

Form 990

Return of Organization Exempt From Income Tax

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

► Do not enter social security numbers on this form as it may be made public

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

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

B Check if applicable

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- 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 294668898		G Gross receipts \$ 2,287,638	
F Name and address of principal officer STEPHANIE M KELLEY 1145 SIX MILE ROAD MT PLEASANT, SC 294668898		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)	
		H(c) Group exemption number ►	
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/	
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

1 Briefly describe the organization's mission or most significant activities
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

2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	3	17
3 Number of voting members of the governing body (Part VI, line 1a)	4	17
4 Number of independent voting members of the governing body (Part VI, line 1b)	5	30
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	6	301
6 Total number of volunteers (estimate if necessary)	7a	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7b	
b Net unrelated business taxable income from Form 990-T, line 34		

Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		2,044,201	2,124,708
9 Program service revenue (Part VIII, line 2g)			0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		74,434	26,880
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		181,897	-72,161
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,300,532	2,079,427

Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	932,476	896,641
			0
14 Benefits paid to or for members (Part IX, column (A), line 4)		808,474	805,586
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0
16a Professional fundraising fees (Part IX, column (A), line 11e)			
b Total fundraising expenses (Part IX, column (D), line 25) ► 79,416			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		318,729	339,423
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		2,059,679	2,041,650
19 Revenue less expenses Subtract line 18 from line 12		240,853	37,777

Net Assets or Fund Balances	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,635,764	2,648,899
21 Total liabilities (Part X, line 26)	96,536	24,736
22 Net assets or fund balances Subtract line 21 from line 20	2,539,228	2,624,163

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	2019-11-14 Date
	STEPHANIE M KELLEY EXECUTIVE DIRECTOR Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date 2019-11-15	Check <input type="checkbox"/> if self-employed	PTIN P00724565
	Firm's name ► GLASER AND COMPANY LLC	Firm's EIN ► 20-5788602			
	Firm's address ► 149 E BAY ST SUITE 200 CHARLESTON, SC 294013134	Phone no (843) 849-0179			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

Part III

Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III **1** Briefly describe the organization's mission

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

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 1,373,617	including grants of \$	851,846) (Revenue \$)
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See Additional Data

4b	(Code) (Expenses \$ 414,427	including grants of \$	44,795) (Revenue \$)
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See Additional Data

4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
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See Additional Data

4d	Other program services (Describe in Schedule O) (Expenses \$	including grants of \$) (Revenue \$)
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4e	Total program service expenses ►	1,788,044
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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	6	No
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	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes
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	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes

Part IV Checklist of Required Schedules (continued)

		Yes	No
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	23	No
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 25a	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b	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	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No
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)		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
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	33	Yes
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b	If 'Yes' to line 35a, 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," complete Schedule R, Part V, line 2	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	5
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	30		
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 (see instructions)	2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No		
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	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)?	4a	No		
b If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No		
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No		
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	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 as charitable contributions?	6a	No		
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).	7a	Yes		
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?	7b	Yes		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d			
d If "Yes," indicate the number of Forms 8282 filed during the year	7e	No		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	No		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	No		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	No		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	9a			
9a Did the sponsoring organization make any taxable distributions under section 4966?	9b			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				
10 Section 501(c)(7) organizations. Enter	10a			
a Initiation fees and capital contributions included on Part VIII, line 12	10b			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11 Section 501(c)(12) organizations. Enter	11a			
a Gross income from members or shareholders	11b			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	12a			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	No		
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15	No		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16	No		

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

Section A. Governing Body and Management

	1a	17	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year				
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
1b				
b Enter the number of voting members included in line 1a, above, who are independent		17		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
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?		3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6 Did the organization have members or stockholders?		6		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a The governing body?		8a	Yes	
b Each committee with authority to act on behalf of the governing body?		8b	Yes	
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		9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed►	SC
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply	
<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20 State the name, address, and telephone number of the person who possesses the organization's books and records	
►LINDA GRAUSSO 1145 SIX MILE ROAD MOUNT PLEASANT, SC 29466 (843) 849-9220	

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee".

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Officer or Director	Individual Trustee	Institutional Trustee	Office	Key Employee	Highest Compensated			
(1) NEIL JOHNSON PRESIDENT	1 50	X		X				0	0	0
(2) DANNY ROWLAND VICE PRESIDE	2 00	X		X				0	0	0
(3) ANDREW DAVIS TREASURER	1 00	X		X				0	0	0
(4) STEVE POLSTON SECRETARY	1 00	X		X				0	0	0
(5) GIFFEN DAUGHTRIDGE DIRECTOR	0 50	X						0	0	0
(6) REX ATKINSON DIRECTOR	1 00	X						0	0	0
(7) MIKE BURSON DIRECTOR	1 00	X						0	0	0
(8) M DAWES COOKE DIRECTOR	1 00	X						0	0	0
(9) MICHAEL DROHAN DIRECTOR	0 50	X						0	0	0
(10) BEVERLY GENEZ DIRECTOR	10 00	X						0	0	0
(11) TIM GROW DIRECTOR	1 00	X						0	0	0
(12) ALEX JENKINS DIRECTOR	0 00	X						0	0	0
(13) G RICHARD QUERY DIRECTOR	4 00	X						0	0	0
(14) ELMIRE RAVEN DIRECTOR	1 50	X						0	0	0
(15) NEAL STANLEY DIRECTOR	1 00	X						0	0	0
(16) CATHERINE STUHR DIRECTOR	0 50	X						0	0	0
(17) DR FRANCIS TUNNEY MD DIRECTOR	1 00	X						0	0	0

Part VII

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

1b Sub-Total

c Total from continuation sheets to Part VII, Section A

b Total (add lines 1b and 1c)

