

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2017
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2017 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization LOWCOUNTRY FOOD BANK INC		D Employer identification number 57-0751835
	Doing business as		E Telephone number (843) 747-8146
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	2864 AZALEA DRIVE		G Gross receipts \$ 52,648,593.
	City or town, state or province, country, and ZIP or foreign postal code CHARLESTON, SC 29405		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
F Name and address of principal officer: PATRICIA WALKER 2864 AZALEA DRIVE, CHARLESTON, SC 29405		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ WWW.LOWCOUNTRYFOODBANK.ORG		K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
		L Year of formation: 1983	M State of legal domicile: SC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE LOWCOUNTRY FOOD BANK IS TO LEAD THE FIGHT AGAINST HUNGER IN OUR COMMUNITY.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	86
	6 Total number of volunteers (estimate if necessary)	6	8000
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-43,921.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-43,921.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	46,262,990.	49,512,753.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,586,143.	2,871,451.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,519.	8,018.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	76,620.	125,191.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	48,934,272.	52,517,413.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	39,394,393.	42,644,024.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	3,119,551.	3,455,305.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 626,582.	473,726.	432,326.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,671,689.	5,262,474.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	48,659,359.	51,794,129.
19 Revenue less expenses. Subtract line 18 from line 12	274,913.	723,284.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	10,550,298.	11,117,162.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,410,173.	2,430,243.
		8,140,125.	8,686,919.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	PATRICIA WALKER, PRESIDENT/CEO				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	PAUL K. HOOKER, JR.	PAUL K. HOOKER, JR.	08/20/18		P00137296
Firm's name ▶ DIXON HUGHES GOODMAN LLP			Firm's EIN ▶ 56-0747981		
Firm's address ▶ 525 EAST BAY STREET, SUITE 100 CHARLESTON, SC 29403			Phone no. (843) 722-6443		

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE MISSION OF THE LOWCOUNTRY FOOD BANK IS TO LEAD THE FIGHT AGAINST HUNGER IN OUR COMMUNITY.

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 48,934,671. including grants of \$ 42,234,011.) (Revenue \$ 1,682,237.) FOOD DISTRIBUTION: THE LOWCOUNTRY FOOD BANK'S (LCFB) MISSION IS TO LEAD THE FIGHT AGAINST HUNGER IN OUR COMMUNITY. SINCE 1983, WE HAVE BEEN THE PREMIER HUNGER-RELIEF ORGANIZATION IN THE 10 COASTAL COUNTIES OF SOUTH CAROLINA (BEAUFORT, BERKELEY, CHARLESTON, COLLETON, DORCHESTER, GEORGETOWN, HAMPTON, HORRY, JASPER AND WILLIAMSBURG). IN 2017, THE LCFB DISTRIBUTED, IN PARTNERSHIP WITH APPROXIMATELY 300 PARTNER AGENCIES, OVER 28 MILLION POUNDS OF FOOD TO 200,347 FOOD-INSECURE CHILDREN, SENIORS AND FAMILIES ACROSS COASTAL SOUTH CAROLINA.

4b (Code:) (Expenses \$ 1,330,815. including grants of \$ 410,013.) (Revenue \$ 1,189,364.) CHILD AND SENIOR HUNGER-RELIEF PROGRAMS: THE NUMBER OF CHILDREN IN SOUTH CAROLINA STRUGGLING TO AVOID HUNGER IS IMMENSE; THE FOOD-INSECURITY RATE FOR OUR STATE'S YOUNGEST IS 20%. LCFB COMBATS CHILDHOOD HUNGER BY REGULARLY SERVING MORE THAN 9,000 CHILDREN THROUGH A VARIETY OF PROGRAMS INCLUDING THE BACK PACK BUDDIES WEEKEND HUNGER-RELIEF PROGRAM PROVIDING MEALS FOR 3,924 PUBLIC SCHOOL CHILDREN AT 49 SCHOOLS; THE KIDS CAFE AFTERSCHOOL PROGRAM SERVES 283,183 MEALS TO CHILDREN AT 51 SITES; THE SUMMER MEALS PROGRAM PROVIDES 66,153 MEALS; AND THE SCHOOL PANTRY PROGRAM, WHICH PROVIDES MONTHLY FOOD-ASSISTANCE BOXES TO LOW-INCOME FAMILIES, SERVES 1,280 PUBLIC SCHOOL CHILDREN AT 32 SITES.

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 50,265,486.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
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	X	

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

Table with columns for question numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes questions about Form 1096, Form W-2G, Form W-3, and various IRS forms like 8886-T, 8899, 1098-C, 4966, 720, and 709.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 12		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 12		
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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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	X	
b	Other officers or key employees of the organization	X	
	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?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **SC**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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: **FELICIA HOUSTON, CFO - (843) 747-8146**
2864 AZALEA DRIVE, CHARLESTON, SC 29405

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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	Former			
(1) ERIK GLASER TREASURER	5.00	X		X				0.	0.	0.
(2) TYLER CONDON BOARD MEMBER	1.00	X						0.	0.	0.
(3) DAVID HOOD BOARD MEMBER	1.00	X						0.	0.	0.
(4) MARK MIZELL BOARD MEMBER	1.00	X						0.	0.	0.
(5) DARRYL PORTER BOARD MEMBER	1.00	X						0.	0.	0.
(6) SHELLY YUHAS CHAIRMAN	5.00	X		X				0.	0.	0.
(7) TIFFANY CRUMPTON VICE-CHAIRMAN	5.00	X		X				0.	0.	0.
(8) EVIE EVANS BOARD MEMBER	1.00	X						0.	0.	0.
(9) BRETT HULSEY SECRETARY	5.00	X		X				0.	0.	0.
(10) LINDSEY DOUGLAS BOARD MEMBER	1.00	X						0.	0.	0.
(11) FRANK LAPSLEY BOARD MEMBER	1.00	X						0.	0.	0.
(12) MIKE SMITH BOARD MEMBER	1.00	X						0.	0.	0.
(13) PATRICIA WALKER PRESIDENT & CEO	40.00			X				137,482.	0.	17,783.

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 73,600.				
	b Membership dues	1b				
	c Fundraising events	1c 775,019.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 3,264,901.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 45,399,233.				
	g Noncash contributions included in lines 1a-1f: \$	43,026,160.				
	h Total. Add lines 1a-1f	▶ 49,512,753.				
	Program Service Revenue	2 a SHARED MAINTENANCE REVENUE	Business Code 900099	1,288,963.	1,288,963.	
b KIDS CAFE		900099	855,995.	855,995.		
c SNAP EDUCATION		900099	355,816.	355,816.		
d BACKPACK BUDDIES		900099	200,978.	200,978.		
e SENIOR MEALS		900099	132,391.	132,391.		
f All other program service revenue		900099	37,308.	37,308.		
g Total. Add lines 2a-2f		▶ 2,871,451.				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)	▶ 3,018.			3,018.
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6 a Gross rents	(i) Real	133,575.			
		(ii) Personal				
		b Less: rental expenses	95,134.			
		c Rental income or (loss)	38,441.			
	d Net rental income or (loss)	▶ 38,441.		-43,921.	82,362.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other	5,000.			
		b Less: cost or other basis and sales expenses	0.			
		c Gain or (loss)	5,000.			
	d Net gain or (loss)	▶ 5,000.			5,000.	
	8 a Gross income from fundraising events (not including \$ 775,019. of contributions reported on line 1c). See Part IV, line 18	a 113,293.				
		b Less: direct expenses	36,046.			
c Net income or (loss) from fundraising events		▶ 77,247.			77,247.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue		Business Code				
11 a REFUNDS & REBATES	900099	9,353.			9,353.	
	b MISCELLANEOUS INCOME	900099	150.	150.		
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	▶ 9,503.				
12 Total revenue. See instructions.	▶ 52,517,413.	2,871,601.	-43,921.	176,980.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	42,644,024.	42,644,024.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	137,482.	109,986.	21,997.	5,499.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,666,003.	2,151,968.	386,624.	127,411.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	79,665.	63,398.	12,542.	3,725.
9 Other employee benefits	359,443.	291,427.	50,892.	17,124.
10 Payroll taxes	212,712.	171,679.	30,945.	10,088.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	31,750.		31,750.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	432,326.			432,326.
f Investment management fees	8,666.	436.	8,230.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	76,692.	53,074.	2,707.	20,911.
12 Advertising and promotion	12,689.	12,326.	363.	
13 Office expenses	74,729.	58,808.	15,921.	
14 Information technology	94,843.	22,513.	72,330.	
15 Royalties				
16 Occupancy	373,029.	319,844.	53,185.	
17 Travel	111,154.	101,577.	9,577.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	58,873.	40,622.	17,662.	589.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	555,688.	395,306.	154,653.	5,729.
23 Insurance	68,013.	54,126.	10,707.	3,180.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD DISTRIBUTION	3,448,416.	3,448,416.		
b DIRECT PROGRAM EXPENSE	278,793.	278,793.		
c MISCELLANEOUS EXPENSES	69,139.	47,163.	21,976.	
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	51,794,129.	50,265,486.	902,061.	626,582.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here 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 X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,435,515.	1	2,383,373.
	2 Savings and temporary cash investments	904,623.	2	633,042.
	3 Pledges and grants receivable, net	749,744.	3	792,349.
	4 Accounts receivable, net	98,489.	4	157,959.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,499,433.	8	1,212,025.
	9 Prepaid expenses and deferred charges	15,916.	9	15,598.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,903,939.		
	b Less: accumulated depreciation	10b 3,060,129.	10c	5,843,810.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	2,386.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	76,988.	15	76,620.
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,550,298.	16	11,117,162.	
Liabilities	17 Accounts payable and accrued expenses	467,937.	17	637,939.
	18 Grants payable		18	
	19 Deferred revenue	46,200.	19	28,200.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,896,036.	23	1,744,396.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	19,708.
	26 Total liabilities. Add lines 17 through 25	2,410,173.	26	2,430,243.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	7,476,562.	27	7,743,017.
	28 Temporarily restricted net assets	663,563.	28	943,902.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	8,140,125.	33	8,686,919.	
34 Total liabilities and net assets/fund balances	10,550,298.	34	11,117,162.	

