



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**Department of the Treasury
Internal Revenue Service

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

OMB No 1545 1150

2013**Open to Public
Inspection**

► Do not enter Social Security numbers on this form as it may be made public

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990

A For the 2013 calendar year, or tax year beginning	September 1, 2012	, 2013, and ending	August 31	, 2013		
B Check if applicable	C Name of organization					
<input type="checkbox"/> Address change	D Employer identification number					
<input type="checkbox"/> Name change	57-0780854					
<input type="checkbox"/> Initial return	E Telephone number					
<input type="checkbox"/> Terminated	843 460-1202					
<input type="checkbox"/> Amended return	F Group Exemption Number ►					
<input type="checkbox"/> Application pending	Mt Pleasant, SC 29465					
G Accounting Method	<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Accrual	Other (specify) ►			
I Website ►	www.GoldBugIsland.com					
J Tax-exempt status (check only one) —	<input type="checkbox"/> 501(c)(3)	<input checked="" type="checkbox"/> 501(c) (4)	► (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Form of organization	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Association	<input type="checkbox"/> Other		
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$						
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I						
□						
Revenue	1	Contributions, gifts, grants, and similar amounts received			1	29587
	2	Program service revenue including government fees and contracts			2	
	3	Membership dues and assessments			3	17937
	4	Investment income			4	1162
	5a	Gross amount from sale of assets other than inventory			5a	
	b	Less cost or other basis and sales expenses			5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	
	6	Gaming and fundraising events				
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)			6a	
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)			6b		
c	Less direct expenses from gaming and fundraising events			6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d		
7a	Gross sales of inventory, less returns and allowances			7a		
b	Less cost of goods sold			7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c		
8	Other revenue (describe in Schedule O)			8	71325	
9	Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	120011	
Expenses	10	Grants and similar amounts paid (list in Schedule O)			10	12500
	11	Benefits paid to or for members			11	22837
	12	Salaries, other compensation, and employee benefits			12	0
	13	Professional fees and other payments to independent contractors			13	
	14	Occupancy, rent, utilities, and maintenance			14	41375
	15	Printing, publications, postage, and shipping			15	3315
	16	Other expenses (describe in Schedule O)			16	14972
17	Total expenses Add lines 10 through 16			17	94999	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	25012
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19	243478
	20	Other changes in net assets or fund balances (explain in Schedule O)			20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20			21	268490

For Paperwork Reduction Act Notice, see the separate instructions

Cat No 10642I

Form **990-EZ** (2013)

SCANNED JAN 30 2014

21

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	78211	22 112263
23	Land and buildings	186967	23 186967
24	Other assets (describe in Schedule O)		24
25	Total assets	2645179	25 299230
26	Total liabilities (describe in Schedule O)		21700 26 30740
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	243478	27 268490

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? _____

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28	Meeting and social expenses to serve the interests of boat owners and promote the safe use of boating and conservation of our natural resources			
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	20633	
29	Lease payments to ECOMC Beneficate Group to assist them in providing contributions to charitable organization			
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	6000	
30	Contribution to charitable organization			
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	12500	
31	Other program services (describe in Schedule O)			
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a		
32	Total program service expenses (add lines 28a through 31a)		32	39133

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W 2/1099 MISC) (if not paid enter -0-)	(d) Health benefits contributions to employee benefit plans and deferred compensation	(e) Estimated amount of other compensation
Pete Mulvey 358 Slipshot Circle, Mt Pleasant SC 29464	Commodore, 5 hours	0	0	0
Danny Hughes 1134 Barfield Street Daniel Island, SC 29492	Vice Commodore, 3 hours	0	0	0
Luke Lapierre 1505 Island Overlook, Mt Pleasant SC 29464	Past Commodore, 1 hour	0	0	0
Mike Richardson 1722, Middle Street, Sullivan's Island, SC 29482	Treasurer, 5 Hours	0	0	0
Jim Craig 1508 Plover Ave , Mt Pleasant SC 29464	Secretary, 4 hours	0	0	0
Cherry M. Thomas 1486 Greenshade Way, Mt Pleasant, SC, 29464	House Committee 8 Hours	0	0	0
Jerry Barnett 917 Austrin Square, Mt Pleasant SC 29464	Membership Chair 3 Hours	0	0	0
Jullian Taylor 962 Cummings Circle, Mt Pleasant SC29464	Commodore Emeritus 1 Hr	0	0	0
John Gourdin 1350 Roddington Street Mt Pleasant Sc 29464	Member at Large 2 Hours	0	0	0
Linwood Williams 1418 Island Creekway Mt Pleasant SC 29464	Entertainment Chair, 4 Hrs	0	0	0
Bradley Kerr 114 Memes Way Wando SC 29492	Member at Large 2 Hours	0	0	0

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37b	✓
b Did the organization file Form 1120-POL for this year?	38a	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	✓
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► _____		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	✓
41 List the states with which a copy of this return is filed ► South Carolina		
42a The organization's books are in care of ► Michael Richardson Telephone no ► 843-460-1202		
Located at ► 1722 Middle Street, Sullivans Island, SC ZIP + 4 ► 29482		
b 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)? If "Yes," enter the name of the foreign country ► _____	42b	✓
See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
c At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ► _____	42c	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	✓
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	✓

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		46	✓

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	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	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099 MISC)	(d) Health benefits contributions to employee benefit plans and deferred compensation	(e) Estimated amount of other compensation
None				

f	Total number of other employees paid over \$100,000	►	
51	Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."	►	

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d	Total number of other independent contractors each receiving over \$100,000	►	
52	Did the organization complete Schedule A? Note All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	►	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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
	► Michael F. Richardson Treasurer	1/15/2014
► Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►	Firm's EIN ►		Phone no	
	Firm's address ►				

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

East Cooper Outboard Motor Club

Employer identification number

57 0780854

Line 8> Additional Revenue received from Rental Income \$71,325

Line 10> Contribution to Charity from Rental Income \$2,500 & Contribution to local Charities \$10,000

Line 16> Fund Raising expenses \$14,972

Line 26> Current Liabilities Rental Deposit \$28,275 and Member Helping Member fund \$2,465