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

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

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

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

	Yes	No
3		No
4		No
5		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

Contributions, Gifts, Grants and Other Similar Amounts		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a Federated campaigns . . .	1a				
b Membership dues . . .	1b				
c Fundraising events . . .	1c	239,156			
d Related organizations	1d				
e Government grants (contributions)	1e	33,838			
f All other contributions, gifts, grants, and similar amounts not included above	1f	1,851,714			
g Noncash contributions included in lines 1a - 1f \$		805,053			
h Total. Add lines 1a-1f		2,124,708			
Program Service Revenue		Business Code			
2a					
b					
c					
d					
e					
f All other program service revenue					
g Total. Add lines 2a-2f					
Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts)		24,865			24,865
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6a Gross rents	(i) Real	(ii) Personal			
b Less rental expenses					
c Rental income 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 and sales expenses	77,655				
c Gain or (loss)	75,640				
d Net gain or (loss)	2,015				2,015
8a Gross income from fundraising events (not including \$ 239,156 of contributions reported on line 1c) See Part IV, line 18	a	53,250			
b Less direct expenses	b	132,571			
c Net income or (loss) from fundraising events			-79,321		-79,321
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	Business Code				
11a MISCELLANEOUS		900099	7,160	7,160	
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		7,160			
12 Total revenue. See Instructions		2,079,427	7,160		-52,441

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)

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

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 domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22	896,641	896,641		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	91,125	25,515	36,450	29,160
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	584,567	479,302	79,819	25,446
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	6,119	5,838	281	
9 Other employee benefits	72,210	44,341	21,180	6,689
10 Payroll taxes	51,565	31,073	15,363	5,129
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	6,250	4,988	1,262	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	4,595		4,595	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	50,446	41,086		9,360
12 Advertising and promotion	30,467	27,103	1,427	1,937
13 Office expenses	23,028	18,825	3,232	971
14 Information technology	6,625	6,474	121	30
15 Royalties				
16 Occupancy	79,426	76,807	2,095	524
17 Travel	12,173	12,173		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,470	9,975	495	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	85,275	81,358	3,917	
23 Insurance	21,270	17,442	3,658	170
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PROGRAM SUPPLIES - OTHER	3,973	3,973		
b DUES AND SUBSCRIPTIONS	3,496	3,321	175	
c MISCELLANEOUS	1,112	992	120	
d TRAINING - EMPOWERMENT	750	750		
e All other expenses	67	67		
25 Total functional expenses. Add lines 1 through 24e	2,041,650	1,788,044	174,190	79,416
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets				
1	Cash—non-interest-bearing	380,547	1	386,784
2	Savings and temporary cash investments	228,478	2	106,606
3	Pledges and grants receivable, net		3	11,672
4	Accounts receivable, net	4,192	4	3,909
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	10,279	9	22,658
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	2,264,649	
b	Less accumulated depreciation	10b	1,121,278	1,186,016
11	Investments—publicly traded securities		11	973,899
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		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,635,764	16	2,648,899
Liabilities				
17	Accounts payable and accrued expenses	52,786	17	24,736
18	Grants payable		18	
19	Deferred revenue	43,750	19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
22	Loans and other 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		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	96,536	26	24,736
Net Assets or Fund Balances				
	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	2,164,078	27	2,341,246
28	Temporarily restricted net assets	337,983	28	282,917
29	Permanently restricted net assets	37,167	29	
	Organizations that do not follow SFAS 117 (ASC 958), 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	2,539,228	33	2,624,163
34	Total liabilities and net assets/fund balances	2,635,764	34	2,648,899

Part XI**Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,079,427
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,041,650
3	Revenue less expenses Subtract line 2 from line 1	3	37,777
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,539,228
5	Net unrealized gains (losses) on investments	5	40,575
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	6,583
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,624,163

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII

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?

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both

Separate basis Consolidated basis Both consolidated and separate basis

2b Were the organization's financial statements audited by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both

Separate basis Consolidated basis Both consolidated and separate basis

2c 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

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

Additional Data

Software ID:**Software Version:**

EIN: 57-0939280

Name: EAST COOPER COMMUNITY OUTREACH

Form 990 (2018)

Form 990, Part III, Line 4a:

