

Form 990

Department of the  
Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

2019

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](http://www.irs.gov/Form990) for instructions and the latest information.Open to Public  
Inspection

## A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

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		
F Name and address of principal officer: STEPHANIE M KELLEY 1145 SIX MILE ROAD MT PLEASANT, SC 294668898		G Gross receipts \$ 3,328,929

I Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527J Website: ► [HTTPS://ECCOCHARLESTON.ORG/](https://ECCOCHARLESTON.ORG/)K Form of organization:  Corporation  Trust  Association  Other

H(a) Is this a group return for subordinates?  Yes  No

H(b) Are all subordinates included?  Yes  No  
If "No," attach a list. (see instructions)

H(c) Group exemption number ►

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.	22
3 Number of voting members of the governing body (Part VI, line 1a)	3
4 Number of independent voting members of the governing body (Part VI, line 1b)	4
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5
6 Total number of volunteers (estimate if necessary)	6
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a
b Net unrelated business taxable income from Form 990-T, line 39	7b

8 Contributions and grants (Part VIII, line 1h)	2,124,708	3,210,085
9 Program service revenue (Part VIII, line 2g)		0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	26,880	17,966
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-72,161	11,472
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,079,427	3,239,523

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	896,641	1,250,386
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	805,586	881,152
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ► 122,443		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	339,423	440,364
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,041,650	2,571,902
19 Revenue less expenses. Subtract line 18 from line 12	37,777	667,621

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,648,899	3,595,438
21 Total liabilities (Part X, line 26)	24,736	279,610
22 Net assets or fund balances. Subtract line 21 from line 20	2,624,163	3,315,828

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	*****	2020-11-13
	Signature of officer	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 2020-12-30	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 (2019)

## Part III

**Statement of Program Service Accomplishments**Check 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 \$ 1,861,646 including grants of \$ 1,222,815 ) (Revenue \$ )  
See Additional Data**4b** (Code: ) (Expenses \$ 383,497 including grants of \$ 33,557 ) (Revenue \$ )  
See Additional Data**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )**4e** Total program service expenses ► 2,245,143

## Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 

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 

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 

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 

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 

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 

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 

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 

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 

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 

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 

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 

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 

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 

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 

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 

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 

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? 

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 

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 

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 

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) 

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 

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 

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 

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 

	Yes	No
1	Yes	
2	Yes	
3		No
4		No
5		No
6		No
7		No
8		No
9		No
10		No
11a	Yes	
11b		No
11c		No
11d		No
11e		No
11f		No
12a		No
12b	Yes	
13		No
14a		No
14b		No
15		No
16		No
17		No
18	Yes	
19		No
20a		No
20b		
21		No

## Part IV Checklist of Required Schedules (continued)

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

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

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .

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? . . . . .

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .

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

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

26 Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II . . . . . 26

27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . . 27

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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . . 28a

b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . . 28b

c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV . . . . . 28c

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . . 29

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . . 30

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . . 31

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

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

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

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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 . . . . . 35a

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 . . . . . 35b

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 . . . . . 36

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. . . . . 37

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

## 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 . . . . . 

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . . 1a 12

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

	Yes	No
22	Yes	
23		No
24a		No
24b		
24c		
24d		
25a		No
25b		No
26		No
27		No
28a		No
28b		No
28c		No
29	Yes	
30		No
31		No
32		No
33	Yes	
34		No
35a		No
35b		
36		No
37		No
38	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance (continued)**

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	26		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> 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			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>	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			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	9a			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>	9b			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> 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 . . . . .	11a			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:	11b			
a	Gross income from members or shareholders . . . . .	12a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	12b			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	13a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. ► 12b	13b			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	13c			
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . .	14a			
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		14b			
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 . . . . .	15		No	
c	Enter the amount of reserves on hand . . . . .	16		No	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .				
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . . . .</i>				
<b>15</b>	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? . . . . .				
<b>Note.</b> If "Yes," see instructions and file Form 4720, Schedule N.					
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . .				
<b>Note.</b> If "Yes," complete Form 4720, Schedule O.					

## 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** 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** Enter the number of voting members included in line 1a, above, who are independent

**2** Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

**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?

**4** Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

**5** Did the organization become aware during the year of a significant diversion of the organization's assets?

**6** Did the organization have members or stockholders?

**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?

**b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

**8** Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

**a** The governing body

**b** Each committee with authority to act on behalf of the governing body

**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

	Yes	No
<b>1a</b>	22	
<b>1b</b>	22	
<b>2</b>		No
<b>3</b>		No
<b>4</b>		No
<b>5</b>		No
<b>6</b>		No
<b>7a</b>		No
<b>7b</b>		No
<b>8a</b>	Yes	
<b>8b</b>	Yes	
<b>9</b>		No

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

**10a** Did the organization have local chapters, branches, or affiliates?

**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?

**11a** Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

**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

**b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

**c** Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done

**13** Did the organization have a written whistleblower policy?

**14** Did the organization have a written document retention and destruction policy?

**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

**b** Other officers or key employees of the organization

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?

**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?

	Yes	No
<b>10a</b>		No
<b>10b</b>		
<b>11a</b>	Yes	
<b>12a</b>	Yes	
<b>12b</b>	Yes	
<b>12c</b>	Yes	
<b>13</b>	Yes	
<b>14</b>	Yes	
<b>15a</b>	Yes	
<b>15b</b>		No
<b>16a</b>		No
<b>16b</b>		

### 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.

Own website  Another's website  Upon request  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 Contractors**Check 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.

See instructions for the order in which to list the persons above.

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	Individual trustee	Key employee	Highest compensated	Former			
(1) STEPHANIE M KELLEY EXECUTIVE DI	55.00			X			90,325	0	12,612
(2) REX ATKINSON DIRECTOR	0.75	X					0	0	0
(3) DAWN BAKER DIRECTOR	0.75	X					0	0	0
(4) JENNIE BANKS DIRECTOR	2.00	X					0	0	0
(5) MIKE BURSON DIRECTOR	4.00	X					0	0	0
(6) M DAWES COOKE DIRECTOR	1.00	X					0	0	0
(7) GIFF DAUGHTRIDGE PAST PRESIDE	0.50	X					0	0	0
(8) ANDREW DAVIS TREASURER	1.00	X	X				0	0	0
(9) MICHAEL DROHAN DIRECTOR	0.50	X					0	0	0
(10) BEVERLY GENEZ DIRECTOR	7.50	X					0	0	0
(11) LISA GLAVIN DIRECTOR	0.75	X					0	0	0
(12) TIM GROW DIRECTOR	1.25	X					0	0	0
(13) NEIL JOHNSON PRESIDENT	1.50	X	X				0	0	0
(14) HEATH JORDAN DIRECTOR	1.25	X					0	0	0
(15) DR FRANCIS TUNNEY MD DIRECTOR	1.00	X					0	0	0
(16) JOHN C MAIZE JR MD DIRECTOR	1.00	X					0	0	0
(17) STEVE POLSTON SECRETARY	0.75	X	X				0	0	0

## Part VII

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

(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(18) G RICHARD QUERY DIRECTOR	3.50	X					0	0	0
(19) ELMIRE RAVEN DIRECTOR	1.00	X					0	0	0
(20) DANNY ROWLAND VICE PRESIDE	2.50	X	X				0	0	0
(21) NEAL STANLEY DIRECTOR	1.00	X					0	0	0
(22) CATHERINE STUHR DIRECTOR	0.50	X					0	0	0
(23) DAN WINTERS DIRECTOR	0.75	X					0	0	0
(24) REV MSGR JAMES A CARTER PA COO	2.00		X				0	0	0
<b>1b Sub-Total</b>									
<b>c Total from continuation sheets to Part VII, Section A</b>									
<b>d Total (add lines 1b and 1c)</b>							90,325		12,612

