

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2009

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2009 calendar year, or tax year beginning **08/01/09**, and ending **07/31/10**

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

Please use IRS label or print or type. See Specific instructions.

C Name of organization: **ISLAND COAST AIDS NETWORK, INC.**
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2231 MCGREGOR BLVD.
 City or town, state or country, and ZIP + 4
FORT MYERS FL 33901

D Employer identification number: **65-0147957**

E Telephone number

G Gross receipts \$ **938,891**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c) (**3**) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.ICANSWFL.ORG**

K Type of organization: Corporation Trust Association Other ▶

L Year of formation: **1989** **M** State of legal domicile:

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION PROVIDES QUALITY SERVICES TO THOSE INFECTED AND AFFECTED BY HIV/AIDS AND WORKS TO PREVENT THE SPREAD OF HIV INFECTION THROUGH EDUCATION AND INFORMATION.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of employees (Part V, line 2a)	5	27
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	527,049	389,959
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	276,144	267,116
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,312	5,937
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	30,400	53,954
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	842,905	716,966
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	676,563	582,965
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 58,630		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	256,968	187,218
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	933,531	770,183	
19 Revenue less expenses. Subtract line 18 from line 12	-90,626	-53,217	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	830,673	755,733
	22 Net assets or fund balances. Subtract line 21 from line 20	162,385	140,662
		668,288	615,071

Part II Signature Block

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

Sign Here

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature ▶ _____ Date **11/20/10** Check if self-employed Preparer's identifying number (see instructions) **P00429010**

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **Cindy D-Artagnan, CPA, LLC**
6369 Bethany Ave
Fort Myers, FL 33919-5008 EIN ▶ **20-4876716**
 Phone no. ▶ **239-277-1040**

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2009)

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

THE ORGANIZATION PROVIDES QUALITY SERVICES TO THOSE INFECTED AND AFFECTED BY HIV/AIDS AND WORKS TO PREVENT THE SPREAD OF HIV INFECTION THROUGH EDUCATION AND INFORMATION.

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **533,693** including grants of \$) (Revenue \$)
PROVIDES CASE MANAGEMENT SERVICES, MEDICAL REFERRALS, HIV TESTING, SUPPORT GROUPS, FOOD AND CLOTHING ASSISTANCE, AND OTHER SERVICES TO THOSE INFECTED AND AFFECTED BY HIV/AIDS.

4b (Code:) (Expenses \$ **93,672** including grants of \$) (Revenue \$)
REDUCES THE SPREAD OF HIV/AIDS BY PROVIDING COMMUNITY EDUCATION AND INFORMATION.

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

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **627,365**

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
	<ul style="list-style-type: none"> • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. • 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. • 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. • Did the organization report an amount for other assets related 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. • Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. • 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? If "Yes," complete Schedule D, Part X. 		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		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		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	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 3		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	1c		
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 27		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	4a		
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
10	Section 501(c)(7) organizations. Enter:		
a	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:		
a	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	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	None
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: CAROLYN MOORE 2231 MCGREGOR BLVD.	

FORT MYERS

FL 33901

239-337-2391

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 290,619				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 99,340				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		389,959			
Program Service Revenue	2a MEDICAID	Busn. Code	238,200	238,200		
	b EDUCATION AND PREVENTION		28,916	28,916		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		267,116			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		5,937		5,937	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross Rents	(i) Real				
		(ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis & sales exps.				
		c Gain or (loss)				
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a 275,879				
b Less: direct expenses		b 221,925				
c Net income or (loss) from fundraising events			53,954	55,842	-1,888	
9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Busn. Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total Revenue. See instructions.		716,966	322,958	0	4,049	

Part IX Statement of Functional Expenses

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	83,119	56,521	16,624	9,974
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	378,435	315,055	32,543	30,837
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,340	5,312	1,108	920
9 Other employee benefits	72,045	59,339	8,716	3,990
10 Payroll taxes	42,026	34,157	4,326	3,543
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	16,041	13,242	1,706	1,093
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	1,678	854	751	73
12 Advertising and promotion	12,747	6,688	4,164	1,895
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	19,359	17,316	1,866	177
17 Travel	9,627	8,123	869	635
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,057	74	983	
20 Interest	6,264	5,258	601	405
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	32,511	26,987	3,235	2,289
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a CLIENT SERVICES	38,116	37,767	349	
b MAINTENANCE & REPAIRS	21,695	18,125	2,357	1,213
c DEPRECIATION	12,972	10,776	1,296	900
d TELEPHONE	9,330	6,803	2,127	400
e SUPPLIES	5,821	4,968	567	286
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	770,183	627,365	84,188	58,630
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	106,342	1	188,619
	2 Savings and temporary cash investments	218,237	2	100,000
	3 Pledges and grants receivable, net	61,870	3	55,796
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	17,898	8	14,669
	9 Prepaid expenses and deferred charges	36,784	9	32,346
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 606,434		
	b Less: accumulated depreciation	10b 257,004	10c 374,669	349,430
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	14,873	15	14,873
16 Total assets. Add lines 1 through 15 (must equal line 34)	830,673	16	755,733	
Liabilities	17 Accounts payable and accrued expenses	23,381	17	16,684
	18 Grants payable		18	
	19 Deferred revenue	2,900	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	118,621	23	111,487
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	17,483	25	12,491
	26 Total liabilities. Add lines 17 through 25	162,385	26	140,662
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	668,288	27	615,071
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	668,288	33	615,071	
34 Total liabilities and net assets/fund balances	830,673	34	755,733	

Part XI Financial Statements and Reporting

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
- If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c		
3a		
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

ISLAND COAST AIDS NETWORK, INC.

Employer identification number

65-0147957

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a Type I **b** Type II **c** Type III—Functionally integrated **d** Type III—Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	544,360	576,658	660,356	527,049	389,959	2,698,382
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	544,360	576,658	660,356	527,049	389,959	2,698,382
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						2,698,382

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	544,360	576,658	660,356	527,049	389,959	2,698,382
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,755	12,399	13,734	11,546	5,937	51,371
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	4,110	701	8,694	-2,234	187,535	198,806
11 Total support. Add lines 7 through 10						2,948,559
12 Gross receipts from related activities, etc. (see instructions)					12	905,303
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	91.52%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	97.54%
16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Part II, Line 10 - Other Income Detail

LOSS ON SALE OF ASSETS	\$	-2,234
	\$	13,505

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors
▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

Employer identification number

ISLAND COAST AIDS NETWORK, INC.

65-0147957

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box in the heading of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization ISLAND COAST AIDS NETWORK, INC.	Employer identification number 65-0147957
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	UNITED WAY 7275 CONCOURSE DRIVE FORT MYERS FL 33908	\$ 82,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

Employer identification number

ISLAND COAST AIDS NETWORK, INC.

65-0147957

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Form for Part II Conservation Easements, including questions 1-9 and a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a, 1b, 2, and 3.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment _____ %
 - b** Permanent endowment _____ %
 - c** Term endowment _____ %
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|------------------------------------|-----|----|
| (i) unrelated organizations | | |
| (ii) related organizations | | |
- (i)** unrelated organizations
- (ii)** related organizations
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 3b** Yes No
- 4** Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		56,130		56,130
b Buildings		423,122	147,552	275,570
c Leasehold improvements		5,724	5,158	566
d Equipment		74,909	68,093	6,816
e Other		46,549	36,201	10,348
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				349,430

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

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

(a) Description	(b) Book value

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

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

1. (a) Description of liability	(b) Amount
Federal income taxes	
COMPENSATED ABSENCES	12,491

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	12,491

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	716,966
2	Total expenses (Form 990, Part IX, column (A), line 25)	770,183
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-53,217
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV.)	
9	Total adjustments (net). Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	-53,217

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	950,891
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	
b	Donated services and use of facilities	12,000
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV.)	221,925
e	Add lines 2a through 2d	233,925
3	Subtract line 2e from line 1	716,966
4	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	
b	Other (Describe in Part XIV.)	
c	Add lines 4a and 4b	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	716,966

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1,004,108
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	12,000
b	Prior year adjustments	
c	Other losses	
d	Other (Describe in Part XIV.)	221,925
e	Add lines 2a through 2d	233,925
3	Subtract line 2e from line 1	770,183
4	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	
b	Other (Describe in Part XIV.)	
c	Add lines 4a and 4b	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	770,183

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XI, Line 8 - Reconciliation of Changes - Other		
DIRECT FUNDRAISING EXPENSES	\$	221,925
DIRECT FUNDRAISING EXPENSES	\$	-221,925
Part XII, Line 2d - Revenue Amounts Included in Financials - Other		
DIRECT FUNDRAISING EXPENSES	\$	221,925

Part XIV Supplemental Information (continued)

Part XIII, Line 2d - Expense Amounts Included in Financials - Other

DIRECT FUNDRAISING EXPENSES \$ 221,925

Table with multiple rows of dashed lines for supplemental information.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		THRIFT STORE (event type)	OTHER (event type)	1 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	187,535	45,213	43,131	275,879
	2	Less: Charitable contributions				
	3	Gross revenue (line 1 minus line 2)	187,535	45,213	43,131	275,879
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	44,400	8,043	17,530	69,973
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	145,023	2,230	4,699	151,952
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Combine line 3, column (d), and line 10					53,954

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

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

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities:		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain:		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain:		
11 Does the organization operate gaming activities with nonmembers?	11	
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?	12	

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility
- b An outside facility

13a	%
13b	%

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
- c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

	Yes	No
13a		
13b		
14		
15a		
16		
17a		

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Employer identification number
65-0147957

ISLAND COAST AIDS NETWORK, INC.

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990

**BOARD OF DIRECTORS IS PROVIDED WITH A PAPER OR ELECTRONIC COPY OF THE
RETURN TO REVIEW PRIOR TO FILING.**

Form 990, Part VI, Line 15a - Compensation Process for Top Official

**EXECUTIVE COMMITTEE IS RESPONSIBLE FOR THE REVIEW OF THE EXECUTIVE
DIRECTOR'S SALARY AND FOR RECOMMENDING ANY CHANGES.**

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

GOVERNING DOCUMENTS AND OTHER POLICIES ARE AVAILABLE UPON REQUEST.

Mortgages and Other Notes Payable

Forms
990 / 990-PF**2009**For calendar year 2009, or tax year beginning **08/01/09**, and ending **07/31/10**

Name

Employer Identification Number

ISLAND COAST AIDS NETWORK, INC.**65-0147957****Form 990, Part X, Line 23 - Additional Information**

Name of lender	Relationship to disqualified person
(1) FLORIDA GULF BANK	
(2) FLORIDA GULF BANK	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 150,000	01/01/00	12/10/09	\$1259 P&I PYMTS W/ BALLOON	5.750
(2) 115,676	12/10/09	12/10/14	\$1259 P&I PMNTS W/ BALLOON	5.750
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) REAL ESTATE	BUILDING PURCHASE
(2) REAL ESTATE	RE-FINANCE
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	118,621	
(2)		111,487
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	118,621	111,487

Federal Statements**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>
	\$ 5,937		14		
Total	<u>\$ 5,937</u>				

Forms 990 / 990-EZ Return Summary

For calendar year 2009, or tax year beginning **08/01/09**, and ending **07/31/10**

65-0147957

ISLAND COAST AIDS NETWORK, INC.

Net Asset / Fund Balance at Beginning of Year		<u>668,288</u>
Revenue		
Contributions	<u>389,959</u>	
Program service revenue	<u>267,116</u>	
Investment income	<u>5,937</u>	
Capital gain / loss		
Special events:		
Gross revenue	<u>275,879</u>	
Direct expenses	<u>221,925</u>	
Net income	<u>53,954</u>	
Other income	<u>53,954</u>	
Total revenue		<u>716,966</u>
Expenses		
Program services	<u>627,365</u>	
Management and general	<u>84,188</u>	
Fundraising	<u>58,630</u>	
Total expenses		<u>770,183</u>
Excess / (deficit)		<u>-53,217</u>
Other changes		
Net Asset / Fund Balance at End of Year		<u>615,071</u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>950,891</u>
Less:	
Unrealized gains	
Donated services	<u>12,000</u>
Recoveries	
Other	<u>221,925</u>
Plus:	
Investment expenses	
Other	
Total revenue per return	<u>716,966</u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>1,004,108</u>
Less:	
Donated services	<u>12,000</u>
Prior year adjustments	
Losses	
Other	<u>221,925</u>
Plus:	
Investment expenses	
Other	
Total expenses per return	<u>770,183</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>830,673</u>	<u>755,733</u>	
Liabilities	<u>162,385</u>	<u>140,662</u>	
Net assets	<u>668,288</u>	<u>615,071</u>	<u>-53,217</u>