ECCO HAS CONTINUED ITS EMPHASIS ON A CLIENT-CENTERED MODEL IN OUR WORK TO PROVIDE WRAP-AROUND SERVICES TO INDIVIDUALS AND FAMILIES IN FINANCIAL DISTRESS THROUGH A PROCESS OF INDIVIDUAL CASE MANAGEMENT, WE AIM TO PROVIDE SUPPORT, EDUCATION, REFERRALS, AND INDIVIDUAL COACHING TO HELP OUR CLIENTS ACHIEVE FINANCIAL STABILITY. ECCO IS UNIQUELY POSITIONED IN THE AREA AS THE ONLY ORGANIZATION IN EAST COOPER, AND ONE OF ONLY A FEW AGENCIES IN THE GREATER CHARLESTON REGION THAT PROVIDES COMPREHENSIVE WRAP-AROUND SUPPORT SERVICES AND EDUCATIONAL PROGRAMS TO LOW-INCOME HOUSEHOLDS. WITH ECCO'S HOLISTIC APPROACH, WE ARE CONSIDERED A "ONE-STOP SHOP" FOR STRUGGLING FAMILIES TO GET HELP FILLING A WIDE RANGE OF INDIVIDUAL NEEDS. WE PRIDE OURSELVES IN HELPING TO CHANGE THE LIVES OF OUR NEIGHBORS IN NEED BY PROVIDING BOTH HELP AND HOPE. ADDITIONALLY, ECCO IS THE ONLY ORGANIZATION IN THE LOWCOUNTRY TO OFFER AN ASSET DEVELOPMENT PROGRAM (ADP) FOR ADULTS. ADP IS A PERSONAL SAVINGS INITIATIVE DESIGNED TO ENCOURAGE ASSET-GROWTH AMONG LOW-WEALTH INDIVIDUALS, WITH THE OPPORTUNITY TO RECEIVE UP TO 3,000 OF MATCHED FUNDS TO BUY A HOME, START OR IMPROVE A SMALL BUSINESS, OR PURSUE POST-SECONDARY EDUCATION. IMPACT NUMBERS FOR FY 2018-2019 -SERVED 1,980 HOUSEHOLDS ACROSS ALL PROGRAMMATIC AREAS, THESE HOUSEHOLDS ACCOUNT FOR 3,445 NEIGHBORS IN NEED -DISTRIBUTED 410,084 POUNDS OF FOOD TO 1,097 LOCAL FAMILIES FACING FOOD INSECURITY, A RETAIL VALUE OF 790,667 -WELCOMED JUST OVER 1,800 VISITORS TO THE MONTHLY FRESH & FREE FARMERS MARKETS TO OBTAIN FRESH FRUITS AND VEGETABLES OVER THE COURSE OF THE YEAR, 20% OF ALL FOOD DISTRIBUTED TO OUR CLIENTS IS MADE UP OF FRESH PRODUCE -PROVIDED 572 HOUSEHOLDS WITH A THANKSGIVING MEAL AND 376 CHILDREN WITH CHRISTMAS PRESENTS THROUGH ECCO'S ADOPT-A-FAMILY PROGRAM -PROVIDED GENTLY-USED DONATED CLOTHING TO 836 HOUSEHOLDS -SERVED 175 CLIENTS THROUGH ECCO'S FINANCIAL ASSISTANCE PROGRAM BY PROVIDING 57,586 TO HELP PAY RENT OR UTILITY BILLS FOR CLIENTS FACING EVICTION OR UTILITIES SHUT-OFF -FILLED 372 EMERGENCY PRESCRIPTIONS FOR CLIENTS WHO COULD NOT AFFORD THEIR MEDICATIONS AND WORKED TO ENROLL THESE INDIVIDUALS IN VARIOUS PRESCRIPTION ASSISTANCE PROGRAMS, THE TOTAL SAVINGS IMPACT FOR ECCO CLIENTS SEEKING PRESCRIPTION ASSISTANCE SERVICES WAS 200,853 -GRADUATED 5 PARTICIPANTS THROUGH ECCO'S ADP (ASSET DEVELOPMENT PROGRAM), PROVIDED 15,500 IN SAVINGS MATCHES TO ASSIST PROGRAM PARTICIPANTS IN REALIZING THEIR GOALS OF HOME OWNERSHIP, SMALL BUSINESS ENTREPRENEURSHIP, OR HIGHER EDUCATION -301 VOLUNTEERS PROVIDED 24,123 HOURS OF SERVICE TO ECCO CLIENTS, PROGRAMS, AND SERVICES, THE MONETARY IMPACT OF THIS DONATED TIME IS 1,004,652 VOLUNTEERS COMPRIZE ECCO'S STRONGEST HUMAN CAPITAL RESOURCE -COUNTLESS NUMBERS OF INDIVIDUALS, BUSINESS, CIVIC GROUPS, CHURCHES, AND FAMILIES DONATE THEIR TIME, TALENT, AND TREASURE TO ECCO TO KEEP OUR PANTRY SHELVES STOCKED WITH HEALTHY FOOD OPTIONS AND THE RACKS IN OUR CLOTHING CLOSET FILLED -1,035 UNIQUE DONORS CONTRIBUTED TO ECCO'S ANNUAL FUND AND/OR FUNDRAISERS TO SUPPORT THE ORGANIZATION'S MISSION HIGHLIGHTS OF PROGRAMMATIC ENHANCEMENTS FOR THE 2018-2019 FISCAL YEAR INCLUDE THE FOLLOWING -DESIGNED ECCO'S NEW ASSET DEVELOPMENT PROGRAM (ADP) TO REPLACE THE FEDERALLY-FUNDED IDA PROGRAM IN THE TEN YEARS ECCO HAS OFFERED THIS PROGRAM, 42 SAVINGS MATCHES HAVE TAKEN PLACE TO ASSIST 15 CLIENTS PURCHASE THEIR FIRST HOME, 14 INDIVIDUALS START OR ENHANCE A SMALL BUSINESS, AND 13 MEN AND WOMEN PURSUE POST-SECONDARY EDUCATION -INITIATED "FIRST SATURDAYS" TO ALLOW FOR DONATION DROP-OFF ONE SATURDAY PER MONTH -ADDED FOUR NEW RETAIL PARTNER AGENCIES COSTCO MT PLEASANT, WALMART - SOUTH, LOWES, PUBLIX - GREENWISE THESE PARTNERSHIPS PROVIDE 40% OF THE TOTAL AMOUNT OF DONATED FOOD TO ECCO'S WELLNESS PANTRY -EXPERIENCED AN 85% INCREASE IN THE POUNDS OF UNPURCHASED FOOD THAT CAME IN THE WELLNESS PANTRY COMPARED TO FY2017-2018 -DISTRIBUTED 38% MORE POUNDS OF FOOD TO OUR FOOD INSECURE NEIGHBORS COMPARED TO THE PREVIOUS FISCAL YEAR -ADDED 460 SQUARE FEET OF NEW SHELVING AND REORGANIZED THE BAKERY AND PERSONAL HYGIENE AREAS OF THE WELLNESS PANTRY -LAUNCHED TWO NEW PROGRAMS BREAKFAST BITS FOR HEALTH EDUCATION AND THE "NEXT CHAPTER" FOR WOMEN'S EMPOWERMENT -MOVED THE MONTHLY FRESH & FREE FARMERS MARKET FROM WEDNESDAYS TO THURSDAYS TO ENSURE FRESHER PRODUCE FOR OUR CLIENTS -IMPLEMENTED TWO NEW INITIATIVES TO HONOR THE WOMEN (PASS THE PURSE) AND MEN (KEEPING IT COOL) WE SERVE -REACHED AN ADDITIONAL 23 FAMILIES (36 CHILDREN) THROUGH OUR ANNUAL ADOPT-A-FAMILY/SANTA'S CLOSET PROGRAM -INITIATED MONTHLY VOLUNTEER PROJECTS ON THE FIRST SATURDAY OF THE MONTH TO ACCOMMODATE PEOPLE WHO WORK, TEENAGERS, AND FAMILIES LOOKING TO DO A COMMUNITY SERVICE PROJECT TOGETHER IN SUPPORT OF ECCO'S MISSION -MAINTAINED THE "PAY IT FORWARD" INITIATIVE TO ALLOW CLIENTS TO ACKNOWLEDGE EXCEPTIONAL CUSTOMER SERVICE OFFERED BY STAFF AND VOLUNTEERS. ONE CLIENT WROTE "I WALKED IN THIS MORNING AND EXPECTED TO BE BRUSHED OFF. WOW I WAS SURPRISED EACH PERSON WENT ABOVE AND BEYOND AND I FELT WELCOMED. I CAME IN CRYING BUT LEFT FILLED WITH HOPE."

