

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

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

# 2019

Open to Public Inspection

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

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

**A For the 2019 calendar year, or tax year beginning and ending**

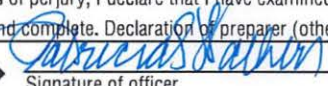

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>LOWCOUNTRY FOOD BANK INC</b>		<b>D Employer identification number</b> 57-0751835
	Doing business as		<b>E Telephone number</b> (843) 747-8146
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G Gross receipts \$</b> 58,445,138.
	2864 AZALEA DRIVE		<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code CHARLESTON, SC 29405		<b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>F Name and address of principal officer:</b> PATRICIA WALKER 2864 AZALEA DRIVE, CHARLESTON, SC 29405		If "No," attach a list. (see instructions)	
<b>I Tax-exempt status:</b> <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			
<b>J Website:</b> WWW.LOWCOUNTRYFOODBANK.ORG			
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L Year of formation:</b> 1983
			<b>M State of legal domicile:</b> SC

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE MISSION OF THE LOWCOUNTRY FOOD BANK IS TO LEAD THE FIGHT AGAINST HUNGER IN OUR COMMUNITY.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	16
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	16
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	91
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	8000
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	-31,271.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	-31,274.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	56,415,519.	54,980,163.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,171,281.	3,200,422.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,312.	13,953.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	117,672.	125,735.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	59,712,784.	58,320,273.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	48,919,249.	46,201,899.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	3,875,903.	3,756,680.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	474,220.	425,500.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	814,454.	
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,800,768.	6,495,684.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	59,070,140.	56,879,763.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	642,644.	1,440,510.
	<b>21</b> Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
		11,734,625.	13,120,410.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	2,405,062.	2,350,337.
	9,329,563.	10,770,073.	

## 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.

<b>Sign Here</b>		
	Signature of officer	Date
	<b>PATRICIA WALKER, PRESIDENT/CEO</b>	
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JEREMY NAESS</b>	Preparer's signature <b>JEREMY NAESS</b>	Date 08/25/20	Check <input type="checkbox"/> if self-employed	PTIN <b>P01306905</b>
	Firm's name <b>DIXON HUGHES GOODMAN LLP</b>	Firm's EIN <b>56-0747981</b>	Phone no. (843) 722-6443		
	Firm's address <b>525 EAST BAY STREET, STE 100 CHARLESTON, SC 29403</b>				

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 \$ 53,552,455. including grants of \$ 44,991,312. ) (Revenue \$ 1,869,931. ) 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 2019, THE LCFB DISTRIBUTED, IN PARTNERSHIP WITH APPROXIMATELY 300 PARTNER AGENCIES, OVER 31.7 MILLION POUNDS OF FOOD, INCLUDING ALMOST 9.7 MILLION POUNDS OF FRESH PRODUCE TO OVER 200,200 FOOD-INSECURE CHILDREN, SENIORS AND FAMILIES ACROSS COASTAL SOUTH CAROLINA.

4b (Code: ) (Expenses \$ 1,463,851. including grants of \$ 1,210,587. ) (Revenue \$ 1,398,412. ) 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 FOOD INSECURE CHILDREN THROUGH A VARIETY OF PROGRAMS INCLUDING THE BACK PACK BUDDIES WEEKEND HUNGER-RELIEF PROGRAM PROVIDING MEALS FOR 3,700 PUBLIC SCHOOL CHILDREN AT 50 SCHOOLS, WITH MORE THAN 135,000 BACKPACKS DISTRIBUTED IN 2019; THE KIDS CAF AFTERSCHOOL PROGRAM SERVED 272,374 MEALS TO CHILDREN AT 41 SITES; THE SUMMER MEALS PROGRAM PROVIDED OVER 70,000 MEALS TO CHILDREN DURING THE SUMMER MONTHS; AND THE SCHOOL PANTRY PROGRAM, WHICH PROVIDES MONTHLY FOOD-ASSISTANCE BOXES TO LOW-INCOME FAMILIES, SERVES PUBLIC SCHOOL CHILDREN AND THEIR FAMILIES AT 29 SITES, WITH MORE THAN 10,000

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 55,016,306.

**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 <b>Section 501(c)(3) organizations.</b> 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 donor-restricted endowments or in 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
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	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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
<b>23</b> 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	
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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> .....		
<b>36 Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		91
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X



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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 16; 1b Enter the number of voting members included on line 1a... 16; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... 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; 7b 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 on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X; 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; 16b 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?

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 (1024 or 1024-A, 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.
[X] Own website [X] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on 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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) SHELLEY YUHAS CHAIRMAN	5.00	X		X				0.	0.	0.
(2) TIFFANY CRUMPTON VICE-CHAIRMAN	5.00	X		X				0.	0.	0.
(3) AMIE GRIMES TREASURER	5.00	X		X				0.	0.	0.
(4) BRETT HULSEY SECRETARY	5.00	X		X				0.	0.	0.
(5) AARON BREWER BOARD MEMBER	1.00	X						0.	0.	0.
(6) TYLER CONDON BOARD MEMBER	1.00	X						0.	0.	0.
(7) EVIE EVANS BOARD MEMBER	1.00	X						0.	0.	0.
(8) BILLY HARCUM BOARD MEMBER	1.00	X						0.	0.	0.
(9) JEFF HELMS BOARD MEMBER	1.00	X						0.	0.	0.
(10) DAVID HOOD BOARD MEMBER	1.00	X						0.	0.	0.
(11) FRANK LAPSLEY BOARD MEMBER	1.00	X						0.	0.	0.
(12) MICHAEL MINTZ BOARD MEMBER	1.00	X						0.	0.	0.
(13) DIANE ROSS BOARD MEMBER	1.00	X						0.	0.	0.
(14) MONICA SCOTT BOARD MEMBER	1.00	X						0.	0.	0.
(15) MIKE SMITH BOARD MEMBER	1.00	X						0.	0.	0.
(16) BILL TRULL BOARD MEMBER	1.00	X						0.	0.	0.
(17) PATRICIA WALKER PRESIDENT & CEO	40.00			X				174,573.	0.	16,087.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) FELICIA HOUSTON CHIEF FINANCIAL OFFICER	40.00			X				112,500.	0.	13,086.
<b>1b Subtotal</b>								287,073.	0.	29,173.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								287,073.	0.	29,173.

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

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ONE & ALL, INC. PO BOX 90125, PASADENA, CA 91109	FUNDRAISING SERVICES	425,500.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>	68,024.					
	<b>b</b> Membership dues	<b>1b</b>						
	<b>c</b> Fundraising events	<b>1c</b>	1,173,483.					
	<b>d</b> Related organizations	<b>1d</b>						
	<b>e</b> Government grants (contributions)	<b>1e</b>	588,175.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	53,150,481.					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 47,583,087.					
	<b>h Total.</b> Add lines 1a-1f			54,980,163.				
Program Service Revenue	<b>2 a</b> SHARED MAINTENANCE REVENUE	<b>Business Code</b>	900099	1,296,457.	1,296,457.			
	<b>b</b> KIDS CAFE		900099	970,260.	970,260.			
	<b>c</b> SNAP EDUCATION		900099	505,553.	505,553.			
	<b>d</b> SENIOR MEALS		900099	219,349.	219,349.			
	<b>e</b> BACKPACK BUDDIES		900099	208,803.	208,803.			
	<b>f</b> All other program service revenue							
	<b>g Total.</b> Add lines 2a-2f			3,200,422.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			11,453.		11,453.		
	<b>4</b> Income from investment of tax-exempt bond proceeds							
	<b>5</b> Royalties							
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real	142,393.				
			(ii) Personal					
	<b>b</b> Less: rental expenses	<b>6b</b>		74,396.				
	<b>c</b> Rental income or (loss)	<b>6c</b>		67,997.				
	<b>d</b> Net rental income or (loss)			67,997.		-31,271.		
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities					
			(ii) Other		2,500.			
<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>		0.					
<b>c</b> Gain or (loss)	<b>7c</b>		2,500.					
<b>d</b> Net gain or (loss)			2,500.					
<b>8 a</b> Gross income from fundraising events (not including \$ 1,173,483. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>			93,750.				
				50,469.				
<b>b</b> Less: direct expenses	<b>8b</b>							
<b>c</b> Net income or (loss) from fundraising events			43,281.		43,281.			
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>							
<b>b</b> Less: direct expenses	<b>9b</b>							
<b>c</b> Net income or (loss) from gaming activities								
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>							
<b>b</b> Less: cost of goods sold	<b>10b</b>							
<b>c</b> Net income or (loss) from sales of inventory								
Miscellaneous Revenue	<b>11 a</b> MISCELLANEOUS INCOME	<b>Business Code</b>	900099	8,555.		8,555.		
	<b>b</b> REFUNDS & REBATES		900099	5,902.		5,902.		
	<b>c</b>							
	<b>d</b> All other revenue							
	<b>e Total.</b> Add lines 11a-11d			14,457.				
<b>12 Total revenue.</b> See instructions			58,320,273.	3,200,422.	-31,271.	170,959.		