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	52,517,413.
2	Total expenses (must equal Part IX, column (A), line 25)	2	51,794,129.
3	Revenue less expenses. Subtract line 2 from line 1	3	723,284.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,140,125.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	-176,490.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,686,919.

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		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2017)

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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	35048019.	40707250.	45598890.	46262990.	49512753.	217129902
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	1243314.	2410552.	2820508.	3240031.	3646470.	13360875.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	36291333.	43117802.	48419398.	49503021.	53159223.	230490777
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	6,995.	20,015.	13,405.	14,641.	17,705.	72,761.
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						0.
c Add lines 7a and 7b	6,995.	20,015.	13,405.	14,641.	17,705.	72,761.
8 Public support. (Subtract line 7c from line 6.)						230418016

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	36291333.	43117802.	48419398.	49503021.	53159223.	230490777
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	171,772.	157,528.	139,279.	129,014.	141,593.	739,186.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	171,772.	157,528.	139,279.	129,014.	141,593.	739,186.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	36463105.	43275330.	48558677.	49632035.	53300816.	231229963

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	99.65 %
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	99.61 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	.32 %
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	.37 %

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
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? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
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? <i>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.</i>		
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? <i>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.</i>		

Section C. Type II Supporting Organizations

	Yes	No
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)? <i>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).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> 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? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

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

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2017

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization

LOWCOUNTRY FOOD BANK INC

Employer identification number

57-0751835

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 56,670.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 16,305.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 157,392.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 858,622.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 6,805.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 1,195,476.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 12,036.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ 43,483.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ 20,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 23,110.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ 361,778.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ 53,756.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ 26,005.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	<hr/> <hr/> <hr/>	\$ 13,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/>	\$ 389,792.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<hr/> <hr/> <hr/>	\$ 12,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	<hr/> <hr/> <hr/>	\$ 130,196.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
26	<hr/> <hr/> <hr/>	\$ 255,872.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
27	<hr/> <hr/> <hr/>	\$ 6,209.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
28	<hr/> <hr/> <hr/>	\$ 4,573,859.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
29	<hr/> <hr/> <hr/>	\$ 7,347.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
30	<hr/> <hr/> <hr/>	\$ 30,908.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	<hr/> <hr/> <hr/>	\$ <u>483,812.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
32	<hr/> <hr/> <hr/>	\$ <u>155,409.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
33	<hr/> <hr/> <hr/>	\$ <u>52,147.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
34	<hr/> <hr/> <hr/>	\$ <u>3,527,817.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
35	<hr/> <hr/> <hr/>	\$ <u>1,863,796.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
36	<hr/> <hr/> <hr/>	\$ <u>59,825.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	<hr/> <hr/> <hr/>	\$ 150,328.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
38	<hr/> <hr/> <hr/>	\$ 626,367.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
39	<hr/> <hr/> <hr/>	\$ 6,041,944.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
40	<hr/> <hr/> <hr/>	\$ 206,166.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
41	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	<hr/> <hr/> <hr/>	\$ 6,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	<hr/> <hr/> <hr/>	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	<hr/> <hr/> <hr/>	\$ 7,355.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	<hr/> <hr/> <hr/>	\$ 13,080.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	<hr/> <hr/> <hr/>	\$ 101,694.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	<hr/> <hr/> <hr/>	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	<hr/> <hr/> <hr/>	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	<hr/> <hr/> <hr/>	\$ 145,785.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	<hr/> <hr/> <hr/>	\$ 7,586.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
54	<hr/> <hr/> <hr/>	\$ 29,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	<hr/> <hr/> <hr/>	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	<hr/> <hr/> <hr/>	\$ 15,280.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	<hr/> <hr/> <hr/>	\$ 11,879.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	<hr/> <hr/> <hr/>	\$ 23,727.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	<hr/> <hr/> <hr/>	\$ <u>362,290.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
62	<hr/> <hr/> <hr/>	\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	<hr/> <hr/> <hr/>	\$ <u>22,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	<hr/> <hr/> <hr/>	\$ <u>14,594.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	<hr/> <hr/> <hr/>	\$ <u>10,760.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	<hr/> <hr/> <hr/>	\$ 79,918.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
72	<hr/> <hr/> <hr/>	\$ 24,941.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	 <hr/> <hr/> <hr/>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	 <hr/> <hr/> <hr/>	\$ <u>37,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	 <hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	<hr/> <hr/> <hr/>	\$ <u>6,690.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	<hr/> <hr/> <hr/>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	<hr/> <hr/> <hr/>	\$ <u>101,624.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
83	<hr/> <hr/> <hr/>	\$ <u>10,458.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
84	<hr/> <hr/> <hr/>	\$ <u>15,718.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	<hr/> <hr/> <hr/>	\$ 2,078,279.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
86	<hr/> <hr/> <hr/>	\$ 19,130.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
87	<hr/> <hr/> <hr/>	\$ 12,125.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	<hr/> <hr/> <hr/>	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	<hr/> <hr/> <hr/>	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	<hr/> <hr/> <hr/>	\$ 8,871.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	<hr/> <hr/> <hr/>	\$ 19,294.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	<hr/> <hr/> <hr/>	\$ 48,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	<hr/> <hr/> <hr/>	\$ 13,254.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	<hr/> <hr/> <hr/>	\$ <u>5,576.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	<hr/> <hr/> <hr/>	\$ <u>6,341.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	<hr/> <hr/> <hr/>	\$ <u>28,620.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	<hr/> <hr/> <hr/>	\$ <u>37,510.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	<hr/> <hr/> <hr/>	\$ <u>11,550.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	_____ _____ _____	\$ <u>11,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106	_____ _____ _____	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107	_____ _____ _____	\$ <u>7,446.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108	_____ _____ _____	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109	<hr/> <hr/> <hr/>	\$ <u>46,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110	<hr/> <hr/> <hr/>	\$ <u>9,924.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111	<hr/> <hr/> <hr/>	\$ <u>6,030.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112	<hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115	_____ _____ _____	\$ <u>5,678.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116	_____ _____ _____	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118	_____ _____ _____	\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119	_____ _____ _____	\$ <u>6,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121	<hr/> <hr/> <hr/>	\$ 12,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
122	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
123	<hr/> <hr/> <hr/>	\$ 6,248.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124	<hr/> <hr/> <hr/>	\$ 6,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
125	<hr/> <hr/> <hr/>	\$ 16,152.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
126	<hr/> <hr/> <hr/>	\$ 14,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127	<hr/> <hr/> <hr/>	\$ <u>45,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
128	<hr/> <hr/> <hr/>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
129	<hr/> <hr/> <hr/>	\$ <u>80,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
130	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
131	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
132	<hr/> <hr/> <hr/>	\$ <u>5,800.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133	 <hr/> <hr/> <hr/>	\$ <u>13,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
134	 <hr/> <hr/> <hr/>	\$ <u>23,688.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
135	 <hr/> <hr/> <hr/>	\$ <u>35,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
136	 <hr/> <hr/> <hr/>	\$ <u>6,888.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
137	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
138	 <hr/> <hr/> <hr/>	\$ <u>48,540.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139	<hr/> <hr/> <hr/>	\$ <u>10,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
140	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
141	<hr/> <hr/> <hr/>	\$ <u>12,800.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
142	<hr/> <hr/> <hr/>	\$ <u>5,149.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
143	<hr/> <hr/> <hr/>	\$ <u>27,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
144	<hr/> <hr/> <hr/>	\$ <u>8,880.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145	_____ _____ _____	\$ <u>8,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
146	_____ _____ _____	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
147	_____ _____ _____	\$ <u>8,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
148	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
LOWCOUNTRY FOOD BANK INC	57-0751835