Form 990, Part III, Line 4b:

ECCO'S HEALTH SERVICES PROGRAMS, INCLUDING BOTH DENTAL AND MEDICAL SERVICES, CONTINUE TO GROW AND EVOLVE IN RESPONSE TO THE NEEDS OF OUR CLIENTS AND THE CHANGING ECONOMIC ENVIRONMENT, ESPECIALLY IN THE AREAS OF HEALTH AND EDUCATION. ECCO'S DENTAL CLINIC SERVES AS A DENTAL HOME FOR UNINSURED, LOW-INCOME CLIENTS BY PROVIDING PREVENTATIVE, RESTORATIVE, AND SURGICAL CARE DURING THE DAYTIME CLINIC TWO NIGHTS A WEEK. THE DENTAL CLINIC PROVIDES EMERGENCY DENTAL EXTRACTIONS TO UNINSURED PERSONS WHO LIVE IN THE STATE OF SC. RESIDENTS FROM THE JAMES B. EDWARDS COLLEGE OF DENTAL MEDICINE FILL WEEKLY SHIFTS FOR ONE YEAR TO TREAT PATIENTS WHILE GAINING VALUABLE HANDS-ON EXPERIENCE. MORE THAN 30 LOCAL DENTISTS VOLUNTEER THEIR TIME TO ENSURE THE HIGHEST-QUALITY CARE FOR THE 949 PERSONS WHO SOUGHT OUT DENTAL CARE AT ECCO IN FY2018-2019. ECCO'S PARTNERS IN HEALTHCARE (PIHC) CLINIC SERVES AS A MEDICAL HOME FOR UNINSURED PATIENTS IN THE TRI-COUNTY AREA WITH A SPECIFIC FOCUS ON HELPING TO DIAGNOSE AND TREAT CHRONIC HEALTH CONDITIONS INCLUDING DIABETES, HIGH BLOOD PRESSURE, AND LIPEDEMA. THROUGH A GROWING PARTNERSHIP WITH THE MEDICAL UNIVERSITY OF SOUTH CAROLINA'S COLLEGE OF NURSING, NURSE PRACTITIONERS ARE ABLE TO SEE CLIENTS REGULARLY, TRACK AND ANALYZE PATIENT DATA, PROVIDE HEALTH-COACHING, AND COORDINATE PATIENT CARE. THE PARTNERS IN HEALTHCARE CLINIC IS ALSO SUPPORTED BY ROPER ST. FRANCIS HEALTHCARE FOR FREE LAB WORK AND IMAGING, MUSC DIETETIC INTERNS FOR OUTREACH EDUCATIONAL EFFORTS, AND THE MUSC COLLEGE OF PHARMACY FOR CONSULTATION ON MEDICATION RECONCILIATION. OTHER PARTNERS INCLUDE THE LOWCOUNTRY FOOD BANK AND PALMETTO PROJECT. IMPACT NUMBERS FOR HEALTH SERVICES PROGRAMS IN FY 2018-2019 INCLUDE: -949 INDIVIDUALS WERE SERVED IN THE ECCO DENTAL CLINIC. -2,162 DAYTIME CLINIC APPOINTMENTS WERE CONDUCTED AND 1,013 EMERGENCY EXTRACTION CLINIC VISITS TOOK PLACE DURING THE 2018-2019 FISCAL YEAR. -5,653 TOTAL DENTAL PROCEDURES/SERVICES WERE PROVIDED TO THE COMMUNITY WITH A RETAIL VALUE OF 770,291 PROVIDED AT NO COST TO THE PATIENTS. -27 DENTAL PATIENTS RECEIVED PARTIAL DENTURES ENHANCING THEIR SELF-CONFIDENCE AND SMILES. -183 INDIVIDUALS WERE SERVED ACROSS ECCO'S MEDICAL SERVICES PROGRAMS. -3,324 TOTAL SERVICES WERE PROVIDED ACROSS ECCO'S PARTNERS IN HEALTHCARE CLINIC, MEDICAL SERVICES, AND HEALTH EDUCATION EFFORTS. -929 PATIENT APPOINTMENTS WERE SCHEDULED AT THE PARTNERS IN HEALTHCARE CLINIC. -80% OF THE PATIENTS WITH HYPERTENSION WHO WERE SEEN AT THE PARTNERS IN HEALTHCARE CLINIC IMPROVED FROM UNCONTROLLED TO CONTROLLED. HIGHLIGHTS OF PROGRAMMATIC ENHANCEMENTS IN HEALTH SERVICES FOR THE 2018-2019 FISCAL YEAR INCLUDE: -THE ALIGNMENT OF CLINIC DAYS BETWEEN THE PARTNERS IN HEALTHCARE NURSE PRACTITIONER CLINIC AND THE EMERGENCY EXTRACTION CLINIC HAS PROVED TO BE VERY BENEFICIAL IN ALLOWING DENTAL PATIENTS WITH UNADDRESSED MEDICAL ISSUES SUCH AS HIGH BLOOD PRESSURE TO RECEIVE IMMEDIATE CARE. -THE PARTNERS IN HEALTHCARE CLINIC (PIHC) SAW A SIGNIFICANT INCREASE IN THE NUMBER OF INTER-PROFESSIONAL STUDENT ROTATIONS THIS YEAR INCLUDING DIETETIC INTERNS AND PHARMACY STUDENTS. -THROUGH THE USE OF PRACTICE FUSION, THE ELECTRONIC MEDICAL RECORD FOR THE PIHC AND CARES CLINICS, APPOINTMENT REMINDERS ARE NOW BEING SENT VIA TEXT TO PATIENTS. THIS PRACTICE HAS HELPED TO REDUCE THE NO SHOW RARE FOR BOTH MEDICAL CLINICS. -PRESCRIPTION ASSISTANCE ENROLLMENTS WERE UP BY 55% OVER THE PREVIOUS YEAR. -THE BREAKFAST BITS WORKSHOPS OFFERED BEFORE THE START OF THE MONTHLY FRESH & FREE FARMERS MARKETS HAVE BEEN WELL-ATTENDED AND CLIENTS REPORT LEARNING A GREAT DEAL FROM THE SPEAKERS. TOPICS RANGE FROM HEALTH AND WELLNESS SUBJECTS TO PERSONAL SAFETY MATTERS INCLUDING HURRICANE PREPAREDNESS AND PROTECTING YOURSELF FROM SENIOR FRAUD SCAMS AND IDENTIFY THEFT.