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 ►

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	No
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	4	No
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 J for such person	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	32,446			
d Related organizations . . .	1d				
e Government grants (contributions) . . .	1e	149,208			
f All other contributions, gifts, grants, and similar amounts not included above . . .	1f	3,028,431			
g Noncash contributions included in lines 1a - 1f: \$ . . .	1g	996,168			
<b>h Total.</b> Add lines 1a-1f . . . ►		3,210,085			
Program Service Revenue					
2a . . .	Business Code				
b . . .					
c . . .					
d . . .					
e . . .					
f All other program service revenue. . .					
<b>g Total.</b> Add lines 2a-2f. . . ►					
Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts) . . . ►		26,127			26,127
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) . . .					
<b>d Net rental income or (loss) . . . ►</b>					
7a Gross amount from sales of assets other than inventory . . .	(i) Securities	(ii) Other			
b Less: cost or other basis and sales expenses . . .	77,096				
c Gain or (loss) . . .	7b 85,257				
<b>d Net gain or (loss) . . . ►</b>	7c -8,161		-8,161		-8,161
8a Gross income from fundraising events (not including \$ 32,446 of contributions reported on line 1c). See Part IV, line 18 . . .	8a				
b Less: direct expenses . . .	8b 4,149				
<b>c Net income or (loss) from fundraising events . . . ►</b>		-4,149			-4,149
9a Gross income from gaming activities. See Part IV, line 19 . . .	9a				
b Less: direct expenses . . .	9b				
<b>c Net income or (loss) from gaming activities . . . ►</b>					
10a Gross sales of inventory, less returns and allowances . . .	10a				
b Less: cost of goods sold . . .	10b				
<b>c Net income or (loss) from sales of inventory . . . ►</b>					
Miscellaneous Revenue		Business Code			
<b>11a MISCELLANEOUS</b>		900099	15,621	15,621	
b . . .					
c . . .					
<b>d All other revenue . . .</b>					
<b>e Total.</b> Add lines 11a-11d . . . ►		15,621			
<b>12 Total revenue.</b> See instructions . . . ►		3,239,523	15,621		13,817

**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 

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	1,250,386	1,250,386		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	92,378	28,637	34,180	29,561
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	653,219	511,621	94,188	47,410
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	19,044	12,110	6,934	
<b>9</b> Other employee benefits . . . . .	59,870	43,418	14,347	2,105
<b>10</b> Payroll taxes . . . . .	56,641	41,966	11,250	3,425
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .	8,600	3,868	4,732	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	5,296		5,296	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	44,997	44,997		
<b>12</b> Advertising and promotion . . . . .	48,445	16,617	2,125	29,703
<b>13</b> Office expenses . . . . .	31,999	28,889	2,553	557
<b>14</b> Information technology . . . . .	6,648	6,050	532	66
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	114,438	95,482	10,073	8,883
<b>17</b> Travel . . . . .	11,172	11,172		
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	26,858	23,568	3,290	
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	101,646	90,176	11,470	
<b>23</b> Insurance . . . . .	29,125	25,705	2,687	733
<b>24</b> 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.)				
<b>a</b> PROGRAM SUPPLIES - OTHER	6,876	6,876		
<b>b</b> MISCELLANEOUS	2,834	2,375	459	
<b>c</b> DUES AND SUBSCRIPTIONS	1,430	1,230	200	
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	2,571,902	2,245,143	204,316	122,443
<b>26</b> <b>Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	386,784	<b>1</b>	1,167,664
	<b>2</b> Savings and temporary cash investments	106,606	<b>2</b>	70,851
	<b>3</b> Pledges and grants receivable, net	11,672	<b>3</b>	87,073
	<b>4</b> Accounts receivable, net	3,909	<b>4</b>	2,110
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	22,658	<b>9</b>	20,023
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,327,462		
	<b>b</b> Less: accumulated depreciation	1,093,042	<b>10c</b>	1,234,420
	<b>11</b> Investments—publicly traded securities	973,899	<b>11</b>	1,013,297
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
<b>Liabilities</b>	<b>15</b> Other assets. See Part IV, line 11		<b>15</b>	
	<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	2,648,899	<b>16</b>	3,595,438
	<b>17</b> Accounts payable and accrued expenses	24,736	<b>17</b>	81,397
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	35,300
<b>Liabilities</b>	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	162,913
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> 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		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	24,736	<b>26</b>	279,610
<b>Net Assets or Fund Balances</b>	<b>27</b> <b>Organizations that follow FASB ASC 958, check here ► <input checked="" type="checkbox"/></b> and complete lines 27, 28, 32, and 33.			
	<b>27</b> Net assets without donor restrictions	2,341,246	<b>27</b>	3,024,253
	<b>28</b> Net assets with donor restrictions	282,917	<b>28</b>	291,575
	<b>29</b> <b>Organizations that do not follow FASB ASC 958, check here ► <input type="checkbox"/></b> and complete lines 29 through 33.			
	<b>29</b> Capital stock or trust principal, or current funds		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32</b> Total net assets or fund balances	2,624,163	<b>32</b>	3,315,828
	<b>33</b> Total liabilities and net assets/fund balances	2,648,899	<b>33</b>	3,595,438

## 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	3,239,523
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	2,571,902
3	Revenue less expenses. Subtract line 2 from line 1 . . . . .	3	667,621
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	2,624,163
5	Net unrealized gains (losses) on investments . . . . .	5	24,044
6	Donated services and use of facilities . . . . .	6	
7	Investment expenses . . . . .	7	
8	Prior period adjustments . . . . .	8	
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	3,315,828

Part XII **Financial Statements and Reporting**Check 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

b 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

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

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 (2019)

