

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2022

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Part I Summary: B Check if applicable, C Name of organization (LOWCOUNTRY FOOD BANK INC), D Employer identification number (57-0751835), E Telephone number ((843)747-8146), G Gross receipts (\$79,282,842), H(a) Is this a group return for subordinates? (No), H(b) Are all subordinates included? (No), I Tax-exempt status (501(c)(3)), J Website (WWW.LOWCOUNTRYFOODBANK.ORG), K Form of organization (Corporation), L Year of formation (1983), M State of legal domicile (SC)

Table with 4 columns: Line number, Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

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.

Signature fields for Officer (NICHOLAS OSBORNE, PRESIDENT/CEO), Preparer (JEREMY NAESS), and Preparer's firm (FORVIS, LLP).

May the IRS discuss this return with the preparer shown above? See instructions (Yes)

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 \$ 72,590,926. including grants of \$ 60,982,558.) (Revenue \$ 2,773,302.) 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 2022, THE LCFB DISTRIBUTED, IN PARTNERSHIP WITH APPROXIMATELY 300 PARTNERS, OVER 39.7 MILLION POUNDS, INCLUDING OVER 16.6 MILLION POUNDS OF FRESH PRODUCE TO OVER 200,200 FOOD-INSECURE CHILDREN, SENIORS AND FAMILIES ACROSS COASTAL SOUTH CAROLINA. THE COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) SERVED APPROXIMATELY 3,000 SENIORS MONTHLY.

4b (Code:) (Expenses \$ 1,287,034. including grants of \$ 937,992.) (Revenue \$ 929,063.) CHILD AND SENIOR HUNGER-RELIEF PROGRAMS: LOWCOUNTRY FOOD BANK REACHES CHILDREN AND SENIORS THROUGH MULTIPLE PROGRAMS. THROUGH OUR BACKPACK BUDDIES PROGRAM, WE REACHED OVER 3,000 CHILDREN A WEEK DURING THE SCHOOL YEAR, DISTRIBUTING MORE THAN 105,000 BACKPACK BUDDIES BAGS. WE PARTNERED WITH 38 SCHOOLS TO REACH STUDENTS AND THEIR FAMILIES THROUGH EITHER PRE-PACKED BOXES OR AN ONSITE MARKET, DISTRIBUTING OVER 106,000 POUNDS OF FOOD. THROUGH OUR KIDS CAF PROGRAM, WE WORK WITH AFTERSCHOOL PROGRAM PARTNERS TO PROVIDE SUPPER MEALS AND/OR SNACKS TO OVER 900 CHILDREN DAILY AT 25 SITES. DURING THE SUMMER MONTHS, WE WORKED WITH SUMMER CAMPS TO DISTRIBUTE OVER 20,000 MEALS TO 18 SITES. OUR FRESH FOR KIDS PROGRAM INCLUDED 72 POP-UP PRODUCE EVENTS, DISTRIBUTING MORE THAN 79,000 POUNDS OF FRESH PRODUCE TO STUDENTS AND THEIR FAMILIES. THE

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 73,877,960.

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 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>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	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>	6	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>	7	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>	8	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>	9	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>	10	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>	11a 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>	11b	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>	11c	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>	11d	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>	11e 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>	11f 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>	12a 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>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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>	14b	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>	15	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>	16	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> See instructions	17 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>	18 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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 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
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on 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
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c 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)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	19	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	19	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed SC
- 18** Section 6104 requires an organization to make its Forms 1023 (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.
 Own website Another's website 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) NICHOLAS OSBORNE PRESIDENT & CEO	40.00			X			232,650.	0.	18,423.	
(2) BRENDA SHAW CHIEF DEVELOPMENT OFFICER	40.00			X			142,698.	0.	14,211.	
(3) JORDAN RUSSO CHIEF OPERATING OFFICER	40.00			X			114,400.	0.	9,837.	
(4) FELICIA HOUSTON CHIEF FINANCIAL OFFICER	40.00			X			108,650.	0.	10,802.	
(5) JENNIFER DEWITT CHIEF COMMUNITY PROGRAM OFFICER	40.00			X			98,499.	0.	11,980.	
(6) MONICA SCOTT CHAIRMAN	5.00	X		X			0.	0.	0.	
(7) BILL TRULL VICE-CHAIRMAN	5.00	X		X			0.	0.	0.	
(8) JIM CHILTON TREASURER	5.00	X		X			0.	0.	0.	
(9) MICHAEL MINTZ SECRETARY	5.00	X		X			0.	0.	0.	
(10) REV. DR. BYRON BENTON BOARD MEMBER	1.00	X					0.	0.	0.	
(11) BUTLER WILLIS, KIMBERLY BOARD MEMBER	1.00	X					0.	0.	0.	
(12) MARK CROCKER BOARD MEMBER	1.00	X					0.	0.	0.	
(13) LINDSEY DOUGLAS BOARD MEMBER	1.00	X					0.	0.	0.	
(14) AMIE GRIMES BOARD MEMBER	1.00	X					0.	0.	0.	
(15) JEFF HELMS BOARD MEMBER	1.00	X					0.	0.	0.	
(16) DONALD L'ABBATE BOARD MEMBER	1.00	X					0.	0.	0.	
(17) FRANK LAPSLEY BOARD MEMBER	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) MARIA MUNGO BOARD MEMBER	1.00	X						0.	0.	0.
(19) RICK REDDEN BOARD MEMBER	1.00	X						0.	0.	0.
(20) DIANE ROSS-JACKSON BOARD MEMBER	1.00	X						0.	0.	0.
(21) JOEL SMITH BOARD MEMBER	1.00	X						0.	0.	0.
(22) MIKE SMITH BOARD MEMBER	1.00	X						0.	0.	0.
(23) ERICA TAYLOR BOARD MEMBER	1.00	X						0.	0.	0.
(24) MICHAEL WILSON BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal							696,897.	0.	65,253.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							696,897.	0.	65,253.	