SCHEDULE A
(Form 990 or
990EZ)**Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.**2018****Open to Public
Inspection**Department of the Treasury
Internal Revenue Service**Name of the organization**
EAST COOPER COMMUNITY OUTREACH**Employer identification number**

57-0939280

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

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

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 (Form 990 or 990-EZ))

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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

10 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)

11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.

12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B**.

b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C**.

c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E**.

d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V**.

e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Yes	No					
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	1,714,495	1,655,954	1,609,983	2,112,427	2,124,708	9,217,567
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	1,714,495	1,655,954	1,609,983	2,112,427	2,124,708	9,217,567
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						9,217,567

Section B. Total Support

	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	1,714,495	1,655,954	1,609,983	2,112,427	2,124,708	9,217,567
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	26,772	22,863	13,890	21,540	24,865	109,930
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						9,327,497
12	Gross receipts from related activities, etc (see instructions)					12	60,410

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** ►

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	98 820 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	98 810 %
16a	33 1/3% support test—2018. 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—2017. 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—2018. 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 VI 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—2017. 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 VI 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 VI)						
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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2018. 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		► <input type="checkbox"/>
b 33 1/3% support tests—2017. 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		► <input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		► <input type="checkbox"/>

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b	

Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?

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

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

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)

	Yes	No
1		

Section D. All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s)

3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)

a The organization satisfied the Activities Test. Complete **line 2** below

b The organization is the parent of each of its supported organizations. Complete **line 3** below

c The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test **Answer (a) and (b) below.**

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities**

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement**

3 Parent of Supported Organizations **Answer (a) and (b) below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI the role played by the organization in this regard**

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI) See instructions	
7	Total annual distributions. Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9	Distributable amount for 2018 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions
		(ii) Underdistributions Pre-2018
		(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6	
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions	
3	Excess distributions carryover, if any, to 2018	
a	From 2013.	
b	From 2014.	
c	From 2015.	
d	From 2016.	
e	From 2017.	
f	Total of lines 3a through e	
g	Applied to underdistributions of prior years	
h	Applied to 2018 distributable amount	
i	Carryover from 2013 not applied (see instructions)	
j	Remainder Subtract lines 3g, 3h, and 3i from 3f	
4	Distributions for 2018 from Section D, line 7 \$	
a	Applied to underdistributions of prior years	
b	Applied to 2018 distributable amount	
c	Remainder Subtract lines 4a and 4b from 4	
5	Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions	
6	Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions	
7	Excess distributions carryover to 2019. Add lines 3j and 4c	
8	Breakdown of line 7	
a	Excess from 2014.	
b	Excess from 2015.	
c	Excess from 2016.	
d	Excess from 2017.	
e	Excess from 2018.	

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information (See Instructions)

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II, LINE 10	OTHER INCOME 0

2018

Open to Public
Inspection

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for the latest information.

Name of the organization
EAST COOPER COMMUNITY OUTREACH

Employer identification number
57-0939280

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

2a	
2b	
2c	
2d	

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
 ► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
 ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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 XIII

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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . .

Part V Endowment Funds. Complete if the organization answered "Yes" on 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 current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ►

b Permanent endowment ►

c Temporarily restricted endowment ►

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

Yes	No
3a(i)	
3a(ii)	
3b	

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,299,309	496,350	802,959
c Leasehold improvements		325,000	105,083	219,917
d Equipment		640,340	519,845	120,495
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ►				1,143,371

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	►	

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	►	

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	►

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	►

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	

Part XIII Supplemental Information

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

Return Reference	Explanation
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Part XIII

Supplemental Information (*continued*)

Return Reference

Explanation

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

► Attach to Form 990 or Form 990-EZ.

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

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

EAST COOPER COMMUNITY OUTREACH

Employer identification number

57-0939280

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

		(a) Event #1 GALA EVENT (event type)	(b) Event #2 GOLF EVENT (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	192,441	99,965		292,406
	2 Less Contributions	162,141	77,015		239,156
	3 Gross income (line 1 minus line 2)	30,300	22,950		53,250
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	4,215	23,303		27,518
	7 Food and beverages	29,262	12,008		41,270
	8 Entertainment	5,555			5,555
	9 Other direct expenses	51,866	6,362		58,228
	10 Direct expense summary Add lines 4 through 9 in column (d)				132,571
	11 Net income summary Subtract line 10 from line 3, column (d)				-79,321

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

Revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
1 Gross revenue				
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 Subtract line 7 from line 1, column (d)				
9 Enter the state(s) in which the organization conducts gaming activities _____				
a Is the organization licensed to conduct gaming activities in each of these states?				<input type="checkbox"/> Yes <input type="checkbox"/> No
b If "No," explain _____				
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?				<input type="checkbox"/> Yes <input type="checkbox"/> No
b If "Yes," explain _____				

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter 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? Yes No

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? Yes No

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 ► \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I
(Form 990)**Department of the
Treasury
Internal Revenue ServiceName of the organization
EAST COOPER COMMUNITY OUTREACH