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	46,201,899.	46,201,899.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	287,073.	229,658.	45,932.	11,483.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	2,751,861.	2,053,577.	441,049.	257,235.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	91,079.	67,275.	15,377.	8,427.
<b>9</b> Other employee benefits	393,818.	293,182.	63,912.	36,724.
<b>10</b> Payroll taxes	232,849.	173,501.	37,615.	21,733.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	1,183.		1,183.	
<b>c</b> Accounting	32,900.		32,900.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	425,500.			425,500.
<b>f</b> Investment management fees	5,695.		5,695.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	92,503.	32,173.	19,230.	41,100.
<b>12</b> Advertising and promotion	20,847.	17,948.		2,899.
<b>13</b> Office expenses	57,508.	45,252.	10,644.	1,612.
<b>14</b> Information technology	135,367.	84,726.	50,641.	
<b>15</b> Royalties				
<b>16</b> Occupancy	397,400.	369,503.	27,897.	
<b>17</b> Travel	61,427.	61,427.		
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	3,406.	3,406.		
<b>20</b> Interest	50,540.	34,873.	15,162.	505.
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	708,151.	499,314.	201,601.	7,236.
<b>23</b> Insurance	62,862.	23,313.	39,549.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>FOOD DISTRIBUTION</b>	4,374,452.	4,374,452.		
<b>b</b> <b>DIRECT PROGRAM EXPENSE</b>	349,392.	349,392.		
<b>c</b> <b>MISCELLANEOUS EXPENSES</b>	142,051.	101,435.	40,616.	
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	56,879,763.	55,016,306.	1,049,003.	814,454.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	2,431,324.	<b>1</b>	3,048,990.
	<b>2</b> Savings and temporary cash investments .....	885,340.	<b>2</b>	1,217,468.
	<b>3</b> Pledges and grants receivable, net .....	790,346.	<b>3</b>	819,234.
	<b>4</b> Accounts receivable, net .....	248,761.	<b>4</b>	114,395.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	1,026,697.	<b>8</b>	1,215,108.
	<b>9</b> Prepaid expenses and deferred charges .....	29,461.	<b>9</b>	29,379.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 10,817,710.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 4,268,004.	<b>10c</b>	6,549,706.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	114,591.	<b>15</b>	126,130.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	11,734,625.	<b>16</b>	13,120,410.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	703,353.	<b>17</b>	799,553.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	92,000.	<b>19</b>	82,200.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	1,587,844.	<b>23</b>	1,452,878.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	21,865.	<b>25</b>	15,706.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	2,405,062.	<b>26</b>	2,350,337.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	8,015,226.	<b>27</b>	9,926,791.
	<b>28</b> Net assets with donor restrictions .....	1,314,337.	<b>28</b>	843,282.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	9,329,563.	<b>32</b>	10,770,073.
	<b>33</b> Total liabilities and net assets/fund balances .....	11,734,625.	<b>33</b>	13,120,410.

**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	58,320,273.
2	Total expenses (must equal Part IX, column (A), line 25)	2	56,879,763.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,440,510.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,329,563.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	10,770,073.

**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 on 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 on 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 (2019)



**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	45598890.	46262990.	49512753.	56415519.	54749191.	252539343
<b>2</b> 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 .....	2820508.	3240031.	3646470.	3171281.	3268343.	16146633.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....				8,155.	177,508.	185,663.
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	48419398.	49503021.	53159223.	59594955.	58195042.	268871639
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....	13,405.	14,641.	17,705.	27,945.	36,737.	110,433.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						0.
<b>c</b> Add lines 7a and 7b .....	13,405.	14,641.	17,705.	27,945.	36,737.	110,433.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						268761206

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....	48419398.	49503021.	53159223.	59594955.	58195042.	268871639
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	139,279.	129,014.	141,593.	138,318.	153,846.	702,050.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	139,279.	129,014.	141,593.	138,318.	153,846.	702,050.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	48558677.	49632035.	53300816.	59733273.	58348888.	269573689

**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**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	99.70 %
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	99.69 %

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

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	.26 %
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	.28 %

**19a 33 1/3% support tests - 2019.** 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 - 2018.** 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> 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
<b>1</b> 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>		
<b>2</b> 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
<b>1</b> 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
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> 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**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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>b</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>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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>b</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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> 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) 2019

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2019</b>	<b>(iii) Distributable Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

**Part VI**

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

Horizontal lines for supplemental information.



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

OMB No. 1545-0047

**2019**

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).

Name of organization  <b>LOWCOUNTRY FOOD BANK INC</b>	Employer identification number  <b>57-0751835</b>
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**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/>	\$ <u>9,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<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.)
3	<hr/> <hr/> <hr/>	\$ <u>27,600.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<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.)
5	<hr/> <hr/> <hr/>	\$ <u>8,333.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<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  <b>LOWCOUNTRY FOOD BANK INC</b>	Employer identification number  <b>57-0751835</b>
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**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/>	\$ <u>22,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <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.)
9	 <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.)
10	 <hr/> <hr/> <hr/>	\$ <u>6,503.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	 <hr/> <hr/> <hr/>	\$ <u>38,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	 <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.)