### 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. THIS APPROACH DID NOT CHANGE EVEN AS THE ORGANIZATION PIVOTED TO RESPOND TO THE HEALTH AND FINANCIAL CRISIS CAUSED BY THE CORONAVIRUS. OPERATING AS AN ESSENTIAL SERVICE, ECCO REMAINED OPEN TO SERVE THE GROWING NUMBERS OF OUR NEIGHBORS IN NEED PLEDGING TO DO ALL WE CAN, FOR AS LONG AS WE CAN, TO HELP AS MANY PEOPLE AS WE CAN. BORN IN THE WAKE OF HURRICANE HUGO, ECCO WAS DESIGNED TO RESPOND TO CRISIS SITUATIONS WHEN LARGE NUMBERS OF PEOPLE ARE FACING THE BARRIERS OF SITUATIONAL POVERTY - AND MOST OF THEM HAVE NEVER HAD TO ASK FOR HELP BEFORE. ECCO'S PURPOSE IS TO RECOGNIZE THAT EACH CLIENT WE SERVE HAS AN INDIVIDUAL EXPERIENCE WITH POVERTY, TO MEET THEM WHERE THEY ARE WITH COMPASSION AND EFFICIENCY, AND TO HELP THEM RECOVER, MANAGE, OR BEGIN AGAIN. 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 WHO ARE FACING LIFE'S CHALLENGES 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. ECCO UNDERSTANDS THAT OUR ABILITY TO SERVE THE COMMUNITY IS ONLY POSSIBLE THROUGH THE GENEROUS SUPPORT OF THE COMMUNITY. AS THE COUNTRY WENT INTO A SHUTDOWN DUE TO COVID-19, OUR COMMUNITY STEPPED-UP IN EXTRAORDINARY WAYS TO SUPPORT ECCO'S MISSION. FROM THE 8-YEAR OLD WHO SOLD HIS ROCK COLLECTION DOOR-TO-DOOR TO RAISE MONEY FOR PEOPLE EXPERIENCING HOMELESSNESS TO THE ECCO CLIENT WHO CAME BACK THROUGH THE DRIVE-THRU FOOD DISTRIBUTION LINE TO GIVE HER LAST DOLLAR AS AN EXPRESSION OF GRATITUDE FOR THE FOOD SHE HAD JUST RECEIVED, ECCO WAS THE RECIPIENT OF INCREDIBLY GENEROSITY IN FY20, ESPECIALLY IN RESPONSE TO THE PANDEMIC. THE IN-KIND DONATIONS OF FOOD HELPED TO ENSURE WE COULD SUPPORT TWICE AS MANY PEOPLE IN FULFILLING THEIR MOST BASIC NEED. THE OUTPOURING OF FINANCIAL DONATIONS HAVE ALLOWED US TO ASSIST SIGNIFICANTLY MORE LOCAL FAMILIES - MANY WHO WORK IN CHARLESTON'S FOOD & BEVERAGE AND HOSPITALITY INDUSTRIES - FOR A LONGER PERIOD OF TIME IN PAYING THEIR RENT/MORTGAGE OR UTILITY BILLS. WE ARE GRATEFUL FOR THE 1,944 DONATIONS RECEIVED IN FY20 FROM 1,035 DONORS (INDIVIDUALS, BUSINESSES, FOUNDATIONS, CHURCHES, AND CIVIC ORGANIZATIONS) - 566 WHO WERE FIRST-TIME DONORS - WHICH HAVE ALLOWED US TO SUPPORT PEOPLE IN A TIME OF GREATER NEED AND INCREASED UNCERTAINTY. THE SURPLUS FUNDS RAISED IN THIS FISCAL YEAR WILL BE USED TO ENSURE ECCO CAN CONTINUE TO SUPPORT OUR CLIENTS AND LOCAL FAMILIES IMPACTED BY THE PANDEMIC FOR THE LONG-HAUL AS WELL AS TO OPERATE AS AN ESSENTIAL SERVICE IN OUR COMMUNITY WITH AN EYE ON THE FUTURE. IMPACT NUMBERS FOR FY 2019-2020: -SERVED 2,186 HOUSEHOLDS ACROSS ALL PROGRAMMATIC AREAS; THESE HOUSEHOLDS ACCOUNT FOR AT LEAST 3,438 NEIGHBORS IN NEED HOWEVER THIS NUMBER COULD BE SIGNIFICANTLY HIGHER. INCOMPLETE DATA IS AVAILABLE FOR 381 INDIVIDUALS WHO RECEIVED FOOD THROUGH ECCO'S DRIVE-THRU DISTRIBUTION BUT HAD NOT HAD A CLIENT ASSESSMENT DUE TO OUR EMERGENCY OPERATIONS. -DISTRIBUTED 628,836 POUNDS OF FOOD TO 2,110 LOCAL FAMILIES FACING FOOD INSECURITY; A RETAIL VALUE OF 979,241. THESE FIGURES DO NOT INCLUDE THE MONTHLY FARMERS MARKETS WHICH EXPANDED TO THREE POP-UP LOCATIONS IN APRIL, INCLUDING TWO RURAL COMMUNITIES THAT ARE CONSIDERED FOOD DESERTS. -CONDUCTED MONTHLY FRESH & FREE FARMERS MARKETS TO PROVIDE FRESH FRUITS AND VEGETABLES TO OUR NEIGHBORS IN NEED; 20% OF ALL FOOD DISTRIBUTED TO OUR CLIENTS IS MADE UP OF FRESH PRODUCE. 18 TOTAL MARKETS WERE HELD IN FY2019 -2020. -PROVIDED 568 HOUSEHOLDS WITH A THANKSGIVING MEAL AND 364 CHILDREN WITH CHRISTMAS PRESENTS THROUGH ECCO'S ADOPT-A-FAMILY PROGRAM. A DOZEN WANDO HIGH SCHOOL GRADUATES RECEIVED LAPTOPS, SCHOOL SUPPLIES, AND ITEMS FOR THEIR RESIDENCE HALL ROOMS THROUGH ECCO'S NEW INITIATIVE - THE ADOPT-A- SENIOR PROGRAM. -PROVIDED GENTLY-USED DONATED CLOTHING TO 828 HOUSEHOLDS FROM JULY 1, 2019 - MARCH 16, 2020 WHEN THE CLOTHING CLOSET WAS TEMPORARILY CLOSED DUE TO THE PANDEMIC. WHILE CLOSED, THE CLOTHING AND HOUSEHOLD FURNITURE SPACES WERE REPURPOSED TO ALLOW FOR THE EXPANSION OF THE CLIENT CHOICE WELLNESS PANTRY. -SERVED 263 CLIENTS THROUGH ECCO'S FINANCIAL ASSISTANCE PROGRAM BY PROVIDING 230,546 TO HELP PAY RENT OR UTILITY BILLS FOR CLIENTS FACING EVICTION OR UTILITIES SHUT-OFF. THESE NUMBERS ARE SIGNIFICANTLY INCREASED OVER FY2018-2019 WHEN 56,528 WAS LEVERAGED TO ASSIST 165 HOUSEHOLDS. THE FINANCIAL ASSISTANCE PROCESS MOVED ON-LINE DUE TO THE PANDEMIC AND MORE MONEY WAS ALLOCATED TO HELP PEOPLE WHO WERE LAID OFF TO PAY THEIR HOUSING AND UTILITY BILLS. -ASSISTED 83 NEW CLIENTS WHO TURNED TO ECCO FOR FINANCIAL ASSISTANCE WHEN THEY WERE LAID OFF OR TERMINATED FROM THEIR JOBS DURING THE SHUT-DOWN. -GRADUATED 12 PARTICIPANTS THROUGH ECCO'S IDA (INDIVIDUAL DEVELOPMENT ACCOUNT) / ADP (ASSET DEVELOPMENT PROGRAM); PROVIDED 41,000 IN SAVINGS MATCHES TO ASSIST PROGRAM PARTICIPANTS IN REALIZING THEIR GOALS OF HOME OWNERSHIP, SMALL BUSINESS ENTREPRENEURSHIP, OR HIGHER EDUCATION. -283 VOLUNTEERS PROVIDED 22,897 HOURS OF SERVICE TO ECCO CLIENTS, PROGRAMS, AND SERVICES; THE MONETARY IMPACT OF THIS DONATED TIME WAS VALUED AT 942,739. DESPITE OUR REDUCED VOLUNTEER FORCE CAUSED BY THE PANDEMIC, VOLUNTEERS COMPRIZE ECCO'S STRONGEST HUMAN CAPITAL RESOURCE -COUNTERLESS NUMBERS OF INDIVIDUALS, BUSINESSES, CIVIC GROUPS, CHURCHES, AND FAMILIES DONATED THEIR TIME, TALENT, AND TREASURE TO ECCO TO KEEP ECCO'S PANTRY SHELVES STOCKED WITH HEALTHY FOOD OPTIONS AND THE RACKS IN OUR CLOTHING CLOSET FILLED. THE GENEROSITY OF OUR COMMUNITY WAS UNPARALLELED DURING THE FIRST FEW MONTHS OF THE PANDEMIC WHEN PEOPLE WANTED TO BE A PART OF THE SOLUTION TO THE WIDESPREAD NEED IN OUR COMMUNITIES. -1,330 UNIQUE DONORS CONTRIBUTED 2,291 DONATIONS TO SUPPORT ECCO'S ANNUAL FUND IN SUPPORT OF THE ORGANIZATION'S MISSION. HIGHLIGHTS OF PROGRAMMATIC ENHANCEMENTS FOR THE 2019-2020 FISCAL YEAR INCLUDE THE FOLLOWING: -PIVOTED TO RESPOND TO THE COVID-19 PANDEMIC IDENTIFYING NEW WAYS TO SERVE CLIENTS WHILE MAINTAIN SOCIAL DISTANCING AND KEEPING EVERYONE SAFE. A DRIVE-THRU FOOD DISTRIBUTION SYSTEM, PANDEMIC PRE-PACKAGED BAGS OF FOOD, THE USE OF TELEHEALTH FOR MEDICAL APPOINTMENTS AND MENTAL HEALTH COUNSELING, ASSESSMENTS DONE OVER THE PHONE, AND ON-LINE APPLICATIONS FOR FINANCIAL ASSISTANCE AND RX ASSISTANCE ALL ENSURED GREATER SAFETY FOR ALL STAFF, VOLUNTEERS AND CLIENTS. -AS AN ESSENTIAL SERVICE, ECCO IS PROUD OF THE FACT THAT WE REMAINED OPEN THROUGHOUT THE ENTIRE SHUT-DOWN. -CONDUCTED A COMPREHENSIVE CLIENT SURVEY IN SEPTEMBER 2019 AND OBTAINED FEEDBACK FROM 250 CLIENTS TO HELP INFORM THE STRATEGIC PLANNING PROCESS. -ENGAGED THE WEATHERS GROUP TO GUIDE OUR STRATEGIC PLANNING PROCESS. HELD A TWO-DAY BOARD RETREAT IN JANUARY 2020 TO KICK OFF THIS PROCESS. -ADDED A WALK-IN FREEZER TO THE WELLNESS PANTRY JUST IN TIME FOR THE THANKSGIVING HOLIDAY MEAL SUPPLY DISTRIBUTION. -DISTRIBUTED 35% MORE POUNDS OF FOOD TO OUR FOOD INSECURE NEIGHBORS COMPARED TO THE PREVIOUS FISCAL YEAR. DURING THE START OF THE PANDEMIC, THIS FOOD INCLUDED PRODUCE BOXES PROVIDED BY LIMEHOUSE PRODUCE AND GALLONS OF MILK FROM BORDEN. -BEGAN HOSTING POP-UP FARMERS MARKETS IN APRIL TO REACH MORE PEOPLE IN NEED IN RURAL AREAS KNOWN AS FOOD DESERTS AND CONDUCTED 3 OUTREACH EVENTS TO PROVIDE FOOD TO SENIORS LIVING IN MCCLELLANVILLE WITHOUT TRANSPORTATION TO GET TO MT. PLEASANT. -ENGAGED 42 LOCAL NEIGHBORHOODS IN THE 30 NEIGHBORHOODS IN 30 DAYS CHALLENGE TO RESTOCK THE WELLNESS PANTRY SHELVES IN AUGUST -WORKED WITH THE CHARLESTON COUNTY LIBRARY TO DISSEMINATE BOOKS DURING THE MONTHLY FARMERS MARKETS. -LAUNCHED TWO NEW PROGRAMS: ADOPT-A-SENIOR FOR WANDO HIGH GRADUATES ATTENDING COLLEGE OR JOINING THE MILITARY AND A SUMMER ADOPT-A-FAMILY TO SUPPORT THE NEEDS OF ECCO'S MOST VULNERABLE CLIENTS. -MAINTAINED THE "PAY IT FORWARD" INITIATIVE TO ALLOW CLIENTS TO ACKNOWLEDGE EXCEPTIONAL CUSTOMER SERVICE OFFERED BY STAFF AND VOLUNTEERS. ONE CLIENT WROTE: "EVERYONE AT THIS OFFICE WAS VERY HELPFUL AND POLITE. IT'S GOOD TO KNOW THERE ARE STILL CARING PEOPLE IN THE WORLD ESPECIALLY IN MY TIME OF NEED. YOUR PEOPLE HELP WITHOUT MAKING ME FEEL ASHAMED FOR ASKING."

**Form 990, Part III, Line 4b:**

ECCO'S HEALTH SERVICES PROGRAMS, INCLUDING BOTH DENTAL AND MEDICAL SERVICES, HAVE CONTINUED TO EVOLVE IN RESPONSE TO THE NEEDS OF OUR CLIENTS AND THE CHANGING ECONOMIC ENVIRONMENT. SPECIFIC ATTENTION WAS GIVEN TO UPGRADING BOTH CLINIC SPACES AND STREAMLINING THE PATIENT INTAKE DOCUMENTS. THE PANDEMIC IMPACTED ECCO'S MEDICAL AND DENTAL SERVICES PROFOUNDLY AS PEOPLE SHELTERED IN PLACE AND DID NOT SEEK THESE SERVICES AS FREELY AS BEFORE COVID. ECCO'S DENTAL CLINIC TYPICALLY SERVES AS A DENTAL HOME FOR UNINSURED, LOW- INCOME CLIENTS BY PROVIDING PREVENTATIVE AND RESTORATIVE 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 25 LOCAL DENTISTS VOLUNTEERED THEIR TIME TO ENSURE THE HIGHEST-QUALITY CARE FOR THE 697 PERSONS WHO SOUGHT OUT DENTAL CARE AT ECCO FROM JULY 2019 - MARCH 2020. THE DENTAL CLINIC CLOSED IN MARCH AND THEN REOPENED FOR EMERGENCY SERVICES IN JUNE FOR A PERIOD OF THREE WEEKS. WHEN COVID-19 CASES SPIKED A SECOND TIME, THE CLINIC RECLOSED. A SECOND SOFT REOPENING OCCURRED ON SEPTEMBER 8 FOR ONLY EMERGENCY EXTRACTION SERVICES TWO NIGHTS A WEEK. ECCO PLANS TO RETURN TO RESTORATIVE CARE SERVICES IN JANUARY 2021. ECCO'S PARTNERS IN HEALTHCARE (PIHC) CLINIC SERVES AS A MEDICAL HOME FOR 122 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 AN ESTABLISHED 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. WHEN COVID HIT, THE PARTNERS IN HEALTHCARE MEDICAL CLINIC TRANSITIONED TO TELEHEALTH APPOINTMENTS WITH ESTABLISHED PATIENTS UNTIL THEY REOPENED TO ENROLL AND SEE NEW PATIENTS FACE-TO-FACE THE WEEK OF JUNE 1 WITH A LIMIT OF THREE INSTEAD OF 12 PATIENTS DURING EACH CLINIC. LPNS CONTINUE TO SEE RETURNING PATIENTS VIA TELEMEDICINE AS THEY HAVE DONE SINCE MARCH. MENTAL HEALTH COUNSELING SERVICES PROVIDED BY ECCO'S PARTNER, MARIE CARTER & ASSOCIATES, HAS BEEN TRANSITIONED TO STRICTLY ON-LINE APPOINTMENTS SINCE APRIL 2020. IMPACT NUMBERS FOR HEALTH SERVICES PROGRAMS IN FY2019-2020 INCLUDE: -697 INDIVIDUALS WERE SERVED IN THE ECCO DENTAL CLINIC. -1,450 DAYTIME CLINIC APPOINTMENTS WERE CONDUCTED AND 777 EMERGENCY EXTRACTION CLINIC VISITS TOOK PLACE DURING THE 2019-2020 FISCAL YEAR. -2,907 TOTAL DENTAL PROCEDURES/SERVICES WERE PROVIDED TO THE COMMUNITY WITH A RETAIL VALUE OF 532,854 PROVIDED AT NO COST TO THE PATIENTS - THESE NUMBERS WERE ADVERSELY AFFECTED BY THE CLOSING OF THE DENTAL CLINIC FOR NEARLY THREE MONTHS DURING THE START OF PANDEMIC. -28 DENTAL PATIENTS RECEIVED PARTIAL DENTURES ENHANCING THEIR SELF- CONFIDENCE AND SMILES. -231 INDIVIDUALS WERE SERVED ACROSS ECCO'S MEDICAL SERVICES PROGRAMS. -1,692 TOTAL SERVICES WERE PROVIDED ACROSS ECCO'S PARTNERS IN HEALTHCARE CLINIC, MEDICAL SERVICES, AND HEALTH EDUCATION EFFORTS. -790 PATIENT APPOINTMENTS WERE SCHEDULED AT THE PARTNERS IN HEALTHCARE CLINIC INCLUDING TELEHEALTH APPOINTMENTS DURING THE PANDEMIC SO THAT THE CLINIC DID NOT HAVE TO CLOSE AND WE COULD KEEP PEOPLE OUT OF THE EMERGENCY ROOMS. -FILLED 254 EMERGENCY PRESCRIPTIONS FOR CLIENTS WHO COULD NOT AFFORD THEIR MEDICATIONS AND ASSISTED MANY OF THESE INDIVIDUALS IN GETTING ENROLLED IN VARIOUS PRESCRIPTION ASSISTANCE PROGRAMS; THE TOTAL SAVINGS IMPACT FOR ECCO CLIENTS SEEKING PRESCRIPTION ASSISTANCE SERVICES WAS 194,705. HIGHLIGHTS OF PROGRAMMATIC ENHANCEMENTS IN HEALTH SERVICES FOR THE 2019- 2020 FISCAL YEAR INCLUDE: -A REVISED APPOINTMENT SCHEDULE IN THE PARTNERS IN HEALTHCARE CLINIC (PIHC) WENT INTO EFFECT (20 MIN VERSUS 30 MIN APPOINTMENTS) ALLOWING FOR MORE PATIENTS TO BE SEEN DURING EACH CLINIC SESSION. -SIGNED A CONTRACT AND BEGAN WORKING WITH CIRCULATION HEALTH TO PROVIDE TRANSPORTATION TO AND FROM MEDICAL AND DENTAL APPOINTMENTS FOR CLIENTS WHO LACK RELIABLE TRANSPORTATION. -STREAMLINED PAPERWORK FOR PATIENTS IN THE MEDICAL CLINIC AND CREATED NEW ON-LINE PATIENT DOCUMENTS RESULTING IN LESS TIME WAITING FOR PATIENTS TO COMPLETE THEIR DOCUMENTS BEFORE BEING SEEN BY THE NURSE PRACTITIONER. -CREATED AN ON-LINE APPLICATION FOR THE PRESCRIPTION ASSISTANCE PROGRAM. AMENDED PROGRAM GUIDELINES TO HELP BOTH UNINSURED AND INSURED PATIENTS IMPACTED BY THE PANDEMIC TO OBTAIN LIFE-SAVING MEDICATIONS. -COMPILED FAQS FOR THE DENTAL CLINIC TO HELP DISSEMINATE ACCURATE INFORMATION ABOUT THE RESTORATIVE AND EMERGENCY EXTRACTION CLINICS. -SECURED GRANT FUNDING TO BEGIN EQUIPMENT UPGRADES IN THE DENTAL CLINIC INCLUDING A NEW PANORAMIC X-RAY MACHINE AND SEVERAL NEW HAND TOOLS. -CREATED SAFETY PROTOCOLS AND SECURED NECESSARY PPE TO ENSURE COMPLIANCE WITH ALL CDC AND DHEC GUIDELINES FOR OPERATING THE MEDICAL AND DENTAL CLINICS IN THE MIDST OF A PANDEMIC. -THE BREAKFAST BITS WORKSHOPS OFFERED BEFORE THE START OF THE MONTHLY FRESH & FREE FARMERS MARKETS WERE WELL-ATTENDED AND CLIENTS REPORT LEARNING A GREAT DEAL FROM THE SPEAKERS. TOPICS RANGED FROM HEALTH AND WELLNESS SUBJECTS TO A TOWN HALL MEETING WITH THE ECCO EXECUTIVE DIRECTOR TO DISCUSS THE HEALTH OF THE ORGANIZATION BASED ON FEEDBACK PROVIDED IN THE CLIENT SURVEY. THIS IMPORTANT EDUCATIONAL INITIATIVE WAS PAUSED IN MARCH 2020.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