OMB No 1545-0047

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.**2018****Open to Public
Inspection**Employer identification number
57-0939280**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

 Yes No**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ►

3 Enter total number of other organizations listed in the line 1 table ►

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
 Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) FOOD ASSISTANCE	2062		790,667	FAIR VALUE	FOOD ITEMS
(2) FINANCIAL ASSISTANCE	175	57,586		COST	
(3) BASIC NEEDS SUPPLIES			3,593	FAIR VALUE	HOUSEHOLD GOODS
(4) PERSSCRIPTION ASSISTANCE	74	12,290		COST	
(5) DENTAL ASSISTANCE	949		32,505	FAIR VALUE	DENTAL SUPPLIES
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2018

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceName of the organization
EAST COOPER COMMUNITY OUTREACH

Employer identification number

57-0939280

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	3	33,553	FAIR VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	410,084	771,500	FAIR VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (_____)				
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt
purposes for the entire holding period?

	Yes	No
30a		No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31	Yes
----	-----

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

32a		No
-----	--	----

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II

Part II**Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE M, PAGE 2, PART II	ECCO RECEIVED AND DISTRIBUTED 410,084LBS OF FOOD TO THE COMMUNITIES IT SERVES

OMB No 1545-0047

SCHEDULE O
(Form 990 or 990-
EZ)

Department of the Treasury

Name of the organization
EAST COOPER COMMUNITY OUTREACH

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

2018

**Open to Public
Inspection**

Employer identification number

57-0939280

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>ECCO HAS CONTINUED ITS EMPHASIS ON A CLIENT-CENTERED MODEL IN OUR WORK TO PROVIDE WRAP-AROUND SERVICES TO INDIVIDUALS AND FAMILIES IN FINANCIAL DISTRESS THROUGH A PROCESS OF INDIVIDUAL CASE MANAGEMENT, WE AIM TO PROVIDE SUPPORT, EDUCATION, REFERRALS, AND INDIVIDUAL COACHING TO HELP OUR CLIENTS ACHIEVE FINANCIAL STABILITY. ECCO IS UNIQUELY POSITIONED IN THE AREA AS THE ONLY ORGANIZATION IN EAST COOPER, AND ONE OF ONLY A FEW AGENCIES IN THE GREAT CHARLESTON REGION THAT PROVIDES COMPREHENSIVE WRAP-AROUND SUPPORT SERVICES AND EDUCATIONAL PROGRAMS TO LOW-INCOME HOUSEHOLDS. WITH ECCO'S HOLISTIC APPROACH, WE ARE CONSIDERED A "ONE-STOP SHOP" FOR STRUGGLING FAMILIES TO GET HELP FILLING A WIDE RANGE OF INDIVIDUAL NEEDS. WE PRIDE OURSELVES IN HELPING TO CHANGE THE LIVES OF OUR NEIGHBORS IN NEED BY PROVIDING BOTH HELP AND HOPE. ADDITIONALLY, ECCO IS THE ONLY ORGANIZATION IN THE LOWCOUNTRY TO OFFER AN ASSET DEVELOPMENT PROGRAM (ADP) FOR ADULTS. ADP IS A PERSONAL SAVINGS INITIATIVE DESIGNED TO ENCOURAGE ASSET-GROWTH AMONG LOW-WEALTH INDIVIDUALS, WITH THE OPPORTUNITY TO RECEIVE UP TO 3,000 OF MATCHED FUNDS TO BUY A HOME, START OR IMPROVE A SMALL BUSINESS, OR PURSUE POST-SECONDARY EDUCATION. IMPACT NUMBERS FOR FY 2018-2019 -SERVED 1,980 HOUSEHOLDS ACROSS ALL PROGRAMMATIC AREAS, THESE HOUSEHOLDS ACCOUNT FOR 3,445 NEIGHBORS IN NEED -DISTRIBUTED 410,084 POUNDS OF FOOD TO 1,097 LOCAL FAMILIES FACING FOOD INSECURITY, A RETAIL VALUE OF \$790,667 -WELCOMED JUST OVER 1,800 VISITORS TO THE MONTHLY FRESH & FREE FARMERS MARKETS TO OBTAIN FRESH FRUITS AND VEGETABLES OVER THE COURSE OF THE YEAR, 20% OF ALL