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 **4**

	Yes	No
3 Did the organization list any former 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
NONE		

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 **0**

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	1 a Federated campaigns	1a	46,578.				
	b Membership dues	1b					
	c Fundraising events	1c	607,575.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	74,455,913.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 62,640,826.				
	h Total. Add lines 1a-1f			75,110,066.			
Program Service Revenue	2 a SHARED MAINTENANCE REVENUE	Business Code					
		900099	1,773,683.	1,773,683.			
	b SNAP EDUCATION	900099	764,622.	764,622.			
	c KIDS CAFE	900099	499,647.	499,647.			
	d SENIOR MEALS	900099	351,757.	351,757.			
	e OTHER PROGRAM REVENUE	900099	234,997.	234,997.			
	f All other program service revenue	900099	77,659.	77,659.			
g Total. Add lines 2a-2f			3,702,365.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		32,825.			32,825.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	184,573.			
			(ii) Personal				
				39,773.			
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c	144,800.				
	d Net rental income or (loss)			144,800.	-19,090.	163,890.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities		50,000.		
			(ii) Other				
					999.		
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c		49,001.			
	d Net gain or (loss)			49,001.		49,001.	
8 a Gross income from fundraising events (not including \$ 607,575. of contributions reported on line 1c). See Part IV, line 18	8a		115,963.				
			85,069.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			30,894.		30,894.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a CHANGE IN INTEREST	Business Code					
		900099	82,622.			82,622.	
	b MISCELLANEOUS INCOME	900099	4,428.			4,428.	
	c						
	d All other revenue						
e Total. Add lines 11a-11d			87,050.				
12 Total revenue. See instructions			79,157,001.	3,702,365.	-19,090.	363,660.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	61,920,550.	61,920,550.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	696,898.	327,058.	341,300.	28,540.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,455,988.	2,339,414.	487,121.	629,453.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	156,347.	123,359.	3,194.	29,794.
9 Other employee benefits	420,325.	304,489.	65,629.	50,207.
10 Payroll taxes	313,458.	215,147.	45,280.	53,031.
11 Fees for services (nonemployees):				
a Management				
b Legal	2,348.		2,348.	
c Accounting	56,968.	6,358.	50,610.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	546,854.			546,854.
f Investment management fees	3,147.	2,423.		724.
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	241,049.	69,646.	101,864.	69,539.
12 Advertising and promotion	68,010.	1,491.		66,519.
13 Office expenses	50,517.	30,893.	9,884.	9,740.
14 Information technology	173,190.	107,135.	65,480.	575.
15 Royalties				
16 Occupancy	390,823.	370,497.	20,326.	
17 Travel	64,107.	49,305.	11,207.	3,595.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,420.	2,100.	1,035.	285.
20 Interest	15,178.	10,473.	4,553.	152.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	917,134.	630,517.	277,371.	9,246.
23 Insurance	346,831.	270,244.	74,116.	2,471.
24 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.)				
a FOOD DISTRIBUTION	5,901,138.	5,901,138.		
b DIRECT PROGRAM EXPENSE	1,155,325.	1,155,325.		
c MISCELLANEOUS EXPENSES	52,401.	40,398.	11,911.	92.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	76,952,006.	73,877,960.	1,573,229.	1,500,817.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	15,927,162.	1	9,135,382.
	2 Savings and temporary cash investments	1,968,986.	2	9,326,885.
	3 Pledges and grants receivable, net	251,318.	3	1,594,050.
	4 Accounts receivable, net	133,631.	4	190,124.
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,443,289.	8	1,749,130.
	9 Prepaid expenses and deferred charges	34,111.	9	35,200.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 12,472,442.		
	b Less: accumulated depreciation	10b 6,030,001.	10c	6,442,441.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,375,560.	15	303,133.
16 Total assets. Add lines 1 through 15 (must equal line 33)	27,953,489.	16	28,776,345.	
Liabilities	17 Accounts payable and accrued expenses	1,088,092.	17	651,355.
	18 Grants payable		18	
	19 Deferred revenue	103,500.	19	158,396.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,133,915.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	-2,537.	25	119,460.
	26 Total liabilities. Add lines 17 through 25	2,322,970.	26	929,211.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	24,616,289.	27	27,255,398.
	28 Net assets with donor restrictions	1,014,230.	28	591,736.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	25,630,519.	32	27,847,134.
	33 Total liabilities and net assets/fund balances	27,953,489.	33	28,776,345.

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	79,157,001.
2	Total expenses (must equal Part IX, column (A), line 25)	2	76,952,006.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,204,995.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	25,630,519.
5	Net unrealized gains (losses) on investments	5	11,620.
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	27,847,134.

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 on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- 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
1		
2a		X
b	X	
c	X	
3a	X	
3b	X	

Form 990 (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	56415519.	54980163.	74983368.	78163946.	78163946.	342706942
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3171281.	3200422.	2362651.	2296818.	2914481.	13945653.
3 Gross receipts from activities that are not an unrelated trade or business under section 513	66,097.	57,738.	1106005.	800,976.	115,255.	2146071.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	59652897.	58238323.	78452024.	81261740.	81193682.	358798666
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	27,945.	36,737.	52,847.	258,364.	146,798.	522,691.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	27,945.	36,737.	52,847.	258,364.	146,798.	522,691.
8 Public support. (Subtract line 7c from line 6.)						358275975

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	59652897.	58238323.	78452024.	81261740.	81193682.	358798666
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	151,818.	156,346.	150,175.	242,503.	290,584.	991,426.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	-36,700.	-31,271.	-51,955.	-31,934.	-19,090.	-170,950.
c Add lines 10a and 10b	115,118.	125,075.	98,220.	210,569.	271,494.	820,476.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	59768015.	58363398.	78550244.	81472309.	81465176.	359619142

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	99.63 %
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	99.69 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	.23 %
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	.20 %

19a 33 1/3% support tests - 2022. 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 - 2021. 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

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.)