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
10	659,424 POUNDS OF FOOD _____ _____ _____	\$ 1,140,804.	12/31/17
16	209,120 POUNDS OF FOOD _____ _____ _____	\$ 361,778.	12/31/17
25	75,258 POUNDS OF FOOD _____ _____ _____	\$ 130,196.	12/31/17
26	147,903 POUNDS OF FOOD _____ _____ _____	\$ 255,872.	12/31/17
27	3,589 POUNDS OF FOOD _____ _____ _____	\$ 6,209.	12/31/17
28	2,643,849 POUNDS OF FOOD _____ _____ _____	\$ 4,573,859.	12/31/17

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
---	---

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
29	4,247 POUNDS OF FOOD _____ _____ _____	\$ 7,347.	12/31/17
30	17,866 POUNDS OF FOOD _____ _____ _____	\$ 30,908.	12/31/17
31	279,660 POUNDS OF FOOD _____ _____ _____	\$ 483,812.	12/31/17
32	89,832 POUNDS OF FOOD _____ _____ _____	\$ 155,409.	12/31/17
33	30,143 POUNDS OF FOOD _____ _____ _____	\$ 52,147.	12/31/17
34	1,950,472 POUNDS OF FOOD _____ _____ _____	\$ 3,374,317.	12/31/17

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
---	---

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
35	1,077,339 POUNDS OF FOOD _____ _____ _____	\$ 1,863,796.	12/31/17
36	34,581 POUNDS OF FOOD _____ _____ _____	\$ 59,825.	12/31/17
37	86,895 POUNDS OF FOOD _____ _____ _____	\$ 150,328.	12/31/17
38	362,062 POUNDS OF FOOD _____ _____ _____	\$ 626,367.	12/31/17
39	3,492,453 POUNDS OF FOOD _____ _____ _____	\$ 6,041,944.	12/31/17
40	119,171 POUNDS OF FOOD _____ _____ _____	\$ 206,166.	12/31/17

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
---	---

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
53	4,385 POUNDS OF FOOD _____ _____ _____	\$ 7,586.	12/31/17
61	209,416 POUNDS OF FOOD _____ _____ _____	\$ 362,290.	12/31/17
71	43,016 POUNDS OF FOOD _____ _____ _____	\$ 74,418.	12/31/17
82	58,742 POUNDS OF FOOD _____ _____ _____	\$ 101,624.	12/31/17
83	6,045 POUNDS OF FOOD _____ _____ _____	\$ 10,458.	12/31/17
84	TRANSPORTATION SERVICES _____ _____ _____	\$ 15,718.	12/31/17

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
---	---

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
85	1,197,595 POUNDS OF FOOD _____ _____ _____	\$ 2,071,839.	12/31/17
86	11,058 POUNDS OF FOOD _____ _____ _____	\$ 19,130.	12/31/17
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
---	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017
Open to Public Inspection

Name of the organization LOWCOUNTRY FOOD BANK INC **Employer identification number** 57-0751835

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 a 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	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?

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2017

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:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 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 on 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:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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		1,200,000.		1,200,000.
b Buildings		4,103,977.	1,671,272.	2,432,705.
c Leasehold improvements		657,166.	110,047.	547,119.
d Equipment		2,942,796.	1,278,810.	1,663,986.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,843,810.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE PAYABLE	19,708.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	19,708.

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	52,795,427.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	146,834.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	131,180.
e	Add lines 2a through 2d	2e	278,014.
3	Subtract line 2e from line 1	3	52,517,413.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	52,517,413.

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	52,248,633.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	323,324.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	131,180.
e	Add lines 2a through 2d	2e	454,504.
3	Subtract line 2e from line 1	3	51,794,129.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	51,794,129.

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.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM BOTH FEDERAL AND STATE TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND, THEREFORE, HAS NO PROVISION FOR FEDERAL INCOME TAXES IN THE ACCOMPANYING FINANCIAL STATEMENTS. IN ADDITION, THE ORGANIZATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A PRIVATE FOUNDATION UNDER SECTION 509(A)(2).

MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION DOES NOT HAVE ANY SIGNIFICANT UNCERTAIN TAX POSITIONS RESULTING IN UNRECOGNIZED TAX OBLIGATIONS OR BENEFITS AS OF DECEMBER 31,

Part XIII Supplemental Information (continued)

2017 AND 2016.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES	95,134.
FUNDRAISING EXPENSES INCLUDED IN REVENUE	36,046.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	131,180.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES	95,134.
FUNDRAISING EXPENSES INCLUDED IN REVENUE	36,046.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	131,180.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization **LOWCOUNTRY FOOD BANK INC** Employer identification number **57-0751835**

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
- 2 a 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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
ONE & ALL, INC. - PO BOX 90125, PASADENA, CA	DIRECT MAIL CAMPAIGN		X	1,423,143.	432,326.	990,817.
Total	▶			1,423,143.	432,326.	990,817.

- 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) Event #2	(c) Other events	(d) Total events
		CHEF'S FEAST (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	226,586.	661,726.	888,312.
	2	Less: Contributions	113,293.	661,726.	775,019.
	3	Gross income (line 1 minus line 2)	113,293.		113,293.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	22,412.		22,412.
	7	Food and beverages	6,032.		6,032.
	8	Entertainment			
	9	Other direct expenses	5,578.	2,024.	7,602.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			36,046.
11	Net income summary. Subtract line 10 from line 3, column (d)			77,247.	

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))
		1	Gross revenue		
Direct Expenses	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:

13a		%
13b		%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
 Employee
 Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

- b Enter the amount of distributions required under state law to be 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.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: ONE & ALL, INC.

(I) ADDRESS OF FUNDRAISER: PO BOX 90125, PASADENA, CA 91109-5125

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization **LOWCOUNTRY FOOD BANK INC** Employer identification number **57-0751835**

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.

1 (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
ABIDING WORD FAMILY MINISTRIES 227 ABIDING WAY MONCKS CORNER, SC 29461	57-1057520		0.	13,267.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
AGAPE FAMILY LIFE CENTER 5855 S. OKATIE HWY HARDEVILLE, SC 29927	57-1106874		0.	325,326.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ALDERSGATE UNITED METHODIST 1444 REMOUNT ROAD N. CHARLESTON, SC 29406	31-1813333		0.	67,552.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ALLEN AME CHURCH (EDISTO) 8060 BOTANY BAY RD. EDISTO ISLAND, SC 29438	53-0204696		0.	167,411.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
AMIKIDS BEAUFORT 60 HONEYBEE ISLAND ROAD SEABROOK, SC 29940	23-7440836		0.	528.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
AMIKIDS GEORGETOWN INC. 1590 EAST CCC ROAD GEORGETOWN, SC 29440	23-7440836		0.	48,159.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **301.**

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2017)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
ANSONBOROUGH HOUSE 71 SOCIETY STREET CHARLESTON, SC 29401	57-0729489		0.	29,255.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ANTIOCH EDUCATIONAL CENTER 7293 COTTON HILL ROAD PINELAND, SC 29934	76-0818789		0.	83,241.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
APOSTOLIC FAITH MISSION 44 HOLYWOODS ROAD KINGSTREE, SC 29556	93-0412486		0.	10,384.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
BACON'S BRIDGE FREE WORSHIP CENTER 1816 BACON'S BRIDGE RD SUMMERVILLE, SC 29483	58-0904463		0.	37,518.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
BETHEL AME CHURCH (RIDGEVILLE) 165 SOUTH RAILROAD AVE RIDGEVILLE, SC 29472	53-0204696		0.	99,952.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
BETHEL AME CHURCH AUXILIARY 7 401 BROAD STREET GEORGETOWN, SC 29440	53-0204696		0.	84,917.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
BETHEL AME RAVENEL 4595 SAVANNAH HWY. RAVENEL, SC 29470	53-0204696		0.	50,159.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
BETHEL DELIVERANCE TEMPLE 239 COUNTY SHED ROAD BEAUFORT, SC 29906	57-0762747		0.	8,526.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
BETHEL OUTREACH MINISTRIES 5585 MEMORIAL BLVD. ST. GEORGE, SC 29477	53-0204696		0.	117,820.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
BETHEL PENTECOSTAL HOLINESS #3 2331 ELDER AVENUE N. CHARLESTON, SC 29406	56-2161567		0.	64,152.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
BETHEL UMC SMOAKS 486 JOHNSTOWN ROAD SMOAKS, SC 29481	31-1813333		0.	42,217.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
BETHEL UNITED METHODIST CHURCH 57 PITT STREET CHARLESTON, SC 29401	31-1813333		0.	202,832.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
BLUFFTON SELF HELP 39 SHERIDAN PARK CIRCLE #10 BLUFFTON, SC 29910	57-0862658		0.	10,928.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
BUCK CREEK BAPTIST CHURCH 11483 HWY 905 N LONGS, SC 29568	57-0360087		0.	353,452.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CALVARY AME CHURCH 2040 GROVELAND AVE N. CHARLESTON, SC 29405	53-0204696		0.	63,259.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CALVARY BAPTIST CHURCH 620 RUTLEDGE AVE CHARLESTON, SC 29403	57-0921626		0.	56,041.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CALVARY LUTHERAN CHURCH 1400 MANOR BLVD. CHARLESTON, SC 29407	43-0658188		0.	2,917.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CANAN M.B.C. 1561 MOSSTREE RD. N. CHARLESTON, SC 29405	57-0739296		0.	9,503.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
CANAAN MISSIONARY BAPTIST 908 TRASK PARKWAY SHELDON, SC 29941	57-0863423		0.	32,206.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CARING & SHARING 128 WEST GEORGE STREET HEMINGWAY, SC 29554	58-2317638		0.	278,513.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CATHEDRAL OF PRAISE BREAD BASKET 3790 ASHLEY PHOSPHATE RD N. CHARLESTON, SC 29418	57-0875016		0.	568,936.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CATHOLIC CHARITIES 1662 INGRAM RD CHARLESTON, SC 29407	57-0314369		0.	329,933.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CEDAR GROVE MISSIONARY BAPTIST 2384 US HWY 521 ANDREWS, SC 29510	54-2110052		0.	65,797.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CELEBRATION STATION 1935 REYNOLDS AVE N. CHARLESTON, SC 29405	57-0903654		0.	291,979.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CHARITY INSPIRATIONAL CHURCH 1706 OLD SHELL ROAD PORT ROYAL, SC 29935	23-7002419		0.	14,600.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CHARLESTON AREA SENIOR CITIZENS 259 MEETING STREET CHARLESTON, SC 29401	57-6030048		0.	47,394.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CHARLESTON COMMUNITY IMPACT 4870 PIEDMONT AVE. N. CHARLESTON, SC 29405	45-4505265		0.	3,211.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
CHARLESTON JEWISH FAMILY SERVICES 176 CROGHAN SPUR ROAD SUITE #100 CHARLESTON, SC 29407	57-6000188		0.	6,613.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CHARLESTON RECOVERY CENTER 5060 DORCHESTER RD NORTH CHARLESTON, SC 29418	26-4420743		0.	188,506.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CHERRY HILL MISSIONARY BAPTIST CHURCH - 421 SMITH STREET - CONWAY, SC 29526	57-0807394		0.	641,084.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CHESAPEAKE HEALTH EDUCATION 1502 MANLEY AVE. CHARLESTON, SC 29405	52-1711309		0.	1,595.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CHISOM HOUSING GROUP - COLLETON HEIGHTS - 100 SNIDERS HWY - WALTERBORO, SC 29488	91-2193633		0.	19,679.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CHRIST TEMPLE OF SUMMERVILLE 1815 OLD TROLLEY ROAD SUITE 104 SUMMERVILLE, SC 29485	57-0950671		0.	19,419.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CHRISTIAN MISSION OUTREACH 900 62ND AVENUE NORTH MYRTLE BEACH, SC 29572			0.	418,624.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CHURCH HOUSE OF MINISTRIES 9659 JAMISON ROAD LADSON, SC 29456	46-2516634		0.	13,871.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CHURCH OF JESUS CHRIST/ I AM MINISTRIES - 2012 SUCCESS STREET - N. CHARLESTON, SC 29406	34-2011560		0.	184,782.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
CHURCH OF THE HARVEST 39 FRIPP PT RD ST. HELENA, SC 29920	73-1672855		0.	25,165.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CHURCH OF THE HOLY COMMUNION 218 ASHLEY AVE. CHARLESTON, SC 29403	32-0295374		0.	10,467.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CHURCHES ASSISTING PEOPLE 307 WRIGHT BOULEVARD CONWAY, SC 29526	57-0865901		0.	462,869.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
COASTAL CATHOLIC CHARITIES 1662 INGRAM RD CHARLESTON, SC 29407	53-0196617		0.	46,171.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
COASTAL WORSHIP CENTER 6294 DICK POND ROAD MYRTLE BEACH, SC 29588	57-0868415		0.	108,608.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
COMM. CENTER OF ST. MATTHEWS 405 KING ST CHARLESTON, SC 29403	41-1568278		0.	17,002.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
COMMUNITY BIBLE CHURCH OF BEAUFORT 658 PARRIS ISLAND GATEWAY BEAUFORT, SC 29906	57-0747191		0.	169,418.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
COMMUNITY FIRST - JASPER 2693 LEVY ROAD HARDEVILLE, SC 29927	27-0087156		0.	14,246.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
COMMUNITY KITCHEN OF MYRTLE BEACH 1411 MR. JOE WHITE AVE. MYRTLE BEACH, SC 29577	57-0965358		0.	528,725.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
CORDESVILLE FIRST BAPTIST 1913 HWY 402 MONCKS CORNER, SC 29461	57-0360087		0.	132,289.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
COUNTRYSIDE HUNGER STRIKE PROJECT 1818 S. LIVE OAK DRIVE MONCKS CORNER, SC 29461	74-3113850		0.	10,697.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CREATIVE CHURCH FOOD PANTRY 1293 PLANTATION DR. HARDEVILLE, SC 29927	27-4463475		0.	49,266.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CROSSWAY BAPTIST CHURCH 2000 HWY 701 S LORIS, SC 29569	57-0360087		0.	27,077.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
DEER PARK BAPTIST CHURCH 8875 OLD UNIVERSITY BLVD. N. CHARLESTON, SC 29406	57-0360087		0.	150,151.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
DELIVERANCE MINISTRIES OUTREACH 1073 OLD GILLIARD ROAD RIDGEVILLE, SC 29472	58-2304928		0.	86,955.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
DELIVERANCE MINISTRIES OUTREACH #2 1073 OLD GILLIARD ROAD RIDGEVILLE, SC 29472			0.	3,068.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
DELIVERANCE PRAYER TEMPLE 1795 HWY. 9 BUSINESS EAST LORIS, SC 29569	30-0417628		0.	52,116.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
DESTINED TO SUCCEED 212 VILLAGE GREEN CIRCLE SUMMERVILLE, SC 29486			0.	827,486.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
DODA BABY 62 BRIGADE STREET, SUITE 1H1 CHARLESTON, SC 29403	27-3607783		0.	20,347.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
DOGWOOD HILL BAPTIST CHURCH 1040 MT ZION RD LORIS, SC 29569	56-1095397		0.	68,211.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
DORCHESTER SENIORS INC. 312 NORTH LAUREL STREET SUMMERVILLE, SC 29483	57-0703785		0.	31,620.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
DREAM CENTER 5505 N. RHETT AVE N. CHARLESTON, SC 29406	57-1045195		0.	347,636.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
