

Form **990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2019**  
Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning **07/01/19**, and ending **06/30/20**

- B Check if applicable:
  - Address change
  - Name change
  - Initial return
  - Final return/terminated
  - Amended return
  - Application pending

C Name of organization <b>East Cooper Community Outreach</b>		D Employer identification number <b>57-0939280</b>
Doing business as		E Telephone number <b>843-849-9220</b>
Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
<b>1145 Six Mile Road</b>		
City or town, state or province, country, and ZIP or foreign postal code <b>Mount Pleasant SC 29466-8898</b>		G Gross receipts\$ <b>3,328,929</b>
F Name and address of principal officer: <b>Stephanie M. Kelley 1145 Six Mile Road Mt. Pleasant SC 29466-8898</b>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)

I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: <b>https://eccocharleston.org/</b>	H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: <b>1990</b>	M State of legal domicile: <b>SC</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>To provide safety net services to our low income neighbors, while empowering them to create a better future for themselves, their families, and our communities.</b>			
	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)	<b>22</b>	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>22</b>	
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>26</b>	
	6	Total number of volunteers (estimate if necessary)	<b>385</b>	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>0</b>	
7b	Net unrelated business taxable income from Form 990-T, line 39	<b>0</b>		
<b>Revenue</b>			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	<b>2,124,708</b>	<b>3,210,085</b>
	9	Program service revenue (Part VIII, line 2g)		<b>0</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>26,880</b>	<b>17,966</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-72,161</b>	<b>11,472</b>
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>2,079,427</b>	<b>3,239,523</b>
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>896,641</b>	<b>1,250,386</b>
	14	Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>805,586</b>	<b>881,152</b>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>122,443</b>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>339,423</b>	<b>440,364</b>
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>2,041,650</b>	<b>2,571,902</b>	
19	Revenue less expenses. Subtract line 18 from line 12	<b>37,777</b>	<b>667,621</b>	
<b>Net Assets or Fund Balances</b>			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	<b>2,648,899</b>	<b>3,595,438</b>
	21	Total liabilities (Part X, line 26)	<b>24,736</b>	<b>279,610</b>
22	Net assets or fund balances. Subtract line 21 from line 20	<b>2,624,163</b>	<b>3,315,828</b>	

**Part II Signature Block**

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

<b>Sign Here</b>	Discovered by:  Signature of officer...	11/13/2020	Date
	<b>Stephanie M. Kelley</b> Type or print name and title	<b>Executive Director</b>	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Erik M. Glaser, CPA</b>	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN <b>P00724565</b>
	Firm's name ▶ <b>Glaser and Company, LLC</b>	Firm's EIN ▶ <b>20-5788602</b>			
	Firm's address ▶ <b>149 E Bay St Suite 200 Charleston, SC 29401-3134</b>		Phone no. <b>843-849-0179</b>		

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