FOOD DISTRIBUTED TO OUR CLIENTS IS MADE UP OF FRESH PRODUCE -PROVIDED 572 HOUSEHOLDS WITH A THANKSGIVING MEAL AND 376 CHILDREN WITH CHRISTMAS PRESENTS THROUGH ECCO'S ADOPT-A-FAMILY PROGRAM -PROVIDED GENTLY-USED DONATED CLOTHING TO 836 HOUSEHOLDS -SERVED 175 CLIENTS THROUGH ECCO'S FINANCIAL ASSISTANCE PROGRAM BY PROVIDING 57,586 TO HELP PAY RENT OR UTILITY BILLS FOR CLIENTS FACING EVICTION OR UTILITIES SHUT-OFF -FILLED 372 EMERGENCY PRESCRIPTIONS FOR CLIENTS WHO COULD NOT AFFORD THEIR MEDICATIONS AND WORKED TO ENROLL THESE INDIVIDUALS IN VARIOUS PRESCRIPTION ASSISTANCE PROGRAMS, THE TOTAL SAVINGS IMPACT FOR ECCO CLIENTS SEEKING PRESCRIPTION ASSISTANCE SERVICES WAS 200,853 -GRADUATED 5 PARTICIPANTS THROUGH ECCO'S ADP (ASSET DEVELOPMENT PROGRAM), PROVIDED 15,500 IN SAVINGS MATCHES TO ASSIST PROGRAM PARTICIPANTS IN REALIZING THEIR GOALS OF HOME OWNERSHIP, SMALL BUSINESS ENTREPRENEURSHIP, OR HIGHER EDUCATION -301 VOLUNTEERS PROVIDED 24,123 HOURS OF SERVICE TO ECCO CLIENTS, PROGRAMS, AND SERVICES, THE MONETARY IMPACT OF THIS DONATED TIME IS 1,004,652 VOLUNTEERS COMprise ECCO'S STRONGEST HUMAN CAPITAL RESOURCE -COUNTLESS NUMBERS OF INDIVIDUALS, BUSINESS, CIVIC GROUPS, CHURCHES, AND FAMILIES DONATE THEIR TIME, TALENT, AND TREASURE TO ECCO TO KEEP OUR PANTRY SHELVES STOCKED WITH HEALTHY FOOD OPTIONS AND THE RACKS IN OUR CLOTHING CLOSET FILLED -1,035 UNIQUE DONORS CONTRIBUTED TO</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>ECCO'S ANNUAL FUND AND/OR FUNDRAISERS TO SUPPORT THE ORGANIZATION'S MISSION HIGHLIGHTS OF PROGRAMMATIC ENHANCEMENTS FOR THE 2018-2019 FISCAL YEAR INCLUDE THE FOLLOWING -DESIGNED E CO'S NEW ASSET DEVELOPMENT PROGRAM (ADP) TO REPLACE THE FEDERALLY-FUNDED IDA PROGRAM IN THE TEN YEARS ECCO HAS OFFERED THIS PROGRAM, 42 SAVINGS MATCHES HAVE TAKEN PLACE TO ASSIST 15 CLIENTS PURCHASE THEIR FIRST HOME, 14 INDIVIDUALS START OR ENHANCE A SMALL BUSINESS, AND 13 MEN AND WOMEN PURSUE POST-SECONDARY EDUCATION -INITIATED "FIRST SATURDAYS" TO ALLOW FOR DONATION DROP-OFF ONE SATURDAY PER MONTH -ADDED FOUR NEW RETAIL PARTNER AGENCIES COST CO MT PLEASANT, WALMART -SOUTH, LOWES, PUBLIX - GREENWISE THESE PARTNERSHIPS PROVIDE 40 % OF THE TOTAL AMOUNT OF DONATED FOOD TO ECCO'S WELLNESS PANTRY -EXPERIENCED AN 85% INCREASE IN THE POUNDS OF UNPURCHASED FOOD THAT CAME IN THE WELLNESS PANTRY COMPARED TO FY2017-2 018 -DISTRIBUTED 38% MORE POUNDS OF FOOD TO OUR FOOD INSECURE NEIGHBORS COMPARED TO THE PREVIOUS FISCAL YEAR -ADDED 460 SQUARE FEET OF NEW SHELVING AND REORGANIZED THE BAKERY AND PERSONAL HYGIENE AREAS OF THE WELLNESS PANTRY -LAUNCHED TWO NEW PROGRAMS BREAKFAST BITS FOR HEALTH EDUCATION AND THE "NEXT CHAPTER" FOR WOMEN'S EMPOWERMENT -MOVED THE MONTHLY FRESH & FREE FARMERS MARKET FROM WEDNESDAYS TO THURSDAYS TO ENSURE FRESHER PRODUCE FOR OUR CLIENTS -IMPLEMENTED TWO NEW INITIATIVES TO HONOR THE WOMEN (PASS THE PURSE) AND MEN (KEEPING IT COOL) WE SERVE -REACHED AN ADDITIONAL 23 FAMILIES (36 CHILDREN) THROUGH OUR ANNUAL ADOP T-A-FAMILY/SANTA'S CLOSET PROGRAM -INITIATED MONTHLY VOLUNTEER PROJECTS ON THE FIRST SATURDAY OF THE MONTH TO ACCOMMODATE PEOPLE WHO WORK, TEENAGERS, AND FAMILIES LOOKING TO DO A COMMUNITY SERVICE PROJECT TOGETHER IN SUPPORT OF ECCO'S MISSION -MAINTAINED THE "PAY IT FORWARD" INITIATIVE TO ALLOW CLIENTS TO ACKNOWLEDGE EXCEPTIONAL CUSTOMER SERVICE OFFERED BY STAFF AND VOLUNTEERS ONE CLIENT WROTE "I WALKED IN THIS MORNING AND EXPECTED TO BE BRUSHED OFF WOW I WAS SURPRISED EACH PERSON WENT ABOVE AND BEYOND AND I FELT WELCOMED I CAME IN CRYING BUT LEFT FILLED WITH HOPE "</p>