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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>1,481,456.</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>350,000.</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>310,000.</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>250,348.</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>194,584.</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>183,700.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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>160,221.</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>160,000.</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>147,430.</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>120,000.</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>112,945.</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>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ 99,960.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ 95,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ 94,373.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ 74,540.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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/>	\$ <u>72,287.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	 <hr/> <hr/> <hr/>	\$ <u>70,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	 <hr/> <hr/> <hr/>	\$ <u>70,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	 <hr/> <hr/> <hr/>	\$ <u>67,674.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	 <hr/> <hr/> <hr/>	\$ <u>59,327.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	 <hr/> <hr/> <hr/>	\$ <u>56,017.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	<hr/> <hr/> <hr/>	\$ 49,560.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	<hr/> <hr/> <hr/>	\$ 47,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	<hr/> <hr/> <hr/>	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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/>	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	<hr/> <hr/> <hr/>	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	<hr/> <hr/> <hr/>	\$ 35,853.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	<hr/> <hr/> <hr/>	\$ 32,410.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	<hr/> <hr/> <hr/>	\$ 30,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	<hr/> <hr/> <hr/>	\$ 30,291.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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	 <hr/> <hr/> <hr/>	\$ 30,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	 <hr/> <hr/> <hr/>	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	 <hr/> <hr/> <hr/>	\$ 27,849.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	 <hr/> <hr/> <hr/>	\$ 27,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	 <hr/> <hr/> <hr/>	\$ 27,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	 <hr/> <hr/> <hr/>	\$ 26,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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/>	\$ 25,287.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	 <hr/> <hr/> <hr/>	\$ 25,267.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	 <hr/> <hr/> <hr/>	\$ 25,260.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	 <hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	 <hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	 <hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	<hr/> <hr/> <hr/>	\$ 24,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	<hr/> <hr/> <hr/>	\$ 23,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	<hr/> <hr/> <hr/>	\$ 22,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	<hr/> <hr/> <hr/>	\$ 21,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	<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 LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	<hr/> <hr/> <hr/>	\$ 19,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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	_____ _____ _____	\$ 19,165.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	_____ _____ _____	\$ 18,132.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	_____ _____ _____	\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	_____ _____ _____	\$ 17,637.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	_____ _____ _____	\$ 17,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	_____ _____ _____	\$ 17,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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	 <hr/> <hr/> <hr/>	\$ <u>17,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	 <hr/> <hr/> <hr/>	\$ <u>17,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	 <hr/> <hr/> <hr/>	\$ <u>16,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	 <hr/> <hr/> <hr/>	\$ <u>15,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	 <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.)
84	 <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.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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>15,000.</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>15,000.</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>14,403.</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>14,165.</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>14,000.</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>13,776.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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	<hr/> <hr/> <hr/>	\$ 13,660.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	<hr/> <hr/> <hr/>	\$ 13,571.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	<hr/> <hr/> <hr/>	\$ 13,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	<hr/> <hr/> <hr/>	\$ 13,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	<hr/> <hr/> <hr/>	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	<hr/> <hr/> <hr/>	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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>12,555.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	_____ _____ _____	\$ <u>12,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	_____ _____ _____	\$ <u>12,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	_____ _____ _____	\$ <u>12,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	_____ _____ _____	\$ <u>12,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	_____ _____ _____	\$ <u>12,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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>11,910.</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>11,758.</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>11,500.</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>11,500.</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>11,200.</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>11,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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	 <hr/> <hr/> <hr/>	\$ <u>10,906.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110	 <hr/> <hr/> <hr/>	\$ <u>10,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111	 <hr/> <hr/> <hr/>	\$ <u>10,320.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112	 <hr/> <hr/> <hr/>	\$ <u>10,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113	 <hr/> <hr/> <hr/>	\$ <u>10,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114	 <hr/> <hr/> <hr/>	\$ <u>10,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
122	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
123	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
125	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
126	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
128	<hr/> <hr/> <hr/>	\$ <u>10,000.</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>10,000.</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>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
131	<hr/> <hr/> <hr/>	\$ <u>10,000.</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>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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>10,000.</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>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
141	<hr/> <hr/> <hr/>	\$ <u>10,000.</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>10,000.</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>10,000.</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 LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
146	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
147	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
148	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
149	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
150	<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 LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
152	_____ _____ _____	\$ <u>10,000.</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>9,844.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
155	_____ _____ _____	\$ <u>9,353.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
156	_____ _____ _____	\$ <u>9,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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	_____ _____ _____	\$ <u>9,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
158	_____ _____ _____	\$ <u>9,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
159	_____ _____ _____	\$ <u>9,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
160	_____ _____ _____	\$ <u>8,800.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
161	_____ _____ _____	\$ <u>8,547.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
162	_____ _____ _____	\$ <u>8,400.</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
163	_____ _____ _____	\$ <u>8,020.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
164	_____ _____ _____	\$ <u>8,010.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
165	_____ _____ _____	\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
166	_____ _____ _____	\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
167	_____ _____ _____	\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
168	_____ _____ _____	\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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	_____ _____ _____	\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
170	_____ _____ _____	\$ <u>7,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
171	_____ _____ _____	\$ <u>7,600.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
172	_____ _____ _____	\$ <u>7,540.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
173	_____ _____ _____	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
174	_____ _____ _____	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
176	_____ _____ _____	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
177	_____ _____ _____	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
178	_____ _____ _____	\$ <u>7,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
179	_____ _____ _____	\$ <u>7,185.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
180	_____ _____ _____	\$ <u>7,050.</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
181	_____ _____ _____	\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
182	_____ _____ _____	\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
183	_____ _____ _____	\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
184	_____ _____ _____	\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
185	_____ _____ _____	\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
186	_____ _____ _____	\$ <u>6,750.</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
187	_____ _____ _____	\$ <u>6,700.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
188	_____ _____ _____	\$ <u>6,655.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
189	_____ _____ _____	\$ <u>6,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
190	_____ _____ _____	\$ <u>6,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
191	_____ _____ _____	\$ <u>6,426.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
192	_____ _____ _____	\$ <u>6,400.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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	_____ _____ _____	\$ <u>6,397.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
194	_____ _____ _____	\$ <u>6,230.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
195	_____ _____ _____	\$ <u>6,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
196	_____ _____ _____	\$ <u>6,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
197	_____ _____ _____	\$ <u>6,060.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
198	_____ _____ _____	\$ <u>6,048.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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	<hr/> <hr/> <hr/>	\$ <u>6,048.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
200	<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.)
201	<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.)
202	<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.)
203	<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.)
204	<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.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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	 <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.)
206	 <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.)
207	 <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.)
208	 <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.)
209	 <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.)
210	 <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.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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
211	_____ _____ _____	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
212	_____ _____ _____	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
213	_____ _____ _____	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
214	_____ _____ _____	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
215	_____ _____ _____	\$ <u>5,950.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
216	_____ _____ _____	\$ <u>5,900.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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
217	 <hr/> <hr/> <hr/>	\$ <u>5,765.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
218	 <hr/> <hr/> <hr/>	\$ <u>5,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
219	 <hr/> <hr/> