

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **07/01/20**, and ending **06/30/21**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization East Cooper Community Outreach		D Employer identification number 57-0939280
	Doing business as		E Telephone number 843-849-9220
	Number and street (or P.O. box if mail is not delivered to street address) 1145 Six Mile Road		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code Mount Pleasant SC 29466-8898		G Gross receipts\$ 4,148,722

F Name and address of principal officer: Stephanie M. Kelley 1145 Six Mile Road Mt. Pleasant SC 29466-8898	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
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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: ▶ https://eccocharleston.org/	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: 1990	M State of legal domicile: SC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: We provide assistance, guidance, and resources to help our neighbors navigate through life's challenges.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	31
	6 Total number of volunteers (estimate if necessary)	6	182
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,210,085	4,103,968
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,966	22,423
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,472	-46,192
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,250,386	2,096,304
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	881,152	987,693
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 127,641		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	440,364	613,802
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,571,902	3,697,799	
19 Revenue less expenses. Subtract line 18 from line 12	667,621	382,400	
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)	3,595,438	4,063,197
	22 Net assets or fund balances. Subtract line 21 from line 20	279,610	160,004
		3,315,828	3,903,193

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	DocuSigned by: <i>Stephanie Kelley</i>	11/25/2021
	Signature of officer	Date
	Stephanie M. Kelley	Executive Director
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Erik M. Glaser, CPA	Preparer's signature - DocuSigned by: <i>Erik M Glaser</i>	Date 11/24/2021	Check <input type="checkbox"/> if self-employed	PTIN P00724565
	Firm's name ▶ Glaser and Company, LLC	Firm's EIN ▶ 20-5788602			
	Firm's address ▶ 1859 Summerville Ave Ste 800 Charleston, SC 29405	Phone no. 843-849-0179			

May the IRS discuss this return with the preparer shown above? See instructions Yes No