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	<p>ECCO'S HEALTH SERVICES PROGRAMS, INCLUDING BOTH DENTAL AND MEDICAL SERVICES, CONTINUE TO GROW AND EVOLVE IN RESPONSE TO THE NEEDS OF OUR CLIENTS AND THE CHANGING ECONOMIC ENVIRONMENT, ESPECIALLY IN THE AREAS OF HEALTH AND EDUCATION. ECCO'S DENTAL CLINIC SERVES AS A DENTAL HOME FOR UNINSURED, LOW-INCOME CLIENTS BY PROVIDING PREVENTATIVE, RESTORATIVE, AND SURGICAL CARE DURING THE DAYTIME CLINIC. TWO NIGHTS A WEEK THE DENTAL CLINIC PROVIDES EMERGENCY DENTAL EXTRactions TO UNINSURED PERSONS WHO LIVE IN THE STATE OF SC. RESIDENTS FROM THE JAMES B. EDWARDS COLLEGE OF DENTAL MEDICINE FILL WEEKLY SHIFTS FOR ONE YEAR TO TREAT PATIENTS WHILE GAINING VALUABLE HANDS-ON EXPERIENCE. MORE THAN 30 LOCAL DENTISTS VOLUNTEER THEIR TIME TO ENSURE THE HIGHEST-QUALITY CARE FOR THE 949 PERSONS WHO SOUGHT OUT DENTAL CARE AT ECCO IN FY2018-2019. ECCO'S PARTNERS IN HEALTHCARE (PIHC) CLINIC SERVES AS A MEDICAL HOME FOR UNINSURED PATIENTS IN THE TRI-COUNTY AREA WITH A SPECIFIC FOCUS ON HELPING TO DIAGNOSE AND TREAT CHRONIC HEALTH CONDITIONS INCLUDING DIABETES, HIGH BLOOD PRESSURE, AND LIPEDEMA. THROUGH A GROWING PARTNERSHIP WITH THE MEDICAL UNIVERSITY OF SOUTH CAROLINA'S COLLEGE OF NURSING, NURSE PRACTITIONERS ARE ABLE TO SEE CLIENTS REGULARLY, TRACK AND ANALYZE PATIENT DATA, PROVIDE HEALTH-COACHING, AND COORDINATE PATIENT CARE. THE PARTNERS IN HEALTHCARE CLINIC IS ALSO SUPPORTED BY ROPER ST. FRANCIS HEALTHCARE FOR FREE LAB WORK AND IMAGING, MUSC DIETETIC INTERNS FOR OUTREACH EDUCATIONAL EFFORTS, AND THE MUSC COLLEGE OF PHARMACY FOR CONSULTATION ON MEDICATION RECONCILIATION. OTHER PARTNERS INCLUDE THE LOWCOUNTRY FOOD BANK AND PALMETTO PROJECT. IMPACT NUMBERS FOR HEALTH SERVICES PROGRAMS IN FY 2018-2019 INCLUDE: 949 INDIVIDUALS WERE SERVED IN THE ECCO DENTAL CLINIC; 2,162 DAYTIME CLINIC APPOINTMENTS WERE CONDUCTED; AND 1,013 EMERGENCY EXTRACTION CLINIC VISITS TOOK PLACE DURING THE 2018-2019 FISCAL YEAR. 5,653 TOTAL DENTAL PROCEDURES/SERVICES WERE PROVIDED TO THE COMMUNITY WITH A RETAIL VALUE OF 770,291 PROVIDED AT NO COST TO THE PATIENTS. 27 DENTAL PATIENTS RECEIVED PARTIAL DENTURES ENHANCING THEIR SELF-CONFIDENCE AND SMILES. 183 INDIVIDUALS WERE SERVED ACROSS ECCO'S MEDICAL SERVICES PROGRAMS. 3,324 TOTAL SERVICES WERE PROVIDED ACROSS ECCO'S PARTNERS IN HEALTHCARE CLINIC, MEDICAL SERVICES, AND HEALTH EDUCATION EFFORTS. 929 PATIENT APPOINTMENTS WERE SCHEDULED AT THE PARTNERS IN HEALTHCARE CLINIC. 80% OF THE PATIENTS WITH HYPERTENSION WHO WERE SEEN AT THE PARTNERS IN HEALTHCARE CLINIC IMPROVED FROM UNCONTROLLED TO CONTROLLED. HIGHLIGHTS OF PROGRAMMATIC ENHANCEMENTS IN HEALTH SERVICES FOR THE 2018-2019 FISCAL YEAR INCLUDE: THE ALIGNMENT OF CLINIC DAYS BETWEEN THE PARTNERS IN HEALTH CARE NURSE PRACTITIONER CLINIC AND THE EMERGENCY EXTRACTION CLINIC HAS PROVED TO BE VERY BENEFICIAL IN ALLOWING DENTAL PATIENTS WITH UNADDRESSED MEDICAL ISSUES SUCH AS HIGH BLOOD PRESSURE TO RECEIVE IMMEDIATE CARE. THE PARTNERS IN HEALTHCARE CLINIC (PIHC) SAW A SIGNIFICANT INCREASE IN THE NUMBER OF</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	INTER-PROFESSIONAL STUDENT ROTATIONS THIS YEAR INCLUDING DIETETIC INTERNS AND PHARMACY STUDENTS -THROUGH THE USE OF PRACTICE FUSION, THE ELECTRONIC MEDICAL RECORD FOR THE PIHC AND CARES CLINICS, APPOINTMENT REMINDERS ARE NOW BEING SENT VIA TEXT TO PATIENTS THIS PRACTICE HAS HELPED TO REDUCE THE NO SHOW RARE FOR BOTH MEDICAL CLINICS -PRESCRIPTION ASSISTANCE ENROLLMENTS WERE UP BY 55% OVER THE PREVIOUS YEAR -THE BREAKFAST BITS WORKSHOPS OFFERED BEFORE THE START OF THE MONTHLY FRESH & FREE FARMERS MARKETS HAVE BEEN WELL-ATTENDED AND CLIENTS REPORT LEARNING A GREAT DEAL FROM THE SPEAKERS TOPICS RANGE FROM HEALTH AND WELLNESS SUBJECTS TO PERSONAL SAFETY MATTERS INCLUDING HURRICANE PREPAREDNESS AND PROTECTING YOURSELF FROM SENIOR FRAUD SCAMS AND IDENTIFY THEFT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE FORM 990 IS REVIEWED BY MANAGEMENT AND THE FINANCE COMMITTEE. ONCE APPROVED, IT IS RELEASED TO THE FULL BOARD FOR A COMMENT PERIOD. ONCE ANY QUESTIONS ARE ADDRESSED, THE FORM 990 IS FILED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	THE BOARD REQUIRES ANNUAL CERTIFICATION OF CONFLICTS OF INTEREST AND ENCOURAGES UPDATES THROUGHOUT THE YEAR FOR CHANGES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	COMPENSATION FOR THE EXECUTIVE DIRECTOR IS REVIEWED AND APPROVED ANNUALLY AS PART OF THE BUDGET PROCESS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC FOR INSPECTION UPON REQUEST

**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018**Open to Public
Inspection**Name of the organization
EAST COOPER COMMUNITY OUTREACH**Employer identification number**

57-0939280

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) OUTREACH EXTENSION LLC 1145 SIX MILE ROAD MT PLEASANT, SC 29466 57-0939280	OUTREACH	SC	37,377	83,537	ECCO

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

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

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		
1b		
1c		
1d		
1e		
1f		
1g		
1h		
1i		
1j		
1k		
1l		
1m		
1n		
1o		
1p		
1q		
1r		
1s		

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation