRENTON, NJ 08618	AREAS TO OTHERS	NEW JERSEY			ISLES, INC.
TRENTON, NJ 08618 DEVELOPMENT NEW JERSEY ISLES, INC. JOHNSTON AVE UNIT B LLC - 00-0000000 LO WOOD STREET	ACADEMY COURT LLC - 00-000000					
JOHNSTON AVE UNIT B LLC - 00-0000000 1.0 WOOD STREET	0 WOOD STREET	USED FOR HOUSING				
0 WOOD STREET	RENTON, NJ 08618	DEVELOPMENT	NEW JERSEY			ISLES, INC.
	JOHNSTON AVE UNIT B LLC - 00-000000					
PROPERTY UNDER DEVELOPMENT NEW JERSEY ISLES, INC.	.0 WOOD STREET					
	TRENTON, NJ 08618	PROPERTY UNDER DEVELOPMENT	NEW JERSEY			ISLES, INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
ISLES COMMUNITY FOUNDATION, INC							
37-1420125, 10 WOOD STREET, TRENTON, NJ	MANAGES INVESTMENT			LINE 12D,			
08618	ACTIVITY FOR ISLES INC.	NEW JERSEY	501(C)(3)	III-O	ISLES INC	Х	
ISLES PROPERTIES, INC 55-0799217	HOLDING COMPANY OF REAL						
10 WOOD STREET	ESTATE PROPERTY FOR ISLES,						
TRENTON, NJ 08618	INC.'S EXEMPT PURPOSE	NEW JERSEY	501(C)(2)		ISLES INC	Х	
ISLES E4, INC - 27-0375809							
10 WOOD STREET	WEATHERIZATION SERVICES TO						
TRENTON, NJ 08618	LOW INCOME HOUSEHOLDS	NEW JERSEY	501(C)(3)	LINE 11	ISLES INC	Х	
ISLES COMMUNITY ENTERPRISES CORP	PROVIDES EDUCATION,						
26-2483265, 10 WOOD STREET, TRENTON, NJ	TRAINING, AND FINANCING TO						
08618	DISTRESSED COMMUNITIES	NEW JERSEY	501(C)(3)	LINE 11	ISLES INC	Х	

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

Schedule R (Form 990) 2022

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 501(c)(3))	(f) Direct controlling entity	Section 5 control organiz	olled
ISLES MILL 57, INC 27-1568899	ACQUIRE, HOLD, & SELL REAL			(// //		res	NO
10 WOOD STREET	PROPERTY TO SUPPORT OTHER						
TRENTON, NJ 08618	501(C)(3) ENTITIES	NEW JERSEY	501(C)(3)	LINE 12A, I	ISLES INC	х	
-							
	<u> </u>						
		ı	1	1	l .	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)	(h	1)	(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	Dispropo allocat		20 of Schedule	mana partr	ging ner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
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		100%
ARCHIPELAGO CONDOMINIUM												
ASSOCIATION INC												
56-2575978, 1800 EAST STATE	CONDOMINIUM											
STREET, HAMILTON, NJ 08609	ASSOCIATION	NJ	N/A	RELATED				x	N/A		x	45.20%
SOCIAL PROFIT CENTER MILL	TO EXECUTE THE											
ONE, LLC - 83-4449905, 10	CONSTRUCTION OF											
WOOD STREET, TRENTON, NJ	THE SOCIAL											
08618	PROFIT CENTER	NJ	N/A	RELATED				x	N/A		x	51.00%
ISLES MILL ONE MASTER TENANT,	TO OPERATE THE											
LLC - 83-4470161, 10 WOOD	SOCIAL PROFIT											
STREET, TRENTON, NJ 08618	CENTER	NJ	N/A	RELATED				x	N/A		x	1.00%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sect 512(b contro enti	tion b)(13) olled ty?
		country)		or trusty		233013		Yes	No
						1			

<u>Schedule R (Form 990)</u> ISLES, INC 22-2350832

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	oortion-	Code V-UBI	Genera		ercentage
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets	ate allo	cations?	Code V-UBI amount in box 20 of Schedule	manag partne	er?	ownership
		country)		sections 512-514)		45515	Yes	No	K-1 (Form 1065)	Yes I	No	
CHESTNUT MONMOUTH FAMILY												
HOUSING LLC - 22-3710195, 10												
WOOD STREET, TRENTON, NJ	GP IN CHESTNUT											
08618	MONMOUTH APTS	NJ	N/A	RELATED				X	N/A		2	100%
	OWNER OF MILL											
JOHNSTON AVE UNIT A LLC -	ONE - HAS											
83-4449905, 10 WOOD STREET,	GROUND LEASE											
TRENTON, NJ 08618	WITH SOCIAL	NJ	N/A	RELATED				X	N/A	2	ζ	100%
ISLES MILL ONE MANAGER -	ISLES' PROPERTY											
83-4454621, 10 WOOD STREET,	MANAGEMENT FEES											
TRENTON, NJ 08618	FROM SPC	NJ	N/A	RELATED				X	N/A	Þ	ζ	100%
ISLES- CAPC GP LLC -	OWNS 1% WOOD											
85-3246720, 10 WOOD STREET,	STREET HOUSING											
TRENTON, NJ 08618	PARTNERSHIP LP	NJ	N/A	RELATED				X	N/A	2	ζ	49.00%
ISLES- CAPC HOUSING LLC -	OWNS 99% WOOD											
85-3248515, 10 WOOD STREET,	STREET HOUSING											
TRENTON, NJ 08618	PARTNERSHIP LP	NJ	N/A	RELATED				X	N/A	<u> </u>	ζ	49.00%
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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 one or more related organizations listed in 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
С	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d	X	
	Loans or loan guarantees by related organization(s)	1e	X	
f	Dividends from related organization(s)	1f		X
	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	X	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1 p	X	
	Reimbursement paid by related organization(s) for expenses	1q	Х	
r	Other transfer of cash or property to related organization(s)	1r	X	
s	Other transfer of cash or property from related organization(s)	1s		X
^	If the appear to any of the charge is "Vee " see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ISLES COMMUNITY FOUNDATION INC.	E	-2,690,939.	LOAN
(2) ISLES PROPERTIES, INC.	D	2,490,834.	LOAN
(3) ISLES E4, INC.	D	743,498.	LOAN
(4) ISLES MILL 57	D	588,067.	LOAN
(5) ISLES COMMUNITY ENTERPRISES CORP.	D	926,687.	LOAN
(6) SPCMO	D	61,250.	LOAN

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
	E	-13,857.	LOAN
(8)			
(9)			
(10)			
(12)			
<u>(13)</u>			
(14)			
(15)			
(16)			
<u>(17)</u>			
(19)			
(20)			
(21)			
(22)			
(24)			

Schedule R (Form 990) 2022 ISLES, INC 22-2350832 Page 4

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) Disproportionate allocation Yes N	General of managing partner? Yes No	(k) r Percentage ownership