Name of organization  <b>LOWCOUNTRY FOOD BANK INC</b>	Employer identification number  <b>57-0751835</b>
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**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/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ <u>28,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<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.)
16	<hr/> <hr/> <hr/>	\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<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.)
18	<hr/> <hr/> <hr/>	\$ <u>5,145.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>LOWCOUNTRY FOOD BANK INC</b>	Employer identification number  <b>57-0751835</b>
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**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/>	\$ 18,340.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<hr/> <hr/> <hr/>	\$ 49,070.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<hr/> <hr/> <hr/>	\$ 25,474.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>LOWCOUNTRY FOOD BANK INC</b>	Employer identification number  <b>57-0751835</b>
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**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	_____ _____ _____	\$ <u>5,217.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	_____ _____ _____	\$ <u>5,950.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	_____ _____ _____	\$ <u>13,400.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	_____ _____ _____	\$ <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  <b>LOWCOUNTRY FOOD BANK INC</b>	Employer identification number  <b>57-0751835</b>
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**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/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	<hr/> <hr/> <hr/>	\$ 6,252.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	<hr/> <hr/> <hr/>	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	<hr/> <hr/> <hr/>	\$ 5,104.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>LOWCOUNTRY FOOD BANK INC</b>	Employer identification number  <b>57-0751835</b>
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**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	_____ _____ _____	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	_____ _____ _____	\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	_____ _____ _____	\$ <u>5,400.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	_____ _____ _____	\$ <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  <b>LOWCOUNTRY FOOD BANK INC</b>	Employer identification number  <b>57-0751835</b>
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**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/>	\$ 9,154.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	<hr/> <hr/> <hr/>	\$ 250,060.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	<hr/> <hr/> <hr/>	\$ 17,739.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	<hr/> <hr/> <hr/>	\$ 368,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>LOWCOUNTRY FOOD BANK INC</b>	Employer identification number  <b>57-0751835</b>
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**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	_____ _____ _____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	_____ _____ _____	\$ 66,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	_____ _____ _____	\$ 67,060.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>LOWCOUNTRY FOOD BANK INC</b>	Employer identification number  <b>57-0751835</b>
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**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/>	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	<hr/> <hr/> <hr/>	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	<hr/> <hr/> <hr/>	\$ 19,162.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>LOWCOUNTRY FOOD BANK INC</b>	Employer identification number  <b>57-0751835</b>
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**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/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	<hr/> <hr/> <hr/>	\$ 10,128.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>LOWCOUNTRY FOOD BANK INC</b>	Employer identification number  <b>57-0751835</b>
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**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/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	<hr/> <hr/> <hr/>	\$ 100,027.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>LOWCOUNTRY FOOD BANK INC</b>	Employer identification number  <b>57-0751835</b>
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**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/>	\$ 20,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	<hr/> <hr/> <hr/>	\$ 7,288.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	<hr/> <hr/> <hr/>	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	<hr/> <hr/> <hr/>	\$ 14,486.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>LOWCOUNTRY FOOD BANK INC</b>	Employer identification number  <b>57-0751835</b>
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**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	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	_____ _____ _____	\$ <u>9,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	_____ _____ _____	\$ <u>12,800.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	_____ _____ _____	\$ <u>5,280.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	_____ _____ _____	\$ <u>6,167.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	_____ _____ _____	\$ <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  <b>LOWCOUNTRY FOOD BANK INC</b>	Employer identification number  <b>57-0751835</b>
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**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/>	\$ <u>44,791.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	<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.)
87	<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.)
88	<hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	<hr/> <hr/> <hr/>	\$ <u>6,450.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	<hr/> <hr/> <hr/>	\$ <u>28,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>LOWCOUNTRY FOOD BANK INC</b>	Employer identification number  <b>57-0751835</b>
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**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	_____ _____ _____	\$ 32,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	_____ _____ _____	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	_____ _____ _____	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	_____ _____ _____	\$ 6,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	_____ _____ _____	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>LOWCOUNTRY FOOD BANK INC</b>	Employer identification number  <b>57-0751835</b>
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**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	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	_____ _____ _____	\$ <u>13,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	_____ _____ _____	\$ <u>6,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	_____ _____ _____	\$ <u>52,525.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	_____ _____ _____	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>LOWCOUNTRY FOOD BANK INC</b>	Employer identification number  <b>57-0751835</b>
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**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	 <hr/> <hr/> <hr/>	\$ <u>11,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104	 <hr/> <hr/> <hr/>	\$ <u>33,869.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105	 <hr/> <hr/> <hr/>	\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106	 <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.)
107	 <hr/> <hr/> <hr/>	\$ <u>13,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108	 <hr/> <hr/> <hr/>	\$ <u>7,263.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>LOWCOUNTRY FOOD BANK INC</b>	Employer identification number  <b>57-0751835</b>
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**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	_____ _____ _____	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112	_____ _____ _____	\$ <u>6,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113	_____ _____ _____	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114	_____ _____ _____	\$ <u>21,112.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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**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>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116	_____ _____ _____	\$ <u>40,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117	_____ _____ _____	\$ <u>6,672.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119	_____ _____ _____	\$ <u>5,000.</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  <b>LOWCOUNTRY FOOD BANK INC</b>	Employer identification number  <b>57-0751835</b>
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**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	_____ _____ _____	\$ <u>10,863.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
122	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
123	_____ _____ _____	\$ <u>176,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124	_____ _____ _____	\$ <u>6,280.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
125	_____ _____ _____	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
126	_____ _____ _____	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>LOWCOUNTRY FOOD BANK INC</b>	Employer identification number  <b>57-0751835</b>
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**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>5,450.</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>5,000.</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>15,000.</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>9,350.</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>125,000.</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>19,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>LOWCOUNTRY FOOD BANK INC</b>	Employer identification number  <b>57-0751835</b>
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**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	_____ _____ _____	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
134	_____ _____ _____	\$ <u>6,080.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
135	_____ _____ _____	\$ <u>86,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
136	_____ _____ _____	\$ <u>13,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
137	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
138	_____ _____ _____	\$ <u>40,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>LOWCOUNTRY FOOD BANK INC</b>	Employer identification number  <b>57-0751835</b>
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**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>15,000.</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>5,000.</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>7,500.</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>6,383.</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>5,000.</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>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  <b>LOWCOUNTRY FOOD BANK INC</b>	Employer identification number  <b>57-0751835</b>
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**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>9,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
146	_____ _____ _____	\$ <u>220,375.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
147	_____ _____ _____	\$ <u>17,503.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
148	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
149	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
150	_____ _____ _____	\$ <u>7,600.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>LOWCOUNTRY FOOD BANK INC</b>	Employer identification number  <b>57-0751835</b>
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**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
151	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
152	_____ _____ _____	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
153	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
154	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
155	_____ _____ _____	\$ <u>88,282.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
156	_____ _____ _____	\$ <u>5,846.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>LOWCOUNTRY FOOD BANK INC</b>	Employer identification number  <b>57-0751835</b>
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**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
157	 <hr/> <hr/> <hr/>	\$ <u>32,246.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
158	 <hr/> <hr/> <hr/>	\$ <u>363,492.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
159	 <hr/> <hr/> <hr/>	\$ <u>253,911.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
160	 <hr/> <hr/> <hr/>	\$ <u>290,398.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
161	 <hr/> <hr/> <hr/>	\$ <u>5,760.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
162	 <hr/> <hr/> <hr/>	\$ <u>7,629.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>LOWCOUNTRY FOOD BANK INC</b>	Employer identification number  <b>57-0751835</b>
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**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
163	_____ _____ _____	\$ <u>9,600.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
164	_____ _____ _____	\$ <u>112,240.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
165	_____ _____ _____	\$ <u>141,545.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
166	_____ _____ _____	\$ <u>627,804.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
167	_____ _____ _____	\$ <u>181,967.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
168	_____ _____ _____	\$ <u>67,620.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>LOWCOUNTRY FOOD BANK INC</b>	Employer identification number  <b>57-0751835</b>
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**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
169	<hr/> <hr/> <hr/>	\$ <u>8,870.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
170	<hr/> <hr/> <hr/>	\$ <u>72,457.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
171	<hr/> <hr/> <hr/>	\$ <u>5,620,427.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
172	<hr/> <hr/> <hr/>	\$ <u>57,386.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
173	<hr/> <hr/> <hr/>	\$ <u>147,148.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
174	<hr/> <hr/> <hr/>	\$ <u>834,732.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>LOWCOUNTRY FOOD BANK INC</b>	Employer identification number  <b>57-0751835</b>
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**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
175	_____ _____ _____	\$ <u>26,798.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
176	_____ _____ _____	\$ <u>60,350.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
177	_____ _____ _____	\$ <u>194,145.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
178	_____ _____ _____	\$ <u>405,856.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
179	_____ _____ _____	\$ <u>313,302.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
180	_____ _____ _____	\$ <u>81,338.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>LOWCOUNTRY FOOD BANK INC</b>	Employer identification number  <b>57-0751835</b>
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**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
181	_____ _____ _____	\$ <u>7,419.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
182	_____ _____ _____	\$ <u>21,388.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
183	_____ _____ _____	\$ <u>18,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
184	_____ _____ _____	\$ <u>494,074.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
185	_____ _____ _____	\$ <u>61,913.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
186	_____ _____ _____	\$ <u>52,997.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>LOWCOUNTRY FOOD BANK INC</b>	Employer identification number  <b>57-0751835</b>
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**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
187	_____ _____ _____	\$ <u>103,390.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
188	_____ _____ _____	\$ <u>68,321.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
189	_____ _____ _____	\$ <u>59,786.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
190	_____ _____ _____	\$ <u>30,629.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
191	_____ _____ _____	\$ <u>539,579.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
192	_____ _____ _____	\$ <u>5,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>LOWCOUNTRY FOOD BANK INC</b>	Employer identification number  <b>57-0751835</b>
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**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
193	 <hr/> <hr/> <hr/>	\$ <u>3,905,935.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
194	 <hr/> <hr/> <hr/>	\$ <u>2,135,982.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
195	 <hr/> <hr/> <hr/>	\$ <u>160,712.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
196	 <hr/> <hr/> <hr/>	\$ <u>9,631.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
197	 <hr/> <hr/> <hr/>	\$ <u>1,073,319.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
198	 <hr/> <hr/> <hr/>	\$ <u>677,960.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>LOWCOUNTRY FOOD BANK INC</b>	Employer identification number  <b>57-0751835</b>
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**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
199	_____ _____ _____	\$ <u>53,709.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
200	_____ _____ _____	\$ <u>68,847.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
201	_____ _____ _____	\$ <u>187,793.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
202	_____ _____ _____	\$ <u>527,844.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
203	_____ _____ _____	\$ <u>45,107.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
204	_____ _____ _____	\$ <u>275,706.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>LOWCOUNTRY FOOD BANK INC</b>	Employer identification number  <b>57-0751835</b>
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**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
205	_____ _____ _____	\$ <u>18,240.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
206	_____ _____ _____	\$ <u>4,643,509.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
207	_____ _____ _____	\$ <u>294,322.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>LOWCOUNTRY FOOD BANK INC</b>	Employer identification number  <b>57-0751835</b>
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**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
155	53,157 POUNDS OF FOOD _____ _____ _____	\$ 88,282.	_____
156	3,480 POUNDS OF FOOD _____ _____ _____	\$ 5,846.	_____
157	19,194 POUNDS OF FOOD _____ _____ _____	\$ 32,246.	_____
158	234,642 POUNDS OF FOOD _____ _____ _____	\$ 363,492.	_____
159	152,651 POUNDS OF FOOD _____ _____ _____	\$ 253,911.	_____
160	175,569 POUNDS OF FOOD _____ _____ _____	\$ 290,398.	_____

Name of organization  <b>LOWCOUNTRY FOOD BANK INC</b>	Employer identification number  <b>57-0751835</b>
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**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
161	FOOD _____ _____ _____	\$ <u>5,760.</u>	_____
162	4,709 POUNDS OF FOOD _____ _____ _____	\$ <u>7,629.</u>	_____
163	FOOD _____ _____ _____	\$ <u>9,600.</u>	_____
164	67,370 POUNDS OF FOOD _____ _____ _____	\$ <u>112,240.</u>	_____
165	84,253 POUNDS OF FOOD _____ _____ _____	\$ <u>141,545.</u>	_____
166	378,397 POUNDS OF FOOD _____ _____ _____	\$ <u>627,804.</u>	_____

Name of organization  <b>LOWCOUNTRY FOOD BANK INC</b>	Employer identification number  <b>57-0751835</b>
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**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
167	108,191 POUNDS OF FOOD _____ _____ _____	\$ 181,967.	_____
168	40,250 POUNDS OF FOOD _____ _____ _____	\$ 67,620.	_____
169	FOOD _____ _____ _____	\$ 8,870.	_____
170	43,129 POUNDS OF FOOD _____ _____ _____	\$ 72,457.	_____
171	3,388,163 POUNDS OF FOOD _____ _____ _____	\$ 5,620,427.	_____
172	34,522 POUNDS OF FOOD _____ _____ _____	\$ 57,386.	_____

Name of organization  <b>LOWCOUNTRY FOOD BANK INC</b>	Employer identification number  <b>57-0751835</b>
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**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
173	88,319 POUNDS OF FOOD _____ _____ _____	\$ <u>147,148.</u>	_____
174	513,860 POUNDS OF FOOD _____ _____ _____	\$ <u>834,732.</u>	_____
175	16,175 POUNDS OF FOOD _____ _____ _____	\$ <u>26,798.</u>	_____
176	FOOD _____ _____ _____	\$ <u>60,350.</u>	_____
177	116,940 POUNDS OF FOOD _____ _____ _____	\$ <u>194,145.</u>	_____
178	244,742 POUNDS OF FOOD _____ _____ _____	\$ <u>405,856.</u>	_____

Name of organization  <b>LOWCOUNTRY FOOD BANK INC</b>	Employer identification number  <b>57-0751835</b>
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**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
179	188,452 POUNDS OF FOOD _____ _____ _____	\$ 313,302.	_____
180	49,782 POUNDS OF FOOD _____ _____ _____	\$ 81,338.	_____
181	4,416 POUNDS OF FOOD _____ _____ _____	\$ 7,419.	_____
182	12,731 POUNDS OF FOOD _____ _____ _____	\$ 21,388.	_____
183	FOOD _____ _____ _____	\$ 18,000.	_____
184	297,198 POUNDS OF FOOD _____ _____ _____	\$ 494,074.	_____

Name of organization  <b>LOWCOUNTRY FOOD BANK INC</b>	Employer identification number  <b>57-0751835</b>
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**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
185	36,853 POUNDS OF FOOD _____ _____ _____	\$ <u>61,913.</u>	_____
186	31,546 POUNDS OF FOOD _____ _____ _____	\$ <u>52,997.</u>	_____
187	61,871 POUNDS OF FOOD _____ _____ _____	\$ <u>103,390.</u>	_____
188	40,667 POUNDS OF FOOD _____ _____ _____	\$ <u>68,321.</u>	_____
189	35,587 POUNDS OF FOOD _____ _____ _____	\$ <u>59,786.</u>	_____
190	18,351 POUNDS OF FOOD _____ _____ _____	\$ <u>30,629.</u>	_____