EAGLE HARBOR RANCH 1044 EAGLE HARBOR LANE SUMMERVILLE, SC 29486	57-1085591		0.	68,722.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
EAST COOPER COMMUNITY OUTREACH 1145 SIX MILE RD. MT. PLEASANT, SC 29466	57-0939280		0.	443,772.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
EBENEZER AME CHURCH 44 NASSAU STREET CHARLESTON, SC 29403	53-0204696		0.	39,597.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
EDGEWOOD BAPTIST CHURCH 138 WILDWOOD DRIVE WALTERBORO, SC 29488	57-0360087		0.	194,643.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
EFFERSON BAPTIST CHURCH 5146 BROWNING GATE ROAD ESTILL, SC 29918	57-0735269		0.	22,463.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
EL SHADDAI MISSIONARY BAPTIST 4708 DURANT AVENUE N. CHARLESTON, SC 29405	57-0735269		0.	1,665.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
EMANUEL AME CHURCH WEST ASHLEY 1057 5TH AVE CHARLESTON, SC 29407	53-0204696		0.	137,433.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ENOCH CHAPEL AND METHODIST CHURCH 2355 JAMES BELL DR. NORTH CHARLESTON, SC 29406	31-1813333		0.	26,874.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
FAITH ASSEMBLY MONCKS CORNER 1286 N. HWY 52 MONCKS CORNER, SC 29461	44-0577787		0.	162,538.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
FAITH ASSEMBLY OF GOD - REMOUNT 1527 REMOUNT RD N CHARLESTON, SC 29406	44-0577787		0.	291,474.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
FAITH OUTREACH MINISTRIES OF THE GRAND STRAND - 8901 HWY 17 BYPASS SOUTH - SURFSIDE BEACH, SC 29575	32-0295374		0.	275,980.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
FAITHWORKS MINISTRIES 2010 HAWTHORNE DR. CHARLESTON, SC 29406	33-1076448		0.	34,841.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
FATHER'S CUP COMMUNITY PANTRY 2357 WATERTOWER ROAD LONGS, SC 29568	57-1095053		0.	102,097.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
FAVOR MINISTRIES OUTREACH 1116 OLD GILLIARD ROAD RIDGEVILLE, SC 29472	46-1253975		0.	63,885.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
FBC FOUNDATION JAMES ISLAND 1101 CAMP ROAD CHARLESTON, SC 29412	26-4311666		0.	50,295.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
FEEDING OF THE MULTITUDES 2601 CLEMENTS FERRY ROAD WANDO, SC 29492	81-1035485		0.	119,822.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
FELLOWSHIP FOOD BANK 1639 DUNN SHORTCUT ROAD CONWAY, SC 29527	26-0177805		0.	87,715.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
FIRST EUHAW BAPTIST CHURCH 7855 LOWCOUNTRY DRIVE RIDGELAND, SC 29936			0.	35,521.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
FLORENCE CRITTENTON HOME 19 SAINT MARGARET ST. CHARLESTON, SC 29403	57-0342030		0.	44,268.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
GALILEE PH 1124 SHORT CUT ROAD CROSS, SC 29436			0.	63,027.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
GATEWAY OPEN ARMS 3537 S LIVE OAK DRIVE MONCK'S CORNER, SC 29461	20-5890840		0.	289,025.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
GEORGETOWN COUNTY COALITION 622 B WASHINGTON STREET GEORGETOWN, SC 29440	01-0883284		0.	22,282.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
GEORGETOWN FIRST ASSEMBLY OF GOD 331 ST. JAMES STREET GEORGETOWN, SC 29440			0.	79,185.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
GIVE 2 CARE MINISTRIES 3049 S. LIVE OAK DR MONCKS CORNER, SC 29461			0.	527,701.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
GRACE ALIVE - JEFFERSON MEMORIAL CENTER - 4533 CUSHING RD. - HOLLYWOOD, SC 29449	81-1850535		0.	60,047.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
GRACE BAPTIST TEMPLE 2585 GORE RD AYNOR, SC 29511	57-0360087		0.	187,027.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
GREAT PRESENT AME 3260 US HWY. 521 ANDREWS, SC 29510	53-0204696		0.	62,435.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
GREATER GOODWILL AME 2818 HIGHWAY 17 NORTH MT. PLEASANT, SC 29466	53-0204696		0.	36,904.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
GREATER NEW HOPE A.M.E. 1461 GIVHANS ROAD RIDGEVILLE, SC 29472	53-0204696		0.	196,553.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
GREATER ST. LUKE HOLINESS CHURCH 89 GRESHAM DR. GEORGETOWN, SC 29440			0.	121,825.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
GREATER ST. PAUL UM CHURCH 1205 COUNTY LINE RD. CROSS, SC 29436			0.	1,531.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
GREEN SEA BAPTIST CHURCH 1241 GREEN SEA ROAD GREEN SEA, SC 29545	56-1641316		0.	26,307.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
HAVEN FAMILY CENTER 120 VARNFIELD DR. SUMMERVILLE, SC 29483	11-3793655		0.	13,408.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
HEALING WATERS MISSION AND WELLNESS CENTER - 606 LEVY ROAD - HARDEVILLE, SC 29927	57-1145815		0.	60,463.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
HEART FOR HUMANITY, INC. 1704 FRONT STREET GEORGETOWN, SC 29440	45-4253949		0.	172,826.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
HEBRON ZION PRESBYTERIAN 2915 BOHICKET ROAD JOHNS ISLAND, SC 29455	23-6393377		0.	234,701.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
HELP OF BEAUFORT 2 ICE HOUSE ROAD BEAUFORT, SC 29906	57-0721545		0.	94,130.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
HELPING HAND OF MYRTLE BEACH 1411 MR. JOE WHITE AVE MYRTLE BEACH, SC 29577	57-0627993		0.	327,728.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
HELPING HANDS OF GEORGETOWN 1813 HIGHMARKET ST GEORGETOWN, SC 29440	57-0883461		0.	137,066.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
HELPING HANDS OF GOOSE CREEK 104B COMMERCE PLACE GOOSE CREEK, SC 29445	57-0891298		0.	517,447.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
HILTON HEAD ISLAND DEEP WELL 80 CAPITAL DRIVE HILTON HEAD ISLAND, SC 29926	57-0566098		0.	19,894.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
HOLLYWOOD COALITION 5100 BAPTIST HILL RD. HOLLYWOOD, SC 29449	31-1813333		0.	1,562,734.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
HOLY CROSS FAITH MEMORIAL EPISCOPAL CHURCH - 116 BASKERVILLE DRIVE - PAWLEYS ISLAND, SC 29585	31-1629166		0.	3,607.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
HOLY FAMILY CATHOLIC CHURCH 24 POPE AVE. HILTON HEAD ISLAND, SC 29928	53-0196617		0.	27,280.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
HOPEWELL CME CHURCH 3200 DALEY RD. SCOTIA, SC 29939	58-1381196		0.	43,224.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
HOPEWELL SENIOR DAY CARE CENTER 1277 BLAKELY RD. SALTERS, SC 29590	57-0726226		0.	13,911.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
HUMANITIES FOUNDATION WEST ASHLEY 1850 MAGWOOD DRIVE CHARLESTON, SC 29414	57-0952289		0.	163,311.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
IGLESIA EBENEZER PENTECOSTAL 4650 LADSON RD. SITE A SUMMERVILLE, SC 29485			0.	564.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
IMMANUEL REFORMED EPISCOPAL CHURCH 2513 RANGER DRIVE CROSS, SC 29436	23-6424640		0.	90,749.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
JAMES ISLAND OUTREACH 1872-C CAMP RD CHARLESTON, SC 29412	57-0907554		0.	202,755.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
JASPER COUNTY HUNGER FREE ZONE 456 GRAYS HWY - HWY 278 RIDGELAND, SC 29936	80-0200666		0.	52,517.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
JEHOVAH TABERNACLE CHURCH 2001 COMSTOCK AVENUE CHARLESTON, SC 29405	11-3843447		0.	2,036,317.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
JEHOVAH UM 1473 MATILDA CIRCLE PINEVILLE, SC 29468	31-1813333		0.	90,820.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
JENKINS ORPHANAGE INSTITUTE 3923 AZALEA DR. N. CHARLESTON, SC 29405	57-6025599		0.	24,242.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
JERUSALEM HELPING HAND FOOD BANK 135 JERUSALEM LOOP ST. GEORGE, SC 29477	57-0854718		0.	3,883.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
JOSHUA UNITED METHODIST CHURCH 3097 OLD HIGHWAY 52 MONCKS CORNER, SC 29461	31-1813333		0.	90,697.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
JUNIPER BAY BAPTIST CHURCH 5265 JUNIPER BAY RD CONWAY, SC 29527	57-0360087		0.	76,403.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
LIGHT MINISTRIES 321 N. WALTER STREET WALTERBORO, SC 29488	74-3104064		0.	4,479.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
LINE STREET CHURCH OF GOD 192 LINE STREET CHARLESTON, SC 29403	30-0290464		0.	49,841.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
LORD OF THE HARVEST 3680 MEETING ST. ROAD NORTH CHARLESTON, SC 29405			0.	67,591.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
LOWCOUNTRY AIDS SERVICES 3547 MEETING STREET ROAD NORTH CHARLESTON, SC 29405	57-0905550		0.	1,557.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
LOWCOUNTRY C.A.R.E.S 2427 MIDLAND PARK ROAD N CHARLESTON, SC 29406	52-2378589		0.	250,893.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
LOWCOUNTRY COMMUNITY ACTION AGENCY, INC. - 319 E. WASHINGTON STREET - WALTERBORO, SC 29488	57-0612136		0.	32,522.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
LOWCOUNTRY MGMT. SERVICE INC. 109 NORTH LIVE OAK DRIVE MONCKS CORNER, SC 29461	77-0588272		0.	93,792.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MACEDONIA COG 1101 CHURCH OF GOD RD. BONNEAU, SC 29431			0.	14,219.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MARGARET F. CURTIS FOOD PANTRY 2676 BEES CREEK RD. RIDGELAND, SC 29936	32-0295374		0.	143,539.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MARY MAGEDALINE OUTREACH CENTER 28 BROOMSTRAW ROAD LANE, SC 29564	30-0408938		0.	12,391.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MEALS ON WHEELS, SUMMERVILLE 316 W. CAROLINA AVE SUMMERVILLE, SC 29484	57-0730993		0.	9,945.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
MENTAL HEALTH AMERICA - SC 5060 DORCHESTER RD. STE. 200 N. CHARLESTON, SC 29418	57-0362584		0.	21,321.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MERCY MISSION/CATHOLIC CHARITIES 19869 WHYTE HARDEE BLVD. HARDEVILLE, SC 29927	53-0196617		0.	18,217.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
METANOIA SUCCESS CLUB 2005 REYNOLDS AVENUE N. CHARLESTON, SC 29405			0.	170.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
METROPOLITAN COMMUNITY CHURCH 7860 DORCHESTER ROAD SUITE A N. CHARLESTON, SC 29418	23-7094543		0.	101,288.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MINISTRY OF HOPE & RECONCILIATION 64 JACQUELYN DR GEORGETOWN, SC 29440			0.	26,395.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MIRACLE CENTER COGIC 150 MONUMENT ROAD LONGS, SC 29568	57-0734506		0.	14,513.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MIRACLES ARE HAPPENING NOW 234 PEPPER STREET VARNVILLE, SC 29944	56-2241762		0.	6,759.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MONCKS CORNER 7TH DAY ADVENTIST 1243 HWY 402 MONCKS CORNER, SC 29461	52-0643036		0.	21,843.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MONCKS CORNER COMMUNITY SK 496 EAST MAIN STREET MONCKS CORNER, SC 29461	57-0956220		0.	3,055.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
MONTE CALVARIO 209 METTS STREET MONCKS CORNER, SC 29461	44-0577787		0.	160,814.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MORRIS STREET BAPTIST CHURCH 25 MORRIS ST. CHARLESTON, SC 29403	57-0735269		0.	19,230.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MT. CALVARY #2 MBC 2625 HWY 111 LITTLE RIVER, SC 29566	16-1700862		0.	346,505.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MT. CARMEL UNITED BAPTIST CHURCH 3279 EXODUS DRIVE GEORGETOWN, SC 29440	54-2110052		0.	27,378.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MT. MORIAH MISSIONARY BAPTIST 7396 RIVERS AVE. N. CHARLESTON, SC 29406	51-0611169		0.	144,329.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MT. NEBO AME CHURCH 5600 HWY 17 N. AWENDAW, SC 29429	01-0883284		0.	27,378.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MT. NEBO BAPTIST CHURCH II 22 JONESVILLE AVE. YEMASSEE, SC 29945	33-1073541		0.	11,188.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MT. OLIVE AME GREENPOND 285 MT. OLIVE RD. GREENPOND, SC 29446			0.	78,123.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MT. OLIVE BAPTIST CHS 2416 MEETING STREET ROAD CHARLESTON, SC 29405	57-0735269		0.	20,835.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
MT. OLIVE BAPTIST CHURCH 2011 DUNBAR ROAD GEORGETOWN, SC 29440	30-0349138		0.	231,856.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MT. OLIVE BAPTIST WALTERBORO 329 SAVAGE ST. WALTERBORO, SC 29488	57-0735269		0.	20,645.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MT. PISGAH MISSIONARY BAPTIST CHURCH - 4874 HIGHWAY 701 NORTH - CONWAY, SC 29526			0.	27,253.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MT. PLEASANT BOOSTER CLUB 840 VON KOLNITZ ROAD MOUNT PLEASANT, SC 29464	38-3918570		0.	14,520.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MT. SINAI BAPTIST - HAMPTON 455 MT. SINAI RD. VARNVILLE, SC 29944	57-0735269		0.	212,737.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MT. ZION FIRE BAPTIZED HOLINESS CHURCH - 1390 US HIGHWAY 501 - CONWAY, SC 29526			0.	2,104.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MURRAY UNITED METHODIST CHURCH 1216 ORANGEBURG RD SUMMERVILLE, SC 29483	31-1813333		0.	71,804.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MURRELLS INLET CHURCH OF GOD 608 GIBSON AVE MURRELLS INLET, SC 29576	62-0484177		0.	357,780.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
NABVETS CHAPTER 119 N/A CHARLESTON, SC 29401			0.	29,686.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
NATIONAL ACTION NETWORK 3600 RIVERS AVE. NORTH CHARLESTON, SC 29405	47-1704603		0.	58,018.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
NEIGHBORHOOD HOUSE 77 AMERICA ST. CHARLESTON, SC 29403	53-0196617		0.	150,170.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
NEW ABUNDANT LIFE CHURCH 115 FOSTER ROAD VARNVILLE, SC 29944	23-7002419		0.	178,081.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
NEW BEGINNING OUTREACH (DOC) 600 BEACH ROAD WALTERBORO, SC 29488	35-0868116		0.	29,315.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
NEW BEGINNINGS OF CHARLESTON 112 OSBURN AVE N. CHARLESTON, SC 29420	56-2075108		0.	5,803.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
NEW BEGINNINGS OF PINEVILLE 212 MITCHELLBAY LANE PINEVILLE, SC 29468	06-1725407		0.	11,298.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
NEW BETHEL SOUNDS OF PRAISE 351 GREYBACK ROAD SUMMERVILLE, SC 29483	57-1080203		0.	58,115.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
NEW BIRTH WORLD DELIVERANCE 899 OATLAND RD GEORGETOWN, SC 29440	74-3215491		0.	129,720.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
NEW CANNON ST BAPTIST CHURCH 46 CANNON STREET CHARLESTON, SC 29403	57-0735269		0.	15,916.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
NEW COVENANT CHRISTIAN FELLOWSHIP MINISTRIES - 1468 EASTLAND AVENUE - KINGSTREE, SC 29556	46-5487570		0.	15,915.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
NEW COVENANT CHURCH OF GOD 2801 ASHLEY PHOSPHATE RD N. CHARLESTON, SC 29418	62-0484177		0.	174,857.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
NEW DIRECTIONS OF HORRY COUNTY 732 8TH AVENUE NORTH MYRTLE BEACH, SC 29577	20-1831970		0.	368,635.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
NEW FRANCIS BROWN U.M.C. 2517 CORONA STREET N. CHARLESTON, SC 29405	31-1813333		0.	101,414.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
NEW HOPE UME CHURCH 11 GOLDFINCH ROAD GEORGETOWN, SC 29440	27-2194505		0.	208,841.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
NEW ISRAEL RE CHURCH 69 SIMONS STREET CHARLESTON, SC 29403	76-0754677		0.	117,434.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
NEW LIFE DELIVERANCE TEMPLE 112 HALIFAX RD. ST. HELENA ISLAND, SC 29920	57-0914250		0.	7,790.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
NEW LIGHT UMC 1037 RUSSELLVILLE RD ST. STEPHEN, SC 29479	31-1813333		0.	40,074.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
NORTH PALM COMMUNITY CHURCH 7167 BRYHAWKE CIRCLE N. CHARLESTON, SC 29418	63-1311229		0.	6,799.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
NORTH STRAND HELPING HAND 2501 LONG BAY ROAD LONGS, SC 29568	57-0647026		0.	723,607.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
OAK DALE BAPTIST CHURCH 1695 OAK DALE RD LORIS, SC 29569			0.	125,631.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
OCEAN GROVE UNITED METHODIST 6517 HWY 17N AWENDAW, SC 29429	31-1813333		0.	41,862.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ONE80 PLACE 35 WALNUT STREET CHARLESTON, SC 29403	57-0789483		0.	214,604.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
OUR LADY OF MERCY COMMUNITY OUTREACH - 1684 BROWNSWOOD ROAD - JOHNS ISLAND, SC 29455	53-0196617		0.	41,932.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