**2019****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) and 170(b)(1)(A)(vi)**

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

**Section A. Public Support**

	<b>Calendar year (or fiscal year beginning in) ►</b>	<b>(a) 2015</b>	<b>(b) 2016</b>	<b>(c) 2017</b>	<b>(d) 2018</b>	<b>(e) 2019</b>	<b>(f) Total</b>
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	1,655,954	1,609,983	2,112,427	2,124,708	3,210,085	10,713,157
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	<b>Total.</b> Add lines 1 through 3	1,655,954	1,609,983	2,112,427	2,124,708	3,210,085	10,713,157
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)						227,102
6	<b>Public support.</b> Subtract line 5 from line 4.						10,486,055

**Section B. Total Support**

	<b>Calendar year (or fiscal year beginning in) ►</b>	<b>(a) 2015</b>	<b>(b) 2016</b>	<b>(c) 2017</b>	<b>(d) 2018</b>	<b>(e) 2019</b>	<b>(f) Total</b>
7	Amounts from line 4. . .	1,655,954	1,609,983	2,112,427	2,124,708	3,210,085	10,713,157
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	22,863	13,890	21,540	24,865	26,127	109,285
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	<b>Total support.</b> Add lines 7 through 10						10,822,442
12	Gross receipts from related activities, etc. (see instructions) . . . . .					12	76,031

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 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	96.890 %
15	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	15	98.820 %
16a	<b>33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		► <input checked="" type="checkbox"/>
b	<b>33 1/3% support test—2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		► <input type="checkbox"/>
17a	<b>10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> 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	<b>10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> 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	<b>Private foundation.</b> 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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. . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .						
<b>c</b> Add lines 10a and 10b. . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.). . . . .						
<b>14 First five years.</b> 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 <b>stop here</b> . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
16 Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
18 Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	
<b>19a 33 1/3% support tests—2019.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>b 33 1/3% support tests—2018.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>20 Private foundation.</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> , 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	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c	<b>Substitutions only.</b> 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 <b>Part VI</b> .	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 <b>Part VI</b> .	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 <b>Part VI</b> .	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 <b>Part VI</b> .	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
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**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
<b>1</b>		
<b>2</b>		

**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
<b>1</b>		

**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
<b>1</b>		
<b>2</b>		
<b>3</b>		

**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
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**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)

<b>1</b> Net short-term capital gain	<b>1</b>	
<b>2</b> Recoveries of prior-year distributions	<b>2</b>	
<b>3</b> Other gross income (see instructions)	<b>3</b>	
<b>4</b> Add lines 1 through 3	<b>4</b>	
<b>5</b> Depreciation and depletion	<b>5</b>	
<b>6</b> 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)	<b>6</b>	
<b>7</b> Other expenses (see instructions)	<b>7</b>	
<b>8</b> <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

**Section B - Minimum Asset Amount**

(A) Prior Year

(B) Current Year  
(optional)

<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b> Average monthly value of securities	<b>1a</b>	
<b>b</b> Average monthly cash balances	<b>1b</b>	
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b> <b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b> <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b> Subtract line 2 from line 1d	<b>3</b>	
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b> Multiply line 5 by .035	<b>6</b>	
<b>7</b> Recoveries of prior-year distributions	<b>7</b>	
<b>8</b> <b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

**Section C - Distributable Amount**

Current Year

<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b> Enter 85% of line 1	<b>2</b>	
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b> Income tax imposed in prior year	<b>5</b>	
<b>6</b> <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b> <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)**

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b>	Amounts paid to acquire exempt-use assets	
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)	
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b>	Distributable amount for 2019 from Section C, line 6	
<b>10</b>	Line 8 amount divided by Line 9 amount	
<b>Section E - Distribution Allocations</b> (see instructions)		<b>(i) Excess Distributions</b>
		<b>(ii) Underdistributions Pre-2019</b>
		<b>(iii) Distributable Amount for 2019</b>
<b>1</b>	Distributable amount for 2019 from Section C, line 6	
<b>2</b>	Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.	
<b>3</b>	Excess distributions carryover, if any, to 2019:	
<b>a</b>	From 2014. . . . .	
<b>b</b>	From 2015. . . . .	
<b>c</b>	From 2016. . . . .	
<b>d</b>	From 2017. . . . .	
<b>e</b>	From 2018. . . . .	
<b>f</b>	<b>Total</b> of lines 3a through e	
<b>g</b>	Applied to underdistributions of prior years	
<b>h</b>	Applied to 2019 distributable amount	
<b>i</b>	Carryover from 2014 not applied (see instructions)	
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	
<b>4</b>	Distributions for 2019 from Section D, line 7: \$	
<b>a</b>	Applied to underdistributions of prior years	
<b>b</b>	Applied to 2019 distributable amount	
<b>c</b>	Remainder. Subtract lines 4a and 4b from 4.	
<b>5</b>	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.	
<b>6</b>	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.	
<b>7</b>	<b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.	
<b>8</b>	Breakdown of line 7:	
<b>a</b>	Excess from 2015. . . . .	
<b>b</b>	Excess from 2016. . . . .	
<b>c</b>	Excess from 2017. . . . .	
<b>d</b>	Excess from 2018. . . . .	
<b>e</b>	Excess from 2019. . . . .	

**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

**SCHEDULE D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

OMB No. 1545-0047

**2019****Open to Public  
Inspection**

► 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](http://www.irs.gov/Form990) for instructions and 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.

**Held at the End of the Year**

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 . . . . .

2a	
2b	
2c	
2d	

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  No6 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 . . . . .		1,342,696	538,603	804,093
c Leasehold improvements		325,000	111,583	213,417
d Equipment . . . . .		659,766	442,856	216,910
e Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ►				1,234,420

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (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	3,457,291
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments . . . . .	2a	24,044
b	Donated services and use of facilities . . . . .	2b	199,020
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII.) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	223,064
3	Subtract line 2e from line 1 . . . . .	3	3,234,227
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	5,296
b	Other (Describe in Part XIII.) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	5,296
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . .	5	3,239,523

**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	2,765,626
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities . . . . .	2a	199,020
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIII.) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	199,020
3	Subtract line 2e from line 1 . . . . .	3	2,566,606
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	5,296
b	Other (Describe in Part XIII.) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	5,296
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . .	5	2,571,902

**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

**Part XIII**

**Supplemental Information (*continued*)**

Return Reference	Explanation
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## **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](http://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 10 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.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 <b>GALA EVENT</b> (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
<b>Revenue</b>				
1 Gross receipts . . . . .	32,446			32,446
2 Less: Contributions . . . . .	32,446			32,446
3 Gross income (line 1 minus line 2) . . . . .				
<b>Direct Expenses</b>				
4 Cash prizes . . . . .				
5 Noncash prizes . . . . .				
6 Rent/facility costs . . . . .				
7 Food and beverages . . . . .				
8 Entertainment . . . . .	1,950			1,950
9 Other direct expenses . . . . .	2,199			2,199
10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				4,149
11 Net income summary. Subtract line 10 from line 3, column (d) . . . . .				-4,149

**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.

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<b>Revenue</b>				
1 Gross revenue . . . . .				
<b>Direct Expenses</b>				
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? . . . . .  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  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:

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

**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](http://www.irs.gov/Form990) for the latest information.**2019****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? . . . . .  Yes  No

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

**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	3106		979,241	FAIR VALUE	FOOD ITEMS
(2) FINANCIAL ASSISTANCE	263	235,558		COST	
(3) BASIC NEEDS SUPPLIES	468		3,292	FAIR VALUE	HOUSEHOLD GOODS
(4) PRESCRIPTION ASSISTANCE	254	9,704		COST	
(5) DENTAL ASSISTANCE	697		22,591	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

2019

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	10	42,194	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	628,836	951,193	FAIR VALUE
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( EQUIPMENT ) . . . . .	X	2	2,781	COST
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 isn't 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	Yes

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

32a	No

b If "Yes," describe in Part II.

33 If the organization didn't 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 628,836 LBS. OF FOOD TO THE COMMUNITIES IT SERVES.

**SCHEDULE O**  
(Form 990 or 990-  
EZ)

Department of the Treasury

Name of the organization  
EAST COOPER COMMUNITY OUTREACH

OMB No. 1545-0047

2019

Open to Public  
Inspection

**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](http://www.irs.gov/Form990) for the latest information.

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. THIS APPROACH DID NOT CHANGE EVEN AS THE ORGANIZATION PIVOTED TO RESPOND TO THE HEALTH AND FINANCIAL CRISIS CAUSED BY THE CORONAVIRUS. OPERATING AS AN ESSENTIAL SERVICE, ECCO REMAINED OPEN TO SERVE THE GROWING NUMBERS OF OUR NEIGHBORS IN NEED PLEDGING TO DO ALL WE CAN, FOR AS LONG AS WE CAN, TO HELP AS MANY PEOPLE AS WE CAN. BORN IN THE WAKE OF HURRICANE HUGO, ECCO WAS DESIGNED TO RESPOND TO CRISIS SITUATIONS WHEN LARGE NUMBERS OF PEOPLE ARE FACING THE BARRIERS OF SITUATIONAL POVERTY - AND MOST OF THEM HAVE NEVER HAD TO ASK FOR HELP BEFORE. ECCO'S PURPOSE IS TO RECOGNIZE THAT EACH CLIENT WE SERVE HAS AN INDIVIDUAL EXPERIENCE WITH POVERTY, TO MEET THEM WHERE THEY ARE WITH COMPASSION AND EFFICIENCY, AND TO HELP THEM RECOVER, MANAGE, OR BEGIN AGAIN. 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 WHO ARE FACING LIFE'S CHALLENGES 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. ECCO UNDERSTANDS THAT OUR ABILITY TO SERVE THE COMMUNITY IS ONLY POSSIBLE THROUGH THE GENEROUS SUPPORT OF THE COMMUNITY. AS THE COUNTRY WENT INTO A SHUTDOWN DUE TO COVID-19, OUR COMMUNITY STEPPED-UP IN EXTRAORDINARY WAYS TO SUPPORT ECCO'S MISSION. FROM THE 8-YEAR OLD WHO SOLD HIS ROCK COLLECTION DOOR-TO-DOOR TO RAISE MONEY FOR PEOPLE EXPERIENCING HOMELESSNESS TO THE ECCO CLIENT WHO CAME BACK THROUGH THE DRIVE-THRU FOOD DISTRIBUTION LINE TO GIVE HER LAST DOLLAR AS AN EXPRESSION OF GRATITUDE FOR THE FOOD SHE HAD JUST RECEIVED, ECCO WAS THE RECIPIENT OF INCREDIBLY GENEROSITY IN FY20, ESPECIALLY IN RESPONSE TO THE PANDEMIC. THE IN-KIND DONATIONS OF FOOD HELPED TO ENSURE WE COULD SUPPORT TWICE AS MANY PEOPLE IN FULFILLING THEIR MOST BASIC NEED. THE OUTPOURING OF FINANCIAL DONATIONS HAVE ALLOWED US TO ASSIST SIGNIFICANTLY MORE LOCAL FAMILIES - MANY WHO WORK IN CHARLESTON'S FOOD &amp; BEVERAGE AND HOSPITALITY INDUSTRIES - FOR A LONGER PERIOD OF TIME IN PAYING THEIR RENT/MORTGAGE OR UTILITY BILLS. WE ARE GRATEFUL FOR THE 1,944 DONATIONS RECEIVED IN FY20 FROM 1,035 DONORS (INDIVIDUALS, BUSINESSES, FOUNDATIONS, CHURCHES, AND CIVIC ORGANIZATIONS) - 566 WHO WERE FIRST-TIME DONORS - WHICH</p>

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>HAVE ALLOWED US TO SUPPORT PEOPLE IN A TIME OF GREATER NEED AND INCREASED UNCERTAINTY. THE SURPLUS FUNDS RAISED IN THIS FISCAL YEAR WILL BE USED TO ENSURE ECCO CAN CONTINUE TO SUPPORT OUR CLIENTS AND LOCAL FAMILIES IMPACTED BY THE PANDEMIC FOR THE LONG-HAUL AS WELL AS TO OPERATE AS AN ESSENTIAL SERVICE IN OUR COMMUNITY WITH AN EYE ON THE FUTURE. IMPACT NUMBERS FOR FY 2019-2020:</p> <ul style="list-style-type: none"> <li>-SERVED 2,186 HOUSEHOLDS ACROSS ALL PROGRAMMATIC AREAS; THESE HOUSEHOLDS ACCOUNT FOR AT LEAST 3,438 NEIGHBORS IN NEED HOWEVER THIS NUMBER COULD BE SIGNIFICANTLY HIGHER. INCOMPLETE DATA IS AVAILABLE FOR 381 INDIVIDUALS WHO RECEIVED FOOD THROUGH ECCO'S DRIVE-THRU DISTRIBUTION BUT HAD NOT HAD A CLIENT ASSESSMENT DUE TO OUR EMERGENCY OPERATIONS.</li> <li>-DISTRIBUTED 628,836 POUNDS OF FOOD TO 2,110 LOCAL FAMILIES FACING FOOD INSECURITY; A RETAIL VALUE OF 979,241. THESE FIGURES DO NOT INCLUDE THE MONTHLY FARMERS MARKETS WHICH EXPANDED TO THREE POP-UP LOCATIONS IN APRIL, INCLUDING TWO RURAL COMMUNITIES THAT ARE CONSIDERED FOOD DESERTS.</li> <li>-CONDUCTED MONTHLY FRESH &amp; FREE FARMERS MARKETS TO PROVIDE FRESH FRUITS AND VEGETABLES TO OUR NEIGHBORS IN NEED; 20% OF ALL FOOD DISTRIBUTED TO OUR CLIENTS IS MADE UP OF FRESH PRODUCE. 18 TOTAL MARKETS WERE HELD IN FY2019-2020.</li> <li>-PROVIDED 568 HOUSEHOLDS WITH A THANKSGIVING MEAL AND 364 CHILDREN WITH CHRISTMAS PRESENTS THROUGH ECCO'S ADOPT-A-FAMILY PROGRAM. A DOZEN WANDO HIGH SCHOOL GRADUATES RECEIVED LAPTOPS, SCHOOL SUPPLIES, AND ITEMS FOR THEIR RESIDENCE HALL ROOMS THROUGH ECCO'S NEW INITIATIVE - THE ADOPT-A-SENIOR PROGRAM.</li> <li>-PROVIDED GENTLY-USED DONATED CLOTHING TO 828 HOUSEHOLDS FROM JULY 1, 2019 - MARCH 16, 2020 WHEN THE CLOTHING CLOSET WAS TEMPORARILY CLOSED DUE TO THE PANDEMIC. WHILE CLOSED, THE CLOTHING AND HOUSEHOLD FURNITURE SPACES WERE REPURPOSED TO ALLOW FOR THE EXPANSION OF THE CLIENT CHOICE WELLNESS PANTRY.</li> <li>-SERVED 263 CLIENTS THROUGH ECCO'S FINANCIAL ASSISTANCE PROGRAM BY PROVIDING 230,546 TO HELP PAY RENT OR UTILITY BILLS FOR CLIENTS FACING EVICTION OR UTILITIES SHUT-OFF. THESE NUMBERS ARE SIGNIFICANTLY INCREASED OVER FY2018-2019 WHEN 56,528 WAS LEVERAGED TO ASSIST 165 HOUSEHOLDS. THE FINANCIAL ASSISTANCE PROCESS MOVED ON-LINE DUE TO THE PANDEMIC AND MORE MONEY WAS ALLOCATED TO HELP PEOPLE WHO WERE LAID OFF TO PAY THEIR HOUSING AND UTILITY BILLS.</li> <li>-ASSISTED 83 NEW CLIENTS WHO TURNED TO ECCO FOR FINANCIAL ASSISTANCE WHEN THEY WERE LAID OFF OR TERMINATED FROM THEIR JOBS DURING THE SHUT-DOWN.</li> <li>-GRADUATED 12 PARTICIPANTS THROUGH ECCO'S IDA (INDIVIDUAL DEVELOPMENT ACCOUNT) / ADP (ASSET DEVELOPMENT PROGRAM); PROVIDED 41,000 IN SAVINGS MATCHES TO ASSIST PROGRAM PARTICIPANTS IN REALIZING THEIR GOALS OF HOME OWNERSHIP, SMALL BUSINESS ENTREPRENEURSHIP, OR HIGHER EDUCATION.</li> <li>-283 VOLUNTEERS PROVIDED 22,897 HOURS OF SERVICE TO ECCO CLIENTS, PROGRAMS, AND SERVICES; THE MONETARY IMPACT OF THIS DONATED TIME WAS VALUED AT 942,739. DESPITE OUR REDUCED VOLUNTEER FORCE CAUSED BY THE PANDEMIC, VOLUNTEERS COMprise ECCO'S STRONGEST HUMAN CAPITAL RESOURCE -COUNTLESS</li> </ul>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>NUMBERS OF INDIVIDUALS, BUSINESSES, CIVIC GROUPS, CHURCHES, AND FAMILIES DONATED THEIR TIME, TALENT, AND TREASURE TO ECCO TO KEEP ECCO'S PANTRY SHELVES STOCKED WITH HEALTHY FOOD OPTIONS AND THE RACKS IN OUR CLOTHING CLOSET FILLED. THE GENEROSITY OF OUR COMMUNITY WAS UNPARALLELED DURING THE FIRST FEW MONTHS OF THE PANDEMIC WHEN PEOPLE WANTED TO BE A PART OF THE SOLUTION TO THE WIDESPREAD NEED IN OUR COMMUNITIES. -1,330 UNIQUE DONORS CONTRIBUTED 2,291 DONATIONS TO SUPPORT ECCO'S ANNUAL FUND IN SUPPORT OF THE ORGANIZATION'S MISSION. HIGH LIGHTS OF PROGRAMMATIC ENHANCEMENTS FOR THE 2019-2020 FISCAL YEAR INCLUDE THE FOLLOWING: -PIVOTED TO RESPOND TO THE COVID-19 PANDEMIC IDENTIFYING NEW WAYS TO SERVE CLIENTS WHILE MAINTAIN SOCIAL DISTANCING AND KEEPING EVERYONE SAFE. A DRIVE-THRU FOOD DISTRIBUTION SYSTEM, PANDEMIC PRE-PACKAGED BAGS OF FOOD, THE USE OF TELEHEALTH FOR MEDICAL APPOINTMENTS AND MENTAL HEALTH COUNSELING, ASSESSMENTS DONE OVER THE PHONE, AND ON-LINE APPLICATIONS FOR FINANCIAL ASSISTANCE AND RX ASSISTANCE ALL ENSURED GREATER SAFETY FOR ALL STAFF, VOLUNTEERS AND CLIENTS. -AS AN ESSENTIAL SERVICE, ECCO IS PROUD OF THE FACT THAT WE REMAINED OPEN THROUGHOUT THE ENTIRE SHUT-DOWN. -CONDUCTED A COMPREHENSIVE CLIENT SURVEY IN SEPTEMBER 2019 AND OBTAINED FEEDBACK FROM 250 CLIENTS TO HELP INFORM THE STRATEGIC PLANNING PROCESS. -ENGAGED THE WEATHERS GROUP TO GUIDE OUR STRATEGIC PLANNING PROCESS. HELD A TWO-DAY BOARD RETREAT IN JANUARY 2020 TO KICK OFF THIS PROCESS. -ADDED A WALK-IN FREEZER TO THE WELLNESS PANTRY JUST IN TIME FOR THE THANKSGIVING HOLIDAY MEAL SUPPLY DISTRIBUTION. -DISTRIBUTED 35% MORE POUNDS OF FOOD TO OUR FOOD INSECURE NEIGHBORS COMPARED TO THE PREVIOUS FISCAL YEAR. DURING THE START OF THE PANDEMIC, THIS FOOD INCLUDED PRODUCE BOXES PROVIDED BY LIMEHOUSE PRODUCE AND GALLONS OF MILK FROM BORDEN. -BEGAN HOSTING POP-UP FARMERS MARKETS IN APRIL TO REACH MORE PEOPLE IN NEED IN RURAL AREAS KNOWN AS FOOD DESSERTS AND CONDUCTED 3 OUTREACH EVENTS TO PROVIDE FOOD TO SENIORS LIVING IN MCCLELLANVILLE WITHOUT TRANSPORTATION TO GET TO MT. PLEASANT. -ENGAGED 42 LOCAL NEIGHBORHOODS IN THE 30 NEIGHBORHOODS IN 30 DAYS CHALLENGE TO RESTOCK THE WELLNESS PANTRY SHELVES IN AUGUST -WORKED WITH THE CHARLESTON COUNTY LIBRARY TO DISSEMINATE BOOKS DURING THE MONTHLY FARMERS MARKETS. -LAUNCHED TWO NEW PROGRAMS: ADOPT-A-SENIOR FOR WANDO HIGH GRADUATES ATTENDING COLLEGE OR JOINING THE MILITARY AND A SUMMER ADOPT-A-FAMILY TO SUPPORT THE NEEDS OF ECCO'S MOST VULNERABLE CLIENTS. -MAINTAINED THE "PAY IT FORWARD" INITIATIVE TO ALLOW CLIENTS TO ACKNOWLEDGE EXCEPTIONAL CUSTOMER SERVICE OFFERED BY STAFF AND VOLUNTEERS. ONE CLIENT WROTE: "EVERYONE AT THIS OFFICE WAS VERY HELPFUL AND POLITE. IT'S GOOD TO KNOW THERE ARE STILL CARING PEOPLE IN THE WORLD ESPECIALLY IN MY TIME OF NEED. YOUR PEOPLE HELP WITHOUT MAKING ME FEEL ASHAMED FOR ASKING."</p>

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	<p>ECCO'S HEALTH SERVICES PROGRAMS, INCLUDING BOTH DENTAL AND MEDICAL SERVICES, HAVE CONTINUE D TO EVOLVE IN RESPONSE TO THE NEEDS OF OUR CLIENTS AND THE CHANGING ECONOMIC ENVIRONMENT. SPECIFIC ATTENTION WAS GIVEN TO UPGRADING BOTH CLINIC SPACES AND STREAMLINING THE PATIENT INTAKE DOCUMENTS. THE PANDEMIC IMPACTED ECCO'S MEDICAL AND DENTAL SERVICES PROFOUNDLY AS PEOPLE SHELTERED IN PLACE AND DID NOT SEEK THESE SERVICES AS FREELY AS BEFORE COVID. ECCO' S DENTAL CLINIC TYPICALLY SERVES AS A DENTAL HOME FOR UNINSURED, LOW- INCOME CLIENTS BY PR OVIDING PREVENTATIVE AND RESTORATIVE 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 SH IFTS FOR ONE YEAR TO TREAT PATIENTS WHILE GAINING VALUABLE HANDS-ON EXPERIENCE. MORE THAN 25 LOCAL DENTISTS VOLUNTEERED THEIR TIME TO ENSURE THE HIGHEST-QUALITY CARE FOR THE 697 PE RSONS WHO SOUGHT OUT DENTAL CARE AT ECCO FROM JULY 2019 - MARCH 2020. THE DENTAL CLINIC CL OSED IN MARCH AND THEN REOPENED FOR EMERGENCY SERVICES IN JUNE FOR A PERIOD OF THREE WEEKS . WHEN COVID-19 CASES SPIKED A SECOND TIME, THE CLINIC RECLOSED. A SECOND SOFT REOPENING OCCURRED ON SEPTEMBER 8 FOR ONLY EMERGENCY EXTRACTION SERVICES TWO NIGHTS A WEEK. ECCO PLAN S TO RETURN TO RESTORATIVE CARE SERVICES IN JANUARY 2021. ECCO'S PARTNERS IN HEALTHCARE (P IHC) CLINIC SERVES AS A MEDICAL HOME FOR 122 UNINSURED PATIENTS IN THE TRI-COUNTY+ AREA WI TH A SPECIFIC FOCUS ON HELPING TO DIAGNOSE AND TREAT CHRONIC HEALTH CONDITIONS INCLUDING DIABETES, HIGH BLOOD PRESSURE, AND LIPEDEMA. THROUGH AN ESTABLISHED PARTNERSHIP WITH THE ME DICAL 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. O THER PARTNERS INCLUDE THE LOWCOUNTRY FOOD BANK AND PALMETTO PROJECT. WHEN COVID HIT, THE P ARTNERS IN HEALTHCARE MEDICAL CLINIC TRANSITIONED TO TELEHEALTH APPOINTMENTS WITH ESTABLISHED PATIENTS UNTIL THEY REOPENED TO ENROLL AND SEE NEW PATIENTS FACE-TO-FACE THE WEEK OF JUNE 1 WITH A LIMIT OF THREE INSTEAD OF 12 PATIENTS DURING EACH CLINIC. LPNS CONTINUE TO SEE RETURNING PATIENTS VIA TELEMEDICINE AS THEY HAVE DONE SINCE MARCH. MENTAL HEALTH COUNSELING SERVICES PROVIDED BY ECCO'S PARTNER, MARIE CARTER &amp; ASSOCIATES, HAS BEEN TRANSITIONED TO STRICTLY ON-LINE APPOINTMENTS SINCE APRIL 2020. IMPACT NUMBERS FOR HEALTH SERVICES PROG RAMS IN FY2019-2020 INCLUDE: -697 INDIVIDUALS WERE SERVED IN THE ECCO DENTAL CLINIC. -1,45 0 DAYTIME CLINIC APPOINTMENTS WERE CONDUCTED AND 777 EMERGENCY EXTRACTION CLINIC VISITS TO OK PLACE DURING THE 2019-2020</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	<p>FISCAL YEAR. -2,907 TOTAL DENTAL PROCEDURES/SERVICES WERE PROVIDED TO THE COMMUNITY WITH A RETAIL VALUE OF 532,854 PROVIDED AT NO COST TO THE PATIENTS - THESE NUMBERS WERE ADVERSELY AFFECTED BY THE CLOSING OF THE DENTAL CLINIC FOR NEARLY THREE MONTHS DURING THE START OF PANDEMIC. -28 DENTAL PATIENTS RECEIVED PARTIAL DENTURES ENHANCING THEIR SELF- CONFIDENCE AND SMILES. -231 INDIVIDUALS WERE SERVED ACROSS ECCO'S MEDICAL SERVICES PROGRAMS. -1,692 TOTAL SERVICES WERE PROVIDED ACROSS ECCO'S PARTNERS IN HEALTHCARE CLINIC, MEDICAL SERVICES, AND HEALTH EDUCATION EFFORTS. -790 PATIENT APPOINTMENTS WERE SCHEDULED AT THE PARTNERS IN HEALTHCARE CLINIC INCLUDING TELEHEALTH APPOINTMENTS DURING THE PANDEMIC SO THAT THE CLINIC DID NOT HAVE TO CLOSE AND WE COULD KEEP PEOPLE OUT OF THE EMERGENCY ROOMS. -FILLED 254 EMERGENCY PRESCRIPTIONS FOR CLIENTS WHO COULD NOT AFFORD THEIR MEDICATIONS AND ASSISTED MANY OF THESE INDIVIDUALS IN GETTING ENROLLED IN VARIOUS PRESCRIPTION ASSISTANCE PROGRAMS; THE TOTAL SAVINGS IMPACT FOR ECCO CLIENTS SEEKING PRESCRIPTION ASSISTANCE SERVICES WAS 194,705. HIGHLIGHTS OF PROGRAMMATIC ENHANCEMENTS IN HEALTH SERVICES FOR THE 2019- 2020 FISCAL YEAR INCLUDE: -A REVISED APPOINTMENT SCHEDULE IN THE PARTNERS IN HEALTHCARE CLINIC (PIHC) WENT INTO EFFECT (20 MIN VERSUS 30 MIN APPOINTMENTS) ALLOWING FOR MORE PATIENTS TO BE SEEN DURING EACH CLINIC SESSION. -SIGNED A CONTRACT AND BEGAN WORKING WITH WORKING WITH CIRCULATION HEALTH TO PROVIDE TRANSPORTATION TO AND FROM MEDICAL AND DENTAL APPOINTMENTS FOR CLIENTS WHO LACK RELIABLE TRANSPORTATION. -STREAMLINED PAPERWORK FOR PATIENTS IN THE MEDICAL CLINIC AND CREATED NEW ON-LINE PATIENT DOCUMENTS RESULTING IN LESS TIME WAITING FOR PATIENTS TO COMPLETE THEIR DOCUMENTS BEFORE BEING SEEN BY THE NURSE PRACTITIONER. -CREATED AN ON- LINE APPLICATION FOR THE PRESCRIPTION ASSISTANCE PROGRAM. AMENDED PROGRAM GUIDELINES TO HELP BOTH UNINSURED AND INSURED PATIENTS IMPACTED BY THE PANDEMIC TO OBTAIN LIFE-SAVING MEDICATIONS. -COMPILED FAQS FOR THE DENTAL CLINIC TO HELP DISSEMINATE ACCURATE INFORMATION ABOUT THE RESTORATIVE AND EMERGENCY EXTRACTION CLINICS. -SECURED GRANT FUNDING TO BEGIN EQUIPMENT UPGRADES IN THE DENTAL CLINIC INCLUDING A NEW PANORAMIC X-RAY MACHINE AND SEVERAL NEW HAND TOOLS. -CREATED SAFETY PROTOCOLS AND SECURED NECESSARY PPE TO ENSURE COMPLIANCE WITH ALL CDC AND DHEC GUIDELINES FOR OPERATING THE MEDICAL AND DENTAL CLINICS IN THE MIDST OF A PANDEMIC. -THE BREAKFAST BITS WORKSHOPS OFFERED BEFORE THE START OF THE MONTHLY FRESH &amp; FREE FARMERS MARKETS WERE WELL-ATTENDED AND CLIENTS REPORT LEARNING A GREAT DEAL FROM THE SPEAKERS. TOPICS RANGED FROM HEALTH AND WELLNESS SUBJECTS TO A TOWN HALL MEETING WITH THE ECCO EXECUTIVE DIRECTOR TO DISCUSS THE HEALTH OF THE ORGANIZATION BASED ON FEEDBACK PROVIDED IN THE CLIENT SURVEY. THIS IMPORTANT EDUCATIONAL INITIATIVE WAS PAUSED IN MARCH 2020.</p>

## 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. IN THE EVENT THAT A POTENTIAL CONFLICT ARISES DURING THE YEAR, THE INTERESTED BOARD MEMBER SHALL RECUSE HIMSELF/HERSELF FROM ALL DISCUSSIONS AND VOTES.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	COMPENSATION PROCESS FOR THE TOP OFFICIAL COMPENSATION FOR THE EXECUTIVE DIRECTOR INCLUDES COMPILING AN ANNUAL REPORT LISTING THE COMPENSATION PACKAGES OFFERED BY OTHER LOCAL NONPROFITS AS NOTED ON THEIR 990S. THE LIST OF ORGANIZATIONS INCLUDES GROUPS WITH SIMILAR OPERATING BUDGETS AND STAFF STRUCTURE OPERATING IN THE LOWCOUNTRY. THIS REPORT IS REVIEWED BY THE EXECUTIVE COMMITTEE OF THE BOARD, WHO MAKES A RECOMMENDATION REGARDING ADDITIONAL COMPENSATION TO THE FULL BOARD FOR APPROVAL AS A PART OF THE BUDGETING 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)**

## 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](http://www.irs.gov/Form990) for instructions and the latest information.

2019

**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 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	30,810	85,239	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.

**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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

**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) . . . . .

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

**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.

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> 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**

**Part VII**

**Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>