Name of organization  <b>LOWCOUNTRY FOOD BANK INC</b>	Employer identification number  <b>57-0751835</b>
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**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
191	325,581 POUNDS OF FOOD _____ _____ _____	\$ 539,579.	_____
192	FOOD _____ _____ _____	\$ 5,000.	_____
193	2,353,546 POUNDS OF FOOD _____ _____ _____	\$ 3,905,935.	_____
194	1,286,410 POUNDS OF FOOD _____ _____ _____	\$ 2,135,982.	_____
195	97,453 POUNDS OF FOOD _____ _____ _____	\$ 160,712.	_____
196	FOOD _____ _____ _____	\$ 9,631.	_____

Name of organization  <b>LOWCOUNTRY FOOD BANK INC</b>	Employer identification number  <b>57-0751835</b>
---	---

**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
197	645,527 POUNDS OF FOOD _____ _____ _____	\$ <u>1,073,319.</u>	_____
198	408,806 POUNDS OF FOOD _____ _____ _____	\$ <u>677,960.</u>	_____
199	32,275 POUNDS OF FOOD _____ _____ _____	\$ <u>53,709.</u>	_____
200	41,316 POUNDS OF FOOD _____ _____ _____	\$ <u>68,847.</u>	_____
201	114,440 POUNDS OF FOOD _____ _____ _____	\$ <u>187,793.</u>	_____
202	317,813 POUNDS OF FOOD _____ _____ _____	\$ <u>527,844.</u>	_____



Name of organization  <b>LOWCOUNTRY FOOD BANK INC</b>	Employer identification number  <b>57-0751835</b>
---	---

**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
203	27,106 POUNDS OF FOOD _____ _____ _____	\$ 45,107.	_____
204	165,727 POUNDS OF FOOD _____ _____ _____	\$ 275,706.	_____
205	10,857 POUNDS OF FOOD _____ _____ _____	\$ 18,240.	_____
206	2,796,699 POUNDS OF FOOD _____ _____ _____	\$ 4,643,509.	_____
207	177,134 POUNDS OF FOOD _____ _____ _____	\$ 294,322.	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization  <b>LOWCOUNTRY FOOD BANK INC</b>	Employer identification number  <b>57-0751835</b>
---	---

**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

(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

(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

(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

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

OMB No. 1545-0047

**2019**  
**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 (for example, 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 FASB 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 FASB 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 FASB 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) 2019

**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 make 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 program
  - 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 Term 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		4,102,268.	1,820,443.	2,281,825.
c Leasehold improvements		1,325,989.	588,428.	737,561.
d Equipment		3,907,882.	1,734,182.	2,173,700.
e Other		281,571.	124,951.	156,620.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,549,706.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE PAYABLE	15,706.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	15,706.

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 FASB 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	58,708,986.
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	263,848.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	124,865.	
e	Add lines 2a through 2d	2e		388,713.
3	Subtract line 2e from line 1	3		58,320,273.
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		58,320,273.

**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	57,268,476.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	263,848.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	124,865.	
e	Add lines 2a through 2d	2e		388,713.
3	Subtract line 2e from line 1	3		56,879,763.
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		56,879,763.

**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 INCOME 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)*

2019

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES	74,396.
FUNDRAISING EXPENSES INCLUDED IN REVENUE	50,469.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	124,865.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES	74,396.
FUNDRAISING EXPENSES INCLUDED IN REVENUE	50,469.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	124,865.

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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.

**2019**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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	1,308,826.	425,500.	883,326.
<b>Total</b>				1,308,826.	425,500.	883,326.

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	560,048.	707,185.	1,267,233.
	2	Less: Contributions	466,298.	707,185.	1,173,483.
	3	Gross income (line 1 minus line 2)	93,750.		93,750.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	28,037.		28,037.
	7	Food and beverages	3,257.		3,257.
	8	Entertainment			
	9	Other direct expenses	14,384.	4,791.	19,175.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			50,469.
11	Net income summary. Subtract line 10 from line 3, column (d)			43,281.	

**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))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer       Employee       Independent contractor

17 Mandatory distributions:

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

- b Enter the amount of distributions required under state law 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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2019**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ABIDING WORD FAMILY MINISTRIES 227 ABIDING WAY MONCKS CORNER, SC 29461	57-1057520		0.	9,494.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
AGAPE FAMILY LIFE CENTER 5855 S. OKATIE HWY HARDEVILLE, SC 29927	57-1106874		0.	53,715.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ALDERSGATE UNITED METHODIST 1444 REMOUNT ROAD N. CHARLESTON, SC 29406	31-1813333		0.	33,981.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ALLEN AME CHURCH (EDISTO) 8060 BOTANY BAY RD. EDISTO ISLAND, SC 29438	53-0204696		0.	119,863.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
AMIKIDS GEORGETOWN INC. 1590 EAST CCC ROAD GEORGETOWN, SC 29440	23-7440836		0.	38,016.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ANSONBOROUGH HOUSE 71 SOCIETY STREET CHARLESTON, SC 29401	57-0729489		0.	30,722.		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 **280.**
- 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) (2019)

**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
ANTIOCH EDUCATIONAL CENTER 7293 COTTON HILL ROAD RIDGELAND, SC 29936	76-0818789		0.	66,217.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ANTIOCH HOLINESS CHURCH 1063 RANGER DR. CROSS, SC 29436			0.	11,013.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
BACON'S BRIDGE FREE WORSHIP CENTER 1816 BACON'S BRIDGE RD SUMMERVILLE, SC 29483	58-0904463		0.	29,274.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
BEAUFORT JASPER E.O.C 1905 DUKE ST SUITE 250 BEAUFORT, SC 29902	57-0477804		0.	17,316.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
BERKELEY CHURCH OF CHRIST 1483 HWY 52 SOUTH MONCK'S CORNER, SC 29461			0.	83,707.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
BETHEL AME CHURCH (RIDGEVILLE) 165 SOUTH RAILROAD AVE RIDGEVILLE, SC 29472	53-0204696		0.	100,353.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
BETHEL AME CHURCH AUXILIARY 7 401 BROAD STREET GEORGETOWN, SC 29440	53-0204696		0.	54,334.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
BETHEL AME RAVENEL 4595 SAVANNAH HWY. RAVENEL, SC 29470	53-0204696		0.	39,654.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
BETHEL DELIVERANCE TEMPLE 239 COUNTY SHED ROAD BEAUFORT, SC 29906	57-0762747		0.	15,805.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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BETHEL OUTREACH MINISTRIES 5585 MEMORIAL BLVD. ST. GEORGE, SC 29477	53-0204696		0.	267,148.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
BETHEL PENTECOSTAL HOLINESS #3 2331 ELDER AVENUE N. CHARLESTON, SC 29406	56-2161567		0.	25,863.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
BETHEL UNITED METHODIST CHURCH 57 PITT STREET CHARLESTON, SC 29401	31-1813333		0.	236,605.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
BETHERA WORSHIP CENTER 2620 BETHERA RD CORDESVILLE, SC 29434	57-0736911		0.	9,383.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
BLUFFTON SELF HELP 39 SHERIDAN PARK CIRCLE #10 BLUFFTON, SC 29910	57-0862658		0.	395,113.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
BREAD OF LIFE KITCHEN 9967 OCEAN HWY PAWLEYS ISLAND, SC 29585			0.	56,579.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
BUCK CREEK BAPTIST CHURCH 11483 HWY 905 N LONGS, SC 29568	57-0360087		0.	422,840.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
BUCK CREEK BAPTIST CHURCH GEORGETOWN OUTREACH - 11483 HIGHWAY 905 NORTH - LONGS, SC 29568			0.	80,578.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CALVARY AME CHURCH 2040 GROVELAND AVE N. CHARLESTON, SC 29405	53-0204696		0.	64,070.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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CALVARY BAPTIST CHURCH 620 RUTLEDGE AVE CHARLESTON, SC 29403	57-0921626		0.	35,263.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CANAAN MISSIONARY BAPTIST 908 TRASK PARKWAY SHELDON, SC 29941	57-0863423		0.	26,213.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CARING & SHARING 128 WEST GEORGE STREET HEMINGWAY, SC 29554	58-2317638		0.	353,428.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CATHOLIC CHARITIES - GEORGETOWN 2294 TECHNOLOGY BLVD. CONWAY, SC 29526	53-0196617		0.	16,963.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CATHOLIC CHARITIES OF THE PEE DEE 2294 TECHNOLOGY BLVD CONWAY, SC 29526	53-0196617		0.	203,556.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CATHOLIC CHARITIES-WILLIAMSBURG 2294 TECHNOLOGY BLVD CONWAY, SC 29526	53-0196617		0.	28,589.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CEDAR GROVE MISSIONARY BAPTIST 2384 US HWY 521 ANDREWS, SC 29510	54-2110052		0.	106,466.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CELEBRATION STATION 1935 REYNOLDS AVE N. CHARLESTON, SC 29405	57-0903654		0.	183,242.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CHARITY INSPIRATIONAL CHURCH 1706 OLD SHELL ROAD PORT ROYAL, SC 29935	23-7002419		0.	9,743.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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CHARLESTON AREA SENIOR CITIZENS 259 MEETING STREET CHARLESTON, SC 29401	57-6030048		0.	66,211.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CHARLESTON JEWISH FAMILY SERVICES 176 CROGHAN SPUR ROAD SUITE #100 CHARLESTON, SC 29407	57-6000188		0.	101,301.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CHARLESTON RECOVERY CENTER 5060 DORCHESTER RD NORTH CHARLESTON, SC 29418	26-4420743		0.	152,393.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CHERRY HILL MISSIONARY BAPTIST CHURCH - 421 SMITH STREET - CONWAY, SC 29526	57-0807394		0.	739,010.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CHESTERFIELD MISSIONARY BAPTIST CHURCH - 8591 HIGHWAY 90 - LONGS, SC 29568	57-1022773		0.	42,484.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CHISOM HOUSING GROUP - COLLETON HEIGHTS - 100 SNIDERS HWY - WALTERBORO, SC 29488	91-2193633		0.	19,257.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CHRIST TEMPLE OF SUMMERVILLE 1815 OLD TROLLEY ROAD SUITE 104 SUMMERVILLE, SC 29485	57-0950671		0.	18,710.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CHRIST TEMPLE SOUTH 243 WICHMAN STREET WALTERBORO, SC 29488			0.	5,491.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CHRISTIAN MISSION OUTREACH 900 62ND AVENUE NORTH MYRTLE BEACH, SC 29572	57-0984895		0.	278,217.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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CHURCH HOUSE OF MINISTRIES 9659 JAMISON ROAD LADSON, SC 29456	46-2516634		0.	40,618.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CHURCH OF JESUS CHRIST/ I AM MINISTRIES - 2012 SUCCESS STREET - N. CHARLESTON, SC 29406	34-2011560		0.	150,313.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CHURCH OF THE HARVEST 39 FRIPP PT RD ST. HELENA, SC 29920	73-1672855		0.	34,230.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CHURCH OF THE HOLY COMMUNION 218 ASHLEY AVE. CHARLESTON, SC 29403	32-0295374		0.	12,409.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CHURCHES ASSISTING PEOPLE 307 WRIGHT BOULEVARD CONWAY, SC 29526	57-0865901		0.	687,352.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
COASTAL CATHOLIC CHARITIES 1662 INGRAM RD CHARLESTON, SC 29407	53-0196617		0.	109,775.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
COASTAL WORSHIP CENTER 6294 DICK POND ROAD MYRTLE BEACH, SC 29588	57-0868415		0.	13,306.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
COMMUNITY BIBLE CHURCH OF BEAUFORT 638 PARRIS ISLAND GATEWAY BEAUFORT, SC 29906	57-0747191		0.	157,275.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
COMMUNITY CENTER OF ST. MATTHEWS 405 KING ST CHARLESTON, SC 29403	57-0350582		0.	11,769.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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COMMUNITY KITCHEN OF MYRTLE BEACH 1411 MR. JOE WHITE AVE. MYRTLE BEACH, SC 29577	57-0965358		0.	786,082.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
COMMUNITY RESOURCE CENTER - NORTH CHARLESTON/ASAFO - 3947 WHIPPER BARONY LANE - NORTH CHARLESTON, SC 29406	82-4620148		0.	130,363.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
COMMUNITY RESOURCE CENTER - SUMMERVILLE/ASAFO - 116 W 2ND NORTH ST. - SUMMERVILLE, SC 29483	82-4620148		0.	286,370.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CORDESVILLE FIRST BAPTIST 1913 HWY 402 MONCKS CORNER, SC 29461	57-0360087		0.	178,227.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
COUNTRYSIDE HUNGER STRIKE PROJECT 1818 S. LIVE OAK DRIVE MONCKS CORNER, SC 29461	74-3113850		0.	10,372.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CREATIVE CHURCH FOOD PANTRY 1293 PLANTATION DR. HARDEVILLE, SC 29927	27-4463475		0.	62,416.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CROSSWAY BAPTIST CHURCH 2000 HWY 701 S LORIS, SC 29569	57-0360087		0.	36,540.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
DEER PARK BAPTIST CHURCH 8875 OLD UNIVERSITY BLVD. N. CHARLESTON, SC 29406	57-0360087		0.	153,996.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
DELANCEY STREET SOUTH CAROLINA 2510 N. HOBSON AVE. N. CHARLESTON, SC 29405	77-0661828		0.	471,590.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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DELIVERANCE MINISTRIES OUTREACH 1073 OLD GILLIARD ROAD RIDGEVILLE, SC 29472	58-2304928		0.	83,423.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
DELIVERANCE MINISTRIES OUTREACH #2 1073 OLD GILLIARD ROAD RIDGEVILLE, SC 29472	58-2304928		0.	97,680.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
DIVINE FAITH MINISTRIES 1947-D FERGUSON ROAD CHARLESTON, SC 29412			0.	24,578.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
DODA BABY 62 BRIGADE STREET, SUITE H1 CHARLESTON, SC 29403	27-3607783		0.	14,282.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
DOGWOOD HILL BAPTIST CHURCH 1040 MT ZION RD LORIS, SC 29569	56-1095397		0.	65,686.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
DORCHESTER SENIORS INC. 312 NORTH LAUREL STREET SUMMERVILLE, SC 29483	57-0703785		0.	26,583.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
DREAM CENTER 5505 N. RHETT AVE N. CHARLESTON, SC 29406	57-1045195		0.	169,130.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
EAGLE HARBOR RANCH 1044 EAGLE HARBOR LANE SUMMERVILLE, SC 29486	57-1085591		0.	37,319.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
EAST COOPER COMMUNITY OUTREACH 1145 SIX MILE RD. MT. PLEASANT, SC 29466	57-0939280		0.	758,994.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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EBENEZER AME CHURCH 44 NASSAU STREET CHARLESTON, SC 29403	53-0204696		0.	37,327.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
EBENEZER AME CHURCH - LINCOLNVILLE 124 EAST PINCKNEY ST LINCOLNVILLE, SC 29485	53-0204696		0.	15,413.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
EBENEZER MISSIONARY BAPTIST CHURCH 1207 MARTIN LUTHER KING DRIVE ANDREWS, SC 29510	57-0735269		0.	37,312.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
EDGEWOOD BAPTIST CHURCH 138 WILDWOOD DRIVE WALTERBORO, SC 29488	57-0360087		0.	241,423.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
EFFERSON BAPTIST CHURCH 5146 BROWNING GATE ROAD ESTILL, SC 29918	57-0735269		0.	8,885.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
EMANUEL AME CHURCH WEST ASHLEY 1057 5TH AVE CHARLESTON, SC 29407	53-0204696		0.	98,706.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ENOCH CHAPEL AND METHODIST CHURCH 2355 JAMES BELL DR. NORTH CHARLESTON, SC 29406	31-1813333		0.	17,993.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
EVENING OF PRAYER 2401 SPRUILL AVENUE N. CHARLESTON, SC 29405	57-0701132		0.	51,621.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
FAITH ASSEMBLY MONCKS CORNER 1286 N. HWY 52 MONCKS CORNER, SC 29461	44-0577787		0.	227,356.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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FAITH ASSEMBLY REMOUNT/REVIVE 1527 REMOUNT RD N CHARLESTON, SC 29406	44-0577787		0.	320,467.		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.	348,977.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
FAITHWORKS MINISTRIES 5611 CRAIG RD NORTH CHARLESTON, SC 29406	33-1076448		0.	19,731.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
FANNING THE FLAME 196 MITTON RD. MONCK'S CORNER, SC 29461	81-3437798		0.	23,579.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
FATHER'S CUP COMMUNITY PANTRY 2357 WATERTOWER ROAD LONGS, SC 29568	57-1095053		0.	100,691.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
FAVOR MINISTRIES OUTREACH 1116 OLD GILLIARD ROAD RIDGEVILLE, SC 29472	46-1253975		0.	57,377.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
FBC FOUNDATION JAMES ISLAND 1101 CAMP ROAD CHARLESTON, SC 29412	26-4311666		0.	135,338.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
FEEDING OF THE MULTITUDES 1060 RED HILL RD HUGER, SC 29450	81-1035485		0.	142,464.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
FELLOWSHIP FOOD BANK 1639 DUNN SHORTCUT ROAD CONWAY, SC 29527	26-0177805		0.	150,883.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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FIRST ESTILL BAPTIST CHURCH 968 LAWTON AVE ESTILL, SC 29918	57-0808861		0.	36,407.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
FLORENCE CRITTENTON HOME 19 SAINT MARGARET ST. CHARLESTON, SC 29403	57-0342030		0.	15,215.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
FREE BORN DELIVERENCE TEMPLE 113 BROAD RIVER BLVD. BEAUFORT, SC 29906	20-4169465		0.	16,950.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
GATEWAY OPEN ARMS 3537 S LIVE OAK DRIVE MONCKS CORNER, SC 29461	20-5890840		0.	714,830.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
GEORGETOWN COUNTY COALITION 622 B WASHINGTON STREET GEORGETOWN, SC 29440	01-0883284		0.	17,107.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
GEORGETOWN OUTREACH MINISTRIES INC. - 2921 HIGHMARKET STREET - GEORGETOWN, SC 29440	45-0590451		0.	7,253.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
GETHSEMANE CATHEDRAL OF PRAISE 4937 DURANT AVE N. CHARLESTON, SC 29405	32-0405034		0.	55,872.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
GOOSE CREEK CHURCH OF CHRIST 539 OLD MONCKS CORNER ROAD GOOSE CREEK, SC 29445			0.	7,491.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
GRACE ALIVE - JEFFERSON MEMORIAL CENTER - 4246 SAVANNAH HWY - RAVANEL, SC 29449	81-1850535		0.	79,813.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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GRACE BAPTIST TEMPLE 2585 GORE RD AYNOR, SC 29511	57-0360087		0.	27,804.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
GRAYS HILL BAPTIST CHURCH 2749 TRASK PKWY BEAUFORT, SC 29906	57-0360087		0.	8,593.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
GREAT PRESENT AME 3260 US HWY. 521 ANDREWS, SC 29510	53-0204696		0.	87,085.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
GREATER CHERRY GROVE CHURCH 1895 CHERRY GROVE ROAD BRUNSON, SC 29911	57-1061916		0.	143,748.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
GREATER GOODWILL AME 2818 HIGHWAY 17 NORTH MT. PLEASANT, SC 29466	53-0204696		0.	42,374.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
GREATER GORDON CHAPEL A.M.E. CHURCH - 4581 OLD RIVER ROAD - MURRELLS INLET, SC 29576	57-0764749		0.	24,905.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
GREATER MT. ARARAT A.M.E. CHURCH 1105 NESMITH ROAD NESMITH, SC 29580	53-0204696		0.	29,000.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
GREATER NEW HOPE A.M.E. 1461 GIVHANS ROAD RIDGEVILLE, SC 29472	53-0204696		0.	144,974.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
GREATER SAINT PAUL AME 633 THOMAS KATE ROAD DORCHESTER, SC 29437	53-0204696		0.	78,126.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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GREATER ST. LUKE HOLINESS CHURCH 89 GRESHAM DR. GEORGETOWN, SC 29440	53-0204696		0.	170,994.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
GREATER ST. MARK AME CHURCH 1297 OLD GEORGETOWN ROAD HEMINGWAY, SC 29554	53-0204696		0.	116,660.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
GREEN SEA BAPTIST CHURCH 1241 GREEN SEA ROAD GREEN SEA, SC 29545	56-1641316		0.	20,157.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
HARVEST CHURCH GREEN SEA 4619 HIGHWAY 9 GREEN SEA, SC 29545	57-1085575		0.	13,427.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
HEALING WATERS MISSION AND WELLNESS CENTER - 606 LEVY ROAD - HARDEVILLE, SC 29927	57-1145815		0.	71,778.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
HEART FOR HUMANITY, INC. 1704 FRONT STREET GEORGETOWN, SC 29440	45-4253949		0.	78,642.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
HEART TO HEART BERKELEY 104 BEHRMAN ST. MONCKS CORNER, SC 29461	58-2457855		0.	80,813.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
HEBRON ZION PRESBYTERIAN 2915 BOHICKET ROAD JOHNS ISLAND, SC 29455	23-6393377		0.	222,760.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
HELP OF BEAUFORT 1810 RIBAUT RD PORT ROYAL, SC 29935	57-0721545		0.	217,009.		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
HELPING HAND OF MYRTLE BEACH 1411 MR. JOE WHITE AVE MYRTLE BEACH, SC 29577	57-0627993		0.	390,758.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
HELPING HANDS OF GEORGETOWN 1813 HIGHMARKET ST GEORGETOWN, SC 29440	57-0883461		0.	193,060.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
HELPING HANDS OF GOOSE CREEK 104B COMMERCE PLACE GOOSE CREEK, SC 29445	57-0891298		0.	451,059.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
HILTON HEAD ISLAND DEEP WELL 80 CAPITAL DRIVE HILTON HEAD ISLAND, SC 29926	57-0566098		0.	96,599.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
HOLLYWOOD COALITION 5100 BAPTIST HILL RD. HOLLYWOOD, SC 29449	31-1813333		0.	1,685,025.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
HOLY CROSS FAITH MEMORIAL EPISCOPAL CHURCH - 99 BASKERVILLE DRIVE - PAWLEYS ISLAND, SC 29585	31-1629166		0.	104,327.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
HOLY FAMILY CATHOLIC CHURCH 24 POPE AVE. HILTON HEAD ISLAND, SC 29928	53-0196617		0.	21,769.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
HOPEWELL A.M.E. CHURCH 30704 COUNTY LINE ROAD HEMINGWAY, SC 29554	57-0726226		0.	118,809.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
HOPEWELL CME CHURCH 3200 DALEY RD. SCOTIA, SC 29939	58-1381196		0.	88,299.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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HOPEWELL SENIOR DAY CARE CENTER 1277 BLAKELY RD. SALTERS, SC 29590	57-0726226		0.	57,607.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
HOUSE OF PRAYER AND PRAISE 104 EAST MAIN STREET HARLEYVILLE, SC 29448	57-1133642		0.	284,673.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
HUMANITIES FOUNDATION WEST ASHLEY 1850 MAGWOOD DRIVE CHARLESTON, SC 29414	57-0952289		0.	362,213.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
HUSPAH BAPTIST CHURCH 18 HUSPAH BAPTIST CHURCH RD SEABROOK, SC 29940			0.	141,359.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
IMMANUEL REFORMED EPISCOPAL CHURCH 2513 RANGER DRIVE CROSS, SC 29436	23-6424640		0.	116,033.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
JAMES ISLAND OUTREACH 1872-C CAMP RD CHARLESTON, SC 29412	57-0907554		0.	276,328.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
JASPER COUNTY HUNGER FREE ZONE 456 GRAYS HWY - HWY 278 RIDGELAND, SC 29936	80-0200666		0.	73,459.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
JEHOVAH AME CHURCH 1565 OLD HIGHWAY 6 CROSS, SC 29436			0.	42,647.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
JEHOVAH TABERNACLE CHURCH 2001 COMSTOCK AVENUE CHARLESTON, SC 29405	11-3843447		0.	1,566,828.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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JEHOVAH UM 1473 MATILDA CIRCLE PINEVILLE, SC 29468	31-1813333		0.	73,605.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
JENKINS ORPHANAGE INSTITUTE 3923 AZALEA DR. N. CHARLESTON, SC 29405	57-6025599		0.	8,404.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
JERUSALEM HELPING HAND FOOD BANK 135 JERUSALEM LOOP ST. GEORGE, SC 29477	57-0854718		0.	41,269.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
JESUS CHANGES PEOPLE MINISTRY 103 HIERS ST WALTERBORO, SC 29488			0.	32,621.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
JOSHUA UNITED METHODIST CHURCH 3097 OLD HIGHWAY 52 MONCKS CORNER, SC 29461	31-1813333		0.	68,379.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
JUNIPER BAY BAPTIST CHURCH 5265 JUNIPER BAY RD CONWAY, SC 29527	57-0360087		0.	79,553.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
KNIGHTSVILLE UMC 1505 CENTRAL AVE SUMMERVILLE, SC 29483	57-0878516		0.	86,034.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
LIFE HOUSE CHURCH 40 FAITH STATION BEAUFORT, SC 29906	57-1055677		0.	94,478.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
LIGHT MINISTRIES 321 N. WALTER STREET WALTERBORO, SC 29488	74-3104064		0.	5,199.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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LINE STREET CHURCH OF GOD 192 LINE STREET CHARLESTON, SC 29403	30-0290464		0.	124,034.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
LORD OF THE HARVEST 3680 MEETING ST. ROAD NORTH CHARLESTON, SC 29405			0.	32,248.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
LOWCOUNTRY C.A.R.E.S 2427 MIDLAND PARK ROAD N CHARLESTON, SC 29406	52-2378589		0.	280,694.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
LOWCOUNTRY COMMUNITY ACTION AGENCY, INC. - 1605 N JEFFERIES BLVD. - WALTERBORO, SC 29488	57-0612136		0.	38,825.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
LOWCOUNTRY HOPE CENTER 7220 INVESTMENT DRIVE N. CHARLESTON, SC 29418			0.	552,526.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
LOWCOUNTRY MGMT. SERVICE INC. 109 NORTH LIVE OAK DRIVE MONCKS CORNER, SC 29461	77-0588272		0.	49,149.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MARGARET F. CURTIS FOOD PANTRY 2676 BEES CREEK RD. RIDGELAND, SC 29936	32-0295374		0.	155,392.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MARY MAGEDALINE OUTREACH CENTER 18 GOURDIN RD LANE, SC 29564	30-0408938		0.	14,765.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MEALS ON WHEELS, SUMMERVILLE 316 W. CAROLINA AVE SUMMERVILLE, SC 29483	57-0730993		0.	9,768.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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MENTAL HEALTH AMERICA SC/OUR PLACE 1033 WAPPOO ROAD SUITE C CHARLESTON, SC 29407	57-0362584		0.	7,236.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
METROPOLITAN COMMUNITY CHURCH 7860 DORCHESTER ROAD SUITE A N. CHARLESTON, SC 29418	23-7094543		0.	126,983.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MINISTRY OF HOPE & RECONCILIATION 64 JACQUELYN DR GEORGETOWN, SC 29440			0.	20,525.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MIRACLES ARE HAPPENING NOW 234 PEPPER STREET VARNVILLE, SC 29944	56-2241762		0.	8,997.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MONCKS CORNER 7TH DAY ADVENTIST 1243 HWY 402 MONCKS CORNER, SC 29461	52-0643036		0.	24,000.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MONTE CALVARIO 209 METTS STREET MONCKS CORNER, SC 29461	44-0577787		0.	52,469.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MORRIS STREET BAPTIST CHURCH 25 MORRIS ST. CHARLESTON, SC 29403	57-0735269		0.	30,386.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MT. CALVARY #2 MBC 2625 HWY 111 LITTLE RIVER, SC 29566	16-1700862		0.	297,736.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MT. CARMEL UNITED BAPTIST CHURCH 3279 EXODUS DRIVE GEORGETOWN, SC 29440	54-2110052		0.	41,553.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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MT. MORIAH MISSIONARY BAPTIST 7396 RIVERS AVE. N. CHARLESTON, SC 29406	51-0611169		0.	304,952.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MT. NEBO BAPTIST CHURCH II 22 JONESVILLE AVE. YEMASSEE, SC 29945	33-1073541		0.	112,509.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MT. OLIVE BAPTIST CHS 2416 MEETING STREET ROAD CHARLESTON, SC 29405	57-0735269		0.	26,261.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MT. OLIVE BAPTIST CHURCH 2011 DUNBAR ROAD GEORGETOWN, SC 29440	30-0349138		0.	180,616.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MT. OLIVE BAPTIST WALTERBORO 329 SAVAGE ST. WALTERBORO, SC 29488	57-0735269		0.	136,181.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MT. PLEASANT BOOSTER CLUB 840 VON KOLNITZ ROAD MOUNT PLEASANT, SC 29464	38-3918570		0.	20,882.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MT. SINAI BAPTIST - HAMPTON 455 MT. SINAI RD. VARNVILLE, SC 29944	57-0735269		0.	129,920.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MT. SINAI MISSIONARY BAPTIST CHURCH - 7275 BROWN'S FERRY ROAD - GEORGETOWN, SC 29440	57-0735269		0.	42,284.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MT. ZION UNITED METHODIST CHURCH 701 ST. JOHN STREET KINGSTREE, SC 29556	31-1813333		0.	47,348.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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MURRAY UNITED METHODIST CHURCH 1216 ORANGEBURG RD SUMMERVILLE, SC 29483	31-1813333		0.	69,473.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MURRELLS INLET CHURCH OF GOD 608 GIBSON AVE MURRELLS INLET, SC 29576	62-0484177		0.	211,407.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
NATIONAL ACTION NETWORK 117 MITTON RD MONCKS CORNER, SC 29461	47-1704603		0.	230,967.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
NEIGHBORHOOD HOUSE 77 AMERICA ST. CHARLESTON, SC 29403	53-0196617		0.	152,481.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
NEW ABUNDANT LIFE CHURCH 115 FOSTER ROAD VARNVILLE, SC 29944	23-7002419		0.	154,708.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
NEW BEGINNING OUTREACH (DOC) 600 BEACH ROAD WALTERBORO, SC 29488	35-0868116		0.	24,872.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
NEW BEGINNINGS OF CHARLESTON 112 OSBURN AVE N. CHARLESTON, SC 29420	56-2075108		0.	7,103.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
NEW BEGINNINGS OF PINEVILLE 212 MITCHELLBAY LANE PINEVILLE, SC 29468	06-1725407		0.	12,211.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
NEW BETHEL SOUNDS OF PRAISE 351 GREYBACK ROAD SUMMERVILLE, SC 29483	57-1080203		0.	20,895.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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NEW BIRTH WORLD DELIVERANCE 899 OATLAND RD GEORGETOWN, SC 29440	74-3215491		0.	132,989.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
NEW CANNON ST BAPTIST CHURCH 46 CANNON STREET CHARLESTON, SC 29403	57-0735269		0.	21,190.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
NEW COVENANT CHURCH OF GOD 2801 ASHLEY PHOSPHATE RD N. CHARLESTON, SC 29418	62-0484177		0.	176,196.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
NEW DIRECTIONS OF HORRY COUNTY 732 8TH AVENUE NORTH MYRTLE BEACH, SC 29577	20-1831970		0.	340,882.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
NEW FRANCIS BROWN U.M.C. 2517 CORONA STREET N. CHARLESTON, SC 29405	31-1813333		0.	57,844.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
NEW HOPE UME CHURCH 11 GOLDFINCH ROAD GEORGETOWN, SC 29440	27-2194505		0.	87,204.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
NEW ISRAEL RE CHURCH 69 SIMONS STREET CHARLESTON, SC 29403	76-0754677		0.	123,429.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
NEW LIFE DELIVERANCE TEMPLE 112 HALIFAX RD. ST. HELENA ISLAND, SC 29920	57-0914250		0.	23,972.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
NEW LIGHT UMC 1037 RUSSELLVILLE RD ST. STEPHEN, SC 29479	31-1813333		0.	83,756.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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NORTH STRAND HELPING HAND 2501 LONG BAY ROAD LONGS, SC 29568	57-0647026		0.	806,406.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
OCEAN GROVE UNITED METHODIST 6517 HWY 17N AWENDAW, SC 29429	31-1813333		0.	43,914.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ONE80 PLACE 35 WALNUT STREET CHARLESTON, SC 29403	57-0789483		0.	238,768.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
OUR LADY OF MERCY COMMUNITY OUTREACH - 1684 BROWNSWOOD ROAD - JOHNS ISLAND, SC 29455	53-0196617		0.	56,026.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
PARK CIRCLE CARES 4445 OLD PARK ROAD N. CHARLESTON, SC 29402	81-3344149		0.	152,398.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
PET HELPERS, INC. 1447 FOLLY RD. CHARLESTON, SC 29412			0.	16,760.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
PHI THETA KAPPA 7000 RIVERS AVE, BLDG 100 RM 177 CHARLESTON, SC 29406	57-0858148		0.	15,742.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
PINE GROVE BAPTIST CHURCH 73 PINE GROVE RD. BEAUFORT, SC 29906	57-1114264		0.	6,382.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
POINTE NORTH CHURCH 110 BILO DR. SUITE C MONCK'S CORNER, SC 29461	20-0782333		0.	40,733.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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PRAISE ASSEMBLY OF GOD 800 PARRIS ISLAND GATEWAY BEAUFORT, SC 29906	44-0577787		0.	49,379.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
PRAISE TABERNACLE CHURCH 482 NELSON BOULEVARD KINGSTREE, SC 29556	45-0608399		0.	28,534.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
PRECIOUS BLOOD OF CHRIST 1633 WAVERLY ROAD PAWLEYS ISLAND, SC 29585	53-0196617		0.	122,841.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
PRESBYTERIAN CHURCH OF EDISTO ISLAND - 2164 HWY 174 - EDISTO ISLAND, SC 29438	23-6393377		0.	143,278.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
PROJECT RESTORING HOPE 290 DUNN SHORTCUT ROAD CONWAY, SC 29527	58-0904463		0.	95,758.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
PUBLIC DISTRIBUTION 2864 AZALEA DR CHARLESTON, SC 29405			0.	4,332,054.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
REDEEMER R.E. CHURCH 2173 HWY 45 PINEVILLE, SC 29468	76-0754677		0.	120,811.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
REFUGE TEMPLE ST. STEPHEN 3674 NORTH HIGHWAY 52 ST. STEPHEN, SC 29479	13-2942986		0.	10,933.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
REHOBOTH FULL GOSPEL MINISTRY 2121 CAPTAIN AVE. NORTH CHARLESTON, SC 29405	27-2119059		0.	89,201.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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RESURRECTED CHURCH OF JESUS 2345 ELDER AVE CHARLESTON, SC 29406			0.	145,866.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
RIDGEVILLE COMMUNITY RESOURCE CENTER - 108 DORCHESTER STREET - RIDGEVILLE, SC 29472	57-1081169		0.	6,674.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ROSEMONT COMMUNITY SENIOR CITIZENS 2307 DELANO ST. NORTH CHARLESTON, SC 29405	53-0204696		0.	45,707.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ROYAL BAPTIST CHURCH 1805 PEARSON ST N. CHARLESTON, SC 29405	57-1114075		0.	22,123.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
RYAN WHITE WELLNESS CENTER 1481 TOBIAS GADSON BLVD, SUITE 1 CHARLESTON, SC 29407	57-0831165		0.	12,743.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SALEM BAPTIST CHURCH 321 OLD SUMMERVILLE RD. SUMMERVILLE, SC 29486	57-0360087		0.	649,955.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SALVATION ARMY OF BEAUFORT 2505 NORTH STREET BEAUFORT, SC 29902	58-0660607		0.	52,011.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SALVATION ARMY OF GEORGETOWN 2401 ANTHUAN MAYBANK DRIVE GEORGETOWN, SC 29440	58-0660607		0.	23,629.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SALVATION ARMY/N. CHARLESTON 6209 RIVERS AVE. CHARLESTON, SC 29406	58-0660607		0.	50,750.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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SANDALWOOD COMMUNITY FOOD PANTRY 114 BEACH CITY ROAD HILTON HEAD ISLAND, SC 29926	27-2766571		0.	199,183.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SANTEE CIRCLE COMMUNITY CHURCH 470 REID HILL RD. MONCKS CORNER, SC 29461	57-0360087		0.	9,914.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SEA HAVEN INC. 280 HIGHWAY 57 S. LITTLE RIVER, SC 29566	57-0713478		0.	30,482.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SEA ISLANDS BLESSING BASKET 67 BELMEADE HALL RD. KIAWAH ISLAND, SC 29455	47-2730495		0.	173,139.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SEACOAST - SUMMERVILLE 301 E. 5TH NORTH STREET SUMMERVILLE, SC 29483	57-1045195		0.	57,465.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SEACOAST - WEST ASHLEY 2049 SAVANNAH HIGHWAY CHARLESTON, SC 29407	57-1045195		0.	166,247.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SECOND CHANCE RECOVERY 104 BERKELEY SQUARE LN. PMB 166 GOOSE CREEK, SC 29445	27-4408204		0.	586,277.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SECOND HELPINGS - JASPER PO BOX 23621 HILTON HEAD ISLAND, SC 29925	57-0938469		0.	3,820,505.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SHADY GROVE UNITED METHODIST 9221 CHARLESTON HIGHWAY ST. GEORGE, SC 29477	31-1813333		0.	217,692.		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
SHEPHERD OF THE SEA LUTHERAN CHURCH - 2637 HIGHWAY 17 SOUTH - GARDEN CITY, SC 29576	41-1568278		0.	91,604.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SHIELD MINISTRIES, INC 5519 WOODBINE AVE NORTH CHARLESTON, SC 29406	20-8885273		0.	48,093.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SHIFA CLINIC 1092 JOHNNIE DODDS BLVD. MT. PLEASANT, SC 29466	04-3810161		0.	249,722.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SHILOH SEVENTH DAY ADVENTIST 3914 DORCHESTER ROAD N. CHARLESTON, SC 29405	52-0643036		0.	38,688.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SHORELINE BEHAVIORIAL HEALTH 901 BELL STREET CONWAY, SC 29526	57-0741188		0.	11,268.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SOLDIERS' ANGELS 2424 CITY HALL LANE NORTH CHARLESTON, SC 29406	20-0583415		0.	198,871.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SOLOMON TEMPLE CHURCH OF GOD 57 SOLOMON TEMPLE ROAD GARNETT, SC 29922	57-1046290		0.	7,669.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SOUTH STRAND HELPING HANDS 812 POPLAR DRIVE SOUTH SURFSIDE BEACH, SC 29575	57-0827131		0.	210,942.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SPRINGTOWN UNITED METHODIST 8807 AUGUSTA HWY SMOAKS, SC 29481	20-0308122		0.	228,371.		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. ANTHONY'S CATHOLIC CHURCH 925 S. JEFFERIES BLVD WALTERBORO, SC 29488	53-0196617		0.	49,602.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ST. BARNABAS LUTHERAN CHURCH 45 MOULTRIE STREET CHARLESTON, SC 29403	41-1568278		0.	14,743.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ST. DELIGHT COMMUNITY OUTREACH 801 ST. DELIGHT RD. LITTLE RIVER, SC 29566	04-3728831		0.	379,022.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ST. ELIZABETH MISSIONARY BAPTIST CHURCH - 57 CHURCH ST - AYNOR, SC 29511	58-2390293		0.	8,328.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ST. JAMES BETHEL A.M.E. 5305 MAYBANK HWY WADMALAW ISLAND, SC 29487	53-0204696		0.	25,746.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ST. JOHN COMMUNITY FOOD MINISTRY 2468 EASLER HIGHWAY GREELEYVILLE, SC 29056	37-1770026		0.	105,259.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ST. JOSEPH MISSIONARY BAPTIST 1005 SANDRIDGE RD LITTLE RIVER, SC 29566	57-0735269		0.	35,151.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ST. JUDE APOSTOLIC FAITH CHURCH 286 BING STREET YEMASSEE, SC 29945			0.	34,987.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ST. LUKE HOLINESS CHURCH OF GOD IN CHRIST - 1126 THURGOOD RD - GOOSE CREEK, SC 29445	23-7002419		0.	30,564.		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. MARK BLOOMINGVALE CDC, INC. 8201 THURGOOD MARSHALL HWY ANDREWS, SC 29510	46-1594364		0.	109,667.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ST. PAUL MBC/CONWAY 3449 HIGHWAY 65 CONWAY, SC 29526	03-0544945		0.	50,413.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ST. PAULS SUMMERVILLE 111 WARING STREET SUMMERVILLE, SC 29483	32-0295374		0.	176,863.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ST. PETER MISSIONARY BAPTIST CHURCH - 3462 SOUTH ISLAND RD. - GEORGETOWN, SC 29440	54-2110052		0.	70,229.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ST. STEPHEN BAPTIST CHURCH 272 CHURCH ROAD ST. STEPHEN, SC 29479	57-0735269		0.	51,654.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ST. STEPHEN SEVENTH DAY ADVENT 1167 FORTY-ONE RD ST. STEPHEN, SC 29479	52-0643036		0.	100,720.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ST. STEPHEN UM OUTREACH 3524 SMITH CROSSING RD RIDGELAND, SC 29936	31-1813333		0.	172,559.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ST. TIMOTHY'S CHURCH 260 FARRELL STREET MONCK'S CORNER, SC 29461	47-5103877		0.	17,809.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ST. VINCENT DEPAUL SOCIETY GARDEN CITY - 542 CYPRESS AVENUE - MURRELLS INLET, SC 29576	13-5562362		0.	184,660.		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.	566,222.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
TAKE IT TO THE STREETS 2730 GORDON STREET CHARLESTON, SC 29405	20-3903313		0.	67,770.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
TEACHINGS FROM THE ARK 105 EAST MAIN STREET KINGSTREE, SC 29556	76-0790144		0.	79,185.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
TEEN CHALLENGE OF SOUTH CAROLINA 20515 N. FRASER STREET GEORGETOWN, SC 29440	57-1101736		0.	5,413.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
THE ACCESS NETWORK, INC. 109 1ST STREET EAST HAMPTON, SC 29924	57-0958723		0.	16,042.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
THE CHOSEN ONE MINISTRY 211 LEE AVE HAMPTON, SC 29924			0.	9,998.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
THE CHURCH OF THE CROSS 15A CENTRE DR BLUFFTON, SC 29910			0.	12,837.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
THE FATHER'S HOUSE 4513 HWY 17 BYPASS S. MYRTLE BEACH, SC 29577	57-0657542		0.	39,197.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
THE JOSHUA GROUP/CHRIST TEMPLE N. CHS - 1309 SUMNER AVENUE - N. CHARLESTON, SC 29406			0.	52,489.		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 MASTER'S TABLE, INC. 1839 HWY 701 S LORIS, SC 29569	27-1530638		0.	102,086.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
THE SHEPHERD'S TABLE 1412 A GAMECOCK AVE CONWAY, SC 29526	20-8725196		0.	300,323.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
THE SPECIAL GATHERING 106 MAY STREET WALTERBORO, SC 29488	59-2266042		0.	37,371.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
TRICOUNTY FAMILY MINISTRIES 2105 COSGROVE AVE. N. CHARLESTON, SC 29405	57-0794782		0.	1,035,317.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
TRI-COUNTY VETERANS SUPPORT SERVICES - 109 BEE STREET - CHARLESTON, SC 29401	90-0959126		0.	21,705.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
TRIDENT AREA AGENCY ON AGING 5895 CORE ROAD, SUITE 419 CHARLESTON, SC 29406	57-0945716		0.	53,989.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
TRUE FAITH HOLINESS CHURCH 2005 REYNOLDS AVE N. CHARLESTON, SC 29405			0.	874,500.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
TRUEWAY BAPTIST CHURCH 1759 ROYLE RD SUMMERVILLE, SC 29843	57-0360087		0.	1,496,245.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
UNION BAPTIST CHURCH 4428 PIGGLY WIGGLY AVENUE N. CHARLESTON, SC 29405	57-0735269		0.	28,397.		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
UNITED COMMUNITY FOOD BANK 900 NORTH MERRIMAN ROAD GEORGETOWN, SC 29440	57-0765078		0.	39,681.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
UPPER DORCHESTER COMMUNITY MINISTRIES - 101 RIDGE ST - ST. GEORGE, SC 29477	45-2899355		0.	109,691.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
VANDERHORST KOINONIA MINISTRIES 66 HANOVER STREET CHARLESTON, SC 29403	43-2067926		0.	35,969.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
VICTORY LIFE CENTER 4360 ROSE STREET LORIS, SC 29569	45-2015987		0.	35,228.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
WACCAMAW BAPTIST CHURCH 7160 HIGHWAY 905 CONWAY, SC 29526	57-0735269		0.	22,008.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
WESLEY AME/JEHOVAH HOLINESS 2741 FRENCH SANTEE RD. JAMESTOWN, SC 29453	57-1034730		0.	89,696.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
WESLEY UM SUMMERVILLE 125 PRESSLEY AVE. SUMMERVILLE, SC 29483	31-1813333		0.	58,969.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
WESLEY UMC/HOLLYWOOD 5100 BAPTIST HILL ROAD HOLLYWOOD, SC 29449	31-1813333		0.	130,056.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
WESTMINSTER PRESBYTERIAN CHURCH 1157 SAM RITTENBERG BLVD. CHARLESTON, SC 29407	23-6393377		0.	31,276.		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
WINDOWS OF HEAVEN 931 OLD BACK RIVER ROAD GOOSE CREEK, SC 29445	80-0753053		0.	248,056.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
WITHERS SWASH PARK MINISTRY 500 4TH AVE. N. MYRTLE BEACH, SC 29577	47-3495821		0.	33,268.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
WORLD HARVEST MINISTRIES 3441 WEST MONTAGUE AVE N CHARLESTON, SC 29418	43-0679185		0.	13,853.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
WORLD HARVEST OF HAMPTON 906 3RD STREET E. HAMPTON, SC 29924	43-0679185		0.	27,178.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2019**

Open to Public Inspection

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 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 checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input 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? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- 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? .....
- b** Any related organization? .....
- 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? .....
- b** Any related organization? .....
- 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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2019

**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)	153,660.	20,913.	0.	8,732.	7,355.	190,660.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	231	47,583,087.	VALUATION
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019





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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

LOWCOUNTRY FOOD BANK INC

Employer identification number

57-0751835

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

BOXES DISTRIBUTED IN 2019.

SENIORS IN OUR COMMUNITY ARE PARTICULARLY VULNERABLE TO THE PROBLEM OF  
FOOD INSECURITY. MOST SENIORS ARE ON FIXED INCOMES AND ARE FACED WITH  
THE RISING COST OF LIVING AND HEALTHCARE EXPENSES. THE LCFB'S SENIOR  
MEALS PROGRAM SERVED 120,000 PREPARED MEALS IN 2019 AND OUR VETERANS  
AND HOMELESS POPULATION WERE SERVED MORE THAN 7,000 MEALS. THE  
COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) SERVED MORE THAN 1,800  
SENIORS MONTHLY.

FORM 990, PART VI, SECTION B, LINE 11B:

AFTER THE TREASURER, CEO, AND CFO HAVE REVIEWED THE 990, THE TREASURER  
PRESENTS THE RETURN TO THE FINANCE COMMITTEE FOR REVIEW. THE RETURN IS THEN  
PRESENTED TO THE BOARD OF DIRECTORS FOR FINAL REVIEW AND APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY EACH DIRECTOR, OFFICER, EMPLOYEE AND VOLUNTEER SHALL COMPLETE A  
DISCLOSURE FORM IDENTIFYING ANY RELATIONSHIPS, POSITIONS, OR CIRCUMSTANCES  
IN WHICH HE/SHE IS INVOLVED THAT HE/SHE BELIEVES COULD CONTRIBUTE TO A  
CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

FEEDING AMERICA SALARY REPORTS ARE USED WHEN BENCHMARKING COMPENSATION.

THIS IS DONE FOR ALL STAFF MEMBERS, INCLUDING THE CEO. THE CEO, IN

CONJUNCTION WITH DEPARTMENT HEADS DETERMINE THE ANNUAL SALARY. A FINAL

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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REVIEW IS DONE BY THE BOARD FINANCE COMMITTEE, WITH THE BOARD OF DIRECTORS APPROVING THE SALARY LINE ITEM IN THE NEW BUDGET.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICTS OF INTEREST POLICY AVAILABLE UPON WRITTEN REQUEST. THE ANNUAL FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XII, LINE 2C:

THE PROCESS FOR OVERSIGHT OF THE AUDIT AND COMPILATION OF THE FINANCIAL STATEMENTS HAS NOT CHANGED FROM THE PREVIOUS YEAR.