OUR LADY'S PANTRY 30 CAROLYN DRIVE BEAUFORT, SC 29907	53-0196617		0.	161,098.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
PARK CIRCLE CARES 4445 OLD PARK ROAD N. CHARLESTON, SC 29402	81-3344149		0.	144,359.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
PET HELPERS, INC. 1447 FOLLY RD. CHARLESTON, SC 29412			0.	33,933.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
PINE GROVE BAPTIST CHURCH 73 PINE GROVE RD. BEAUFORT, SC 29906	57-1114264		0.	17,796.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
POINTE NORTH CHURCH 110 BILO DR. SUITE C MONCKS CORNER, SC 29461	20-0782333		0.	29,983.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
PRAISE ASSEMBLY OF GOD 800 PARRIS ISLAND GATEWAY BEAUFORT, SC 29906	44-0577787		0.	35,136.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
PRAISE TABERNACLE CHURCH 482 NELSON BOULEVARD KINGSTREE, SC 29556	45-0608399		0.	24,578.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
PRAISE TABERNACLE FULL GOSPEL 45 SHIRLEY RD. GARNETT, SC 29922			0.	963.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
PRECIOUS BLOOD OF CHRIST 1633 WAVERLY ROAD PAWLEYS ISLAND, SC 29585	53-0196617		0.	100,724.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
PRESBYTERIAN CHURCH OF EDISTO ISLAND - 2164 HWY 174 - EDISTO ISLAND, SC 29438	23-6393377		0.	108,561.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
PROJECT RESTORING HOPE 290 DUNN SHORTCUT ROAD CONWAY, SC 29527	58-0904463		0.	55,362.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
PUBLIC DISTRIBUTION 2864 AZALEA DR CHARLESTON, SC 29405			0.	4,068,678.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
REDEEMER R.E. CHURCH 2173 HWY 45 PINEVILLE, SC 29468	76-0754677		0.	87,332.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
REHOBOTH FULL GOSPEL MINISTRY 2121 CAPTAIN AVE. NORTH CHARLESTON, SC 29405	27-2119059		0.	32,674.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
RESURRECTED CHURCH OF JESUS 2345 ELDER AVE CHARLESTON, SC 29406			0.	256,433.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
RIDGEVILLE COMMUNITY RESOURCE CENTER - 108 DORCHESTER STREET - RIDGEVILLE, SC 29472	57-1081169		0.	24,159.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ROSEMONT COMMUNITY SENIOR CITIZENS 2307 DELANO ST. NORTH CHARLESTON, SC 29405	53-0204696		0.	37,036.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ROYAL BAPTIST CHURCH 4761 LUELLE AVENUE N. CHARLESTON, SC 29405	57-1114075		0.	28,508.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SALEM BAPTIST CHURCH 321 OLD SUMMERVILLE RD. SUMMERVILLE, SC 29483	57-0360087		0.	503,677.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SALVATION ARMY CONWAY 1415 2ND AVENUE CONWAY, SC 29526			0.	401.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SALVATION ARMY OF BEAUFORT 2505 NORTH STREET BEAUFORT, SC 29902	58-0660607		0.	18,847.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SALVATION ARMY OF GEORGETOWN 2401 ANTHUAN MAYBANK DRIVE GEORGETOWN, SC 29440	58-0660607		0.	30,982.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY 6209 RIVERS AVE. CHARLESTON, SC 29406	58-0660607		0.	15,279.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SANDALWOOD COMMUNITY FOOD PANTRY 114 BEACH CITY ROAD HILTON HEAD ISLAND, SC 29926	27-2766571		0.	169,934.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SANTEE CIRCLE COMMUNITY CHURCH 470 REID HILL RD. MONCKS CORNER, SC 29461	57-0360087		0.	8,543.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SEA HAVEN INC. 280 HIGHWAY 57 S. LITTLE RIVER, SC 29566	57-0713478		0.	36,761.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SEA ISLANDS BLESSING BASKET 2389 BOHICKET ROAD JOHNS ISLAND, SC 29455	47-2730495		0.	38,724.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SEA ISLANDS HUNGER AWARENESS 67 BELMEADE HALL ROAD KIAWAH ISLAND, SC 29455	47-2730495		0.	16,984.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SEACOAST - SUMMERVILLE 301 E. 5TH NORTH STREET SUMMERVILLE, SC 29483	57-1045195		0.	42,872.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SEACOAST - WEST ASHLEY 2049 SAVANNAH HIGHWAY CHARLESTON, SC 29407	57-1045195		0.	169,383.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SECOND CHANCE RECOVERY 102 ELMORA AVE. GOOSE CREEK, SC 29445	27-4408204		0.	520,840.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
SECOND GOODWILL BAPTIST CHURCH 2201 MORRIS STREET BEAUFORT, SC 29902			0.	21,065.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SECOND HELPINGS - BEAUFORT PO BOX 23621 HILTON HEAD ISLAND, SC 29925	57-0938469		0.	4,244,539.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SHADY GROVE UNITED METHODIST 9221 CHARLESTON HIGHWAY ST. GEORGE, SC 29477	31-1813333		0.	109,837.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SHALOM RECOVERY SERVICES 1615 REMOUNT ROAD NORTH CHARLESTON, SC 29406			0.	192,736.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SHIFA CLINIC 1092 JOHNNIE DODDS BLVD. MT. PLEASANT, SC 29466	04-3810161		0.	161,938.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SHILOH SEVENTH DAY ADVENTIST 3914 DORCHESTER ROAD N. CHARLESTON, SC 29405	52-0643036		0.	148,980.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SHORELINE BEHAVIORIAL HEALTH 901 BELL STREET CONWAY, SC 29526	57-0741188		0.	9,524.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SOLDIERS' ANGELS 2424 CITY HALL LANE NORTH CHARLESTON, SC 29406	20-0583415		0.	120,204.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SOLID ROCK SEVENTH DAY ADVENTIST 121 BEACHWOOD RD WALTERBORO, SC 29488			0.	10,336.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
SOLOMON TEMPLE CHURCH OF GOD 57 SOLOMON TEMPLE ROAD GARNETT, SC 29922	57-1046290		0.	4,966.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SOUTH CAROLINA STRONG 2510 N. HOBSON AVE. N. CHARLESTON, SC 29405	77-0661828		0.	436,107.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SOUTH SANTEE COMMUNITY CENTER 710 S. SANTEE ROAD MCCLELLANVILLE, SC 29458	57-0670881		0.	37,647.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SOUTH STRAND HELPING HANDS 812 POPLAR DRIVE SOUTH, STE. 3 SURFSIDE BEACH, SC 29575	57-0827131		0.	210,920.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SPRINGTOWN UNITED METHODIST 8807 AUGUSTA HWY SMOAKS, SC 29481	20-0308122		0.	209,738.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ST. ANTHONY'S CATHOLIC CHURCH HELPING HANDS - 925 S. JEFFERIES BLVD - WALTERBORO, SC 29488	53-0196617		0.	54,868.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ST. BARNABAS LUTHERAN CHURCH 45 MOULTRIE STREET CHARLESTON, SC 29403	41-1568278		0.	19,553.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ST. DELIGHT COMMUNITY OUTREACH 801 ST. DELIGHT RD. LITTLE RIVER, SC 29566	04-3728831		0.	438,255.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ST. ELIZABETH MISSIONARY BAPTIST CHURCH - 57 CHURCH ST - AYNOR, SC 29511	58-2390293		0.	8,386.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
ST. JAMES BETHEL A.M.E. 5305 MAYBANK HWY WADMALAW ISLAND, SC 29487	53-0204696		0.	29,614.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ST. JOHN COMMUNITY FOOD MINISTRY 2468 EASLER HIGHWAY GREELEYVILLE, SC 29056	37-1770026		0.	110,692.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ST. JOSEPH MISSIONARY BAPTIST 1005 SANDRIDGE RD LITTLE RIVER, SC 29566	57-0735269		0.	85,616.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ST. JUDE APOSTOLIC FAITH CHURCH 286 BING STREET YEMASSEE, SC 29945			0.	36,837.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ST. MARK BLOOMINGVALE CDC, INC. 8201 THURGOOD MARSHALL HWY ANDREWS, SC 29510	46-1594364		0.	86,593.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ST. MATTHEW AME CHURCH 2105 OLD HWY 6 CROSS, SC 29436	53-0204696		0.	28,173.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ST. PAUL AME (WILLIAMSBURG) 4860 CADE ROAD CADES, SC 29518	53-0204696		0.	30,963.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ST. PAUL MBC/CONWAY 3449 HIGHWAY 65 CONWAY, SC 29526	03-0544945		0.	43,131.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ST. PAULS SUMMERVILLE 111 WARING STREET SUMMERVILLE, SC 29483	32-0295374		0.	144,791.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
ST. PETER MISSIONARY BAPTIST CHURCH - 3462 SOUTH ISLAND RD. - GEORGETOWN, SC 29440	54-2110052		0.	23,286.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ST. PHILLIPS AME 3205 STEED CREEK RD HUGER, SC 29450	53-0204696		0.	9,290.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ST. STEPHEN BAPTIST CHURCH 272 CHURCH ROAD ST. STEPHEN, SC 29479	57-0735269		0.	62,067.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ST. STEPHEN SEVENTH DAY ADVENT 1167 FORTY-ONE RD ST. STEPHEN, SC 29479	52-0643036		0.	67,739.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ST. STEPHEN UM OUTREACH 3524 SMITH CROSSING RD RIDGELAND, SC 29936	31-1813333		0.	191,096.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ST. TIMOTHY'S CHURCH 260 FARRELL STREET MONCK'S CORNER, SC 29461	47-5103877		0.	10,294.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ST. VINCENT DEPAUL SOCIETY GARDEN CITY - 542 CYPRESS AVENUE - MURRELLS INLET, SC 29576	13-5562362		0.	42,310.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ST. VINCENT DE PAUL - ST. JOSEPH 1695 WALLENBURG BLVD. CHARLESTON, SC 29407	43-1964461		0.	12,132.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
STEWART CHAPEL UM 2469 CAINHOY RD. HUGER, SC 29450			0.	7,557.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
TABERNACLE OF MEETINGS 530 N. AZALEA DR. SURFSIDE BEACH, SC 29575			0.	383,490.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
TAKE IT TO THE STREETS 2730 GORDON STREET CHARLESTON, SC 29405	20-3903313		0.	60,308.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
TEACHINGS FROM THE ARK 101 EAST MAIN STREET KINGSTREE, SC 29556	76-0790144		0.	168,434.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
TEEN CHALLENGE OF SOUTH CAROLINA 20515 N. FRASER STREET GEORGETOWN, SC 29440	57-1101736		0.	8,473.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
THE ACCESS NETWORK, INC. 109 1ST STREET EAST HAMPTON, SC 29924	57-0958723		0.	8,433.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
THE CHURCH OF THE CROSS 15A CENTRE DR BLUFFTON, SC 29910			0.	4,045.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
THE FATHER'S HOUSE 4513 HWY 17 BYPASS S. MYRTLE BEACH, SC 29577	57-0657542		0.	41,891.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
THE MASTER'S TABLE, INC. 1839 HWY 701 S LORIS, SC 29569	27-1530638		0.	311,978.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
THE SHEPHERD'S TABLE 1412 A GAMECOCK AVE CONWAY, SC 29526	20-8725196		0.	244,064.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
THE SPECIAL GATHERING 9 MAY STREET WALTERBORO, SC 29488	59-2266042		0.	33,888.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
THE TABLE AT HIBBEN UMC 690 COLEMAN BLVD. MOUNT PLEASANT, SC 29464	31-1813333		0.	1,219.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
THIRD MACEDONIA BAPTIST CHURCH 509 BROAD RIVER BLVD BEAUFORT, SC 29906			0.	14,146.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
TRICOUNTY FAMILY MINISTRIES 2105 COSGROVE AVE. N. CHARLESTON, SC 29405	57-0794782		0.	950,079.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
TRI-COUNTY VETERANS SUPPORT SERVICES - 109 BEE STREET - CHARLESTON, SC 29401			0.	6,012.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
TRIDENT AREA AGENCY ON AGING 4450 LEEDS PLACE WEST SUITE B N. CHARLESTON, SC 29405	57-0945716		0.	435.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
UNION BAPTIST CHURCH 4428 PIGGLY WIGGLY AVENUE N. CHARLESTON, SC 29405	57-0735269		0.	44,597.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
UNION MISSIONARY BAPTIST CHURCH 216 UNION CHURCH ROAD SALTERS, SC 29590			0.	17,763.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
UNITED COMMUNITY FOOD BANK 900 NORTH MERRIMAN ROAD GEORGETOWN, SC 29440			0.	50,227.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
UNITY GLORIOUS CHURCH JESUS CHRIST COMM FOOD BANK - 25382 WHYTE HARDEE BLVD. - HARDEEVILLE, SC 29936			0.	1,712.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
UPPER DORCHESTER COMMUNITY MINISTRIES - 101 SEARS ST. - ST. GEORGE, SC 29477	45-2899355		0.	34,449.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
VANDERHORST KOINONIA MINISTRIES 66 HANOVER STREET CHARLESTON, SC 29403	43-2067926		0.	34,419.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
VICTORY LIFE CENTER 4360 ROSE STREET LORIS, SC 29569	45-2015987		0.	92,170.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
WACCAMAW YOUTH CENTER INC. 301 PADGETT LANE CONWAY, SC 29526	57-0938894		0.	24,923.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
WALLINGFORD PRESBYTERIAN CHURCH 705 KING ST. CHARLESTON, SC 29403	23-6393377		0.	46,057.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
WESLEY AME/JEHOVAH HOLINESS 2741 FRENCH SANTEE RD. JAMESTOWN, SC 29453			0.	61,689.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
WESLEY MEMORIAL UNITED METHODIST 5412 HWY 165 HOLLYWOOD, SC 29449			0.	14,633.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
WESLEY UM SUMMERVILLE 125 PRESSLEY AVE. SUMMERVILLE, SC 29483	31-1813333		0.	45,563.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
WESLEY UMC/HOLLYWOOD 5100 BAPTIST HILL ROAD HOLLYWOOD, SC 29449	31-1813333		0.	113,440.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
WESTMINSTER PRESBYTERIAN CHURCH 1157 SAM RITTENBERG BLVD. CHARLESTON, SC 29407	23-6393377		0.	22,483.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
WINDOWS OF HEAVEN MINISTRY 931 OLD BACK RIVER ROAD GOOSE CREEK, SC 29445	80-0753053		0.	169,753.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
WITHERS SWASH PARK MINISTRY 500 4TH AVE. N. MYRTLE BEACH, SC 29577	47-3495821		0.	34,127.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
WORLD HARVEST MINISTRIES 3441 WEST MONTAGUE AVE N CHARLESTON, SC 29406	43-0679185		0.	22,179.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
WORLD HARVEST OF HAMPTON 906 3RD STREET E. HAMPTON, SC 29924	43-0679185		0.	21,032.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
YMCA OF BEAUFORT COUNTY 1801 RICHMOND AVE PORT ROYAL, SC 29935	57-0910326		0.	1,174.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
YWCA OF GREATER CHARLESTON 1064 GARDNER ROAD, SUITE 113 CHARLESTON, SC 29407	57-0518147		0.	7,164.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ANTIOCH HOLINESS CHURCH 1063 RANGER DR CROSS, SC 29436			0.	32,704.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
BERKELEY CHURCH OF CHRIST 1483 HWY 52 SOUTH MONCKS CORNER, SC 29461			0.	69,500.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CHRIST TEMPLE OF NORTH CHARLESTON 1309 SUMNER AVE N CHARLESTON, SC 29406			0.	37,795.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CHRIST TEMPLE SOUTH 243 WICHMAN ST WALTERBORO, SC 29488			0.	6,195.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
DISCIPLES OF CHRIST 5830 BRAMBLE AVE N CHARLESTON, SC 29406			0.	658.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
FIRST ESTILL BAPTIST CHURCH 968 LAWTON AVE ESTILL, SC 29918			0.	43,770.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
FIRST ZION MISSIONARY BAPTIST 10 ROBERTSON ST BLUFFTON, SC 29910			0.	6,327.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
FREE BORN DELIVERANCE TEMPLE 113 BROAD RIVER BLVD BEAUFORT, SC 29906			0.	56,485.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
GETHSEMANE CATHEDRAL OF PRAISE 4937 DURANT AVE N CHARLESTON, SC 29405			0.	42,063.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
GOOSE CREEK CHURCH OF CHRIST 539 OLD MONCKS CORNER RD GOOSE CREEK, SC 29445			0.	31,894.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
GREATER CHERRY GROVE CHURCH 1895 CHERRY GROVE RD BRUNSON, SC 29911			0.	97,893.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
HARVEST CHURCH GREEN SEA 4619 HIGHWAY 9 GREEN SEA, SC 29545			0.	12,504.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
HOUSE OF PRAYER AND PRAISE 104 EAST MAIN ST HARLEYVILLE, SC 29448			0.	156,374.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
HUSPAH BAPTIST CHURCH 18 HUSPAH BAPTIST CHURCH RD SEABROOK, SC 29940			0.	152,958.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
IGLESIA LUZ Y VERDAD 2028 MAYBANK HWY JAMES ISLAND, SC 29412			0.	112,782.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
TRUE FAITH HOLINESS CHURCH 1925 REYNOLDS AVE N CHARLESTON, SC 29405			0.	677,248.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2017

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization: **LOWCOUNTRY FOOD BANK INC**
 Employer identification number: **57-0751835**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PATRICIA WALKER PRESIDENT & CEO	(i)	121,000.	16,482.	0.	4,840.	12,943.	155,265.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