Miscellaneous Information

Amended return
Return / extended due date 12/15/10
Failure to file penalty _____

ISLAND COAST AIDS NETWORK
FIXED ASSETS/DEPRECIATION - FY 2009-10

ASSET ACCOUNT	DESCRIPTION	DATE IN SERVICE	COST/ BASIS	PER	Prior		Accum Dep	Book
					Depreciation	Current		
119.00	13400 DELL COMPUTERS FOR CAROLYN AND PAT	11/20/05	1,304.00	3.00	1,304.00	0.00	1,304.00	0.00
123.00	13400 DELL COMPUTER FOR DEV DIR	6/13/06	1,938.00	3.00	1,938.00	0.00	1,938.00	0.00
124.00	13400 NEW COMPUTER FOR CAROLYN (ROXANNE GOT OLD ONE)	8/7/06	709.00	3.00	705.12	3.88	709.00	0.00
125.00	13400 PEACHTREE UPGRADE	8/22/06	534.90	3.00	524.64	10.26	534.90	0.00
126.00	13400 AUCTIONPAY SOFTWARE	11/1/06	1,795.00	3.00	1,644.19	150.81	1,795.00	0.00
52.00	13400 REFRIGERATOR	05/13/98	500.00	5.00	500.00	0.00	500.00	0.00
56.00	13400 E.D. DESK	08/27/98	1,200.00	7.00	1,200.00	0.00	1,200.00	0.00
58.00	13400 INTERNET SITE	01/28/99	805.00	5.00	805.00	0.00	805.00	0.00
77.00	13400 CONFERENCE TABLE & 12 CHAIRS	02/24/00	2,250.00	7.00	2,250.00	0.00	2,250.00	0.00
78.00	13400 EDUCATION OFFICE DESKS AND HUTCHES	01/31/00	1,286.00	7.00	1,286.00	0.00	1,286.00	0.00
79.00	13400 CABLING FOR DATA & VOICE (CASE MANAGEMENT)	01/17/00	4,885.00	7.00	4,885.00	0.00	4,885.00	0.00
80.00	13400 CABLING FOR COTTAGE	06/20/00	759.25	7.00	759.25	0.00	759.25	0.00
81.00	13400 CASE MANAGEMENT DESKS	08/07/00	1,959.88	7.00	1,959.88	0.00	1,959.88	0.00
82.00	13400 TOSHIBA PHONE SYSTEM	09/27/00	13,995.00	7.00	13,995.00	0.00	13,995.00	0.00
83.00	13400 OFFICE FURNITURE	02/01/01	974.00	7.00	974.00	0.00	974.00	0.00
86.00	13400 GATEWAY V800CSE-Liz	06/13/01	719.00	5.00	719.00	0.00	719.00	0.00
94.00	13400 SOLO 9500 LAPTOP COMPUTER (Peter)	06/13/01	1,850.00	5.00	1,850.00	0.00	1,850.00	0.00
95.00	13400 PROXIMA MULTIMEDIA PROJECTOR	06/13/01	1,867.00	5.00	1,867.00	0.00	1,867.00	0.00
97.00	13400 JVC VIDEO CAMERA	07/01/02	507.89	5.00	507.89	0.00	507.89	0.00
98.00	13400 DELL COMPUTER-FINANCE COORD	03/11/03	704.00	3.00	704.00	0.00	704.00	0.00
99.00	13400 DELL COMPUTER-EXEC DIR	04/18/03	673.00	3.00	673.00	0.00	673.00	0.00
100.00	13400 NEW AC UNIT FOR COTTAGE	07/23/03	4,081.00	7.00	3,513.97	567.03	4,081.00	0.00
102.00	13400 Cash Registers(2) for leanstruction	05/01/04	698.00	5.00	698.00	0.00	698.00	0.00
103.00	13400 Credit Card Machine for leanstruction	06/01/04	1,333.94	5.00	1,333.94	0.00	1,333.94	0.00
104.00	13400 Color Laser Printer--HP 3500	06/18/04	978.37	3.00	978.37	0.00	978.37	0.00
105.00	13400 Emachines Computer--leanstruction	06/22/04	841.41	3.00	841.41	0.00	841.41	0.00
114.00	13400 NEW AC UNIT FOR FRONT (JACKIE) BLDG	09/01/04	2,650.00	7.00	1,860.70	378.57	2,239.28	410.72
117.00	13400 NEW AC FOR CASE MANAGEMENT	05/01/05	6,700.00	5.00	5,697.75	1,002.25	6,700.00	0.00
118.00	13400 NEW AC FOR CASE MANAGEMENT	05/01/05	3,652.20	5.00	3,105.87	546.33	3,652.20	0.00
120.00	13400 DELL COMPUTER PURCHASE-Peter	07/31/05	866.00	3.00	866.00	0.00	866.00	0.00
134.00	13400 VOICEMAIL/BLACK BOX NETWORK	12/06/07	2,100.00	7.00	495.62	300.00	795.62	1,304.38
136.00	13400 NEW SCALE FOR FOOD PANTRY (CK 20502)	01/01/09	745.30	5.00	86.17	149.06	235.23	510.07
			65,862.14		60,528.77	3,108.19	63,636.96	2,225.18
42.00	13600 ADMINISTRATION	10/29/93	102,320.00	40.00	40,325.29	2,558.00	42,883.29	59,436.71
43.00	13600 HOUSE-ILLINOIS	10/29/93	24,205.00	40.00	9,539.42	605.13	10,144.55	14,060.45
			126,525.00		49,864.72	3,163.13	53,027.84	73,497.16
45.00	13800 LAND-MCGREGOR	10/29/93	43,900.00	N/A	0.00	0.00	0.00	43,900.00
46.00	13800 LAND-ILLINOIS	10/29/93	12,230.00	N/A	0.00	0.00	0.00	12,230.00
			56,130.00		0.00	0.00	0.00	56,130.00

31.00	14000 ROOF-MCGREGOR	06/01/94	15,176.00	40.00	5,757.52	379.40	6,136.92	9,039.08
32.00	14000 BUILDING-LODGE CONST.	08/15/94	25,656.00	40.00	9,601.67	641.40	10,243.07	15,412.93
33.00	14000 OUTDOOR LIGHTS	08/15/94	450.00	7.00	450.00	0.00	450.00	0.00
34.00	14000 BUILDING-LODGE CONST.	01/01/95	14,666.00	40.00	5,349.07	366.65	5,715.72	8,950.28
35.00	14000 BUILDING-LODGE CONST.	02/14/95	7,684.00	40.00	2,779.40	192.10	2,971.50	4,712.50
36.00	14000 BUILDING-LODGE CONST.	03/28/95	57,787.00	40.00	20,736.03	1,444.68	22,180.71	35,606.29
37.00	14000 A/C DUCTWORK	04/18/95	2,640.00	25.00	1,509.65	105.60	1,615.25	1,024.75
38.00	14000 BUILDING-LODGE CONST.	06/29/95	15,875.00	40.00	5,595.39	396.88	5,992.27	9,882.73
61.00	14000 CLINIC AND CASE MGMT FLOOR	04/29/99	7,342.00	15.00	5,023.40	489.47	5,512.87	1,829.13
62.00	14000 CLINIC RENOVATIONS	07/27/99	11,776.00	39.00	3,025.28	301.95	3,327.23	8,448.77
63.00	14000 A/C REWORK	07/19/99	4,800.00	7.00	4,800.00	0.00	4,800.00	0.00
64.00	14000 CASE MANAGEMENT RENOVATIONS	08/02/99	31,163.00	39.00	7,992.70	799.05	8,791.75	22,371.25
96.00	14000 CURBING FOR COTTAGE	05/22/01	560.00	7.00	560.00	0.00	560.00	0.00
101.00	14000 EDUCATION CENTER RENOVATION FEB 04	08/01/04	4,087.00	39.00	523.97	104.79	628.77	3,458.23
106.00	14000 EDUCATION CENTER RENOVATION MAR 04	08/01/04	6,629.13	39.00	849.89	169.98	1,019.87	5,609.26
107.00	14000 EDUCATION CENTER RENOVATION APR 04	08/01/04	6,896.00	39.00	884.10	176.82	1,060.92	5,835.08
108.00	14000 EDUCATION CENTER RENOVATION MAY 04	08/01/04	26,361.55	39.00	3,379.69	675.94	4,055.62	22,305.93
109.00	14000 EDUCATION CENTER RENOVATION JUNE 04	08/01/04	965.34	39.00	123.76	24.75	148.51	816.83
110.00	14000 RECORD IN-KIND WORK	08/01/04	42,215.00	39.00	5,412.18	1,082.44	6,494.62	35,720.38
112.00	14000 EDUCATION CENTER RENOVATION JULY 04	08/01/04	649.80	39.00	83.31	16.66	99.97	549.83
115.00	14000 FINISH CABLING IN EDUCATION CENTER	09/14/04	480.00	7.00	334.59	68.57	403.16	76.84
131.00	14000 REPLACE SEWER AND PLUMBING IN COTTAGE	09/30/07	5,120.00	15.00	626.56	341.33	967.89	4,152.11
135.00	14000 NEW TILE IN ADMIN BLDG	11/06/08	750.00	7.00	78.38	107.14	185.52	564.48
			<u>289,728.82</u>		<u>85,476.55</u>	<u>7,885.59</u>	<u>93,362.14</u>	<u>196,366.68</u>
71.00	14400 FANS WITH LIGHTS FOR CASE MANAGEMENT	11/04/99	866.00	7.00	866.00	0.00	866.00	0.00
72.00	14400 INTERIOR DOORS - CASE MANAGEMENT	12/06/99	1,501.99	15.00	967.03	100.13	1,067.17	434.82
73.00	14400 EMERGENCY HALL LIGHTS	12/06/99	974.00	7.00	974.00	0.00	974.00	0.00
111.00	14400 ICANSTRUCTION IMP-MARCH 04	03/01/04	1,582.26	7.00	1,224.94	226.04	1,450.97	131.29
113.00	14400 BINS-ICANSTRUCTION	07/31/04	800.00	5.00	800.00	0.00	800.00	0.00
			<u>5,724.25</u>		<u>4,831.97</u>	<u>326.17</u>	<u>5,158.14</u>	<u>566.11</u>
121.00	14700 TRUCK FOR ICANSTRUCTION	01/10/06	34,549.10	5.00	24,572.46	6,909.82	31,482.28	3,066.82
127.00	14700 PALLET RACKING	06/22/07	650.00	5.00	274.25	130.00	404.25	245.75
128.00	14700 SHELIVING FOR FORKLIFE-ICANSTRUCTION	07/31/07	5,215.34	7.00	1,492.14	745.05	2,237.19	2,978.15
129.00	14700 SHELIVING FOR FORKLIFE-ICANSTRUCTION	08/15/07	2,372.12	7.00	664.75	338.87	1,003.62	1,368.50
133.00	14700 FORKLIFT	10/30/07	12,000.00	7.00	3,005.87	1,714.29	4,720.16	7,279.84
			<u>54,786.56</u>		<u>30,009.46</u>	<u>9,838.03</u>	<u>39,847.49</u>	<u>14,939.07</u>
130.00	13400 PATTI COMPUTER-NAPLES STORE	08/01/07	808.94	3.00	539.29	269.65	808.94	0.00
137.00	14000 CARPET DONATED BY WAYNE WILES	11/06/08	2,490.00	7.00	260.21	355.71	615.92	1,874.08
139.00	14000 KITCHEN CABINETS DONATED BY ADVANCED CLOSET AND STO	09/16/08	1,800.00	15.00	104.55	120.00	224.55	1,575.45
138.00	14000 CLIENT CLOSET SYSTEM DONATED BY ADVANCED CLOSET AN	09/16/08	2,578.00	15.00	149.74	171.86	321.60	2,256.40
			<u>6,868.00</u>		<u>514.50</u>	<u>647.57</u>	<u>1,162.07</u>	<u>5,705.93</u>
			<u>606,433.71</u>		<u>231,765.26</u>	<u>25,238.33</u>	<u>257,003.58</u>	<u>349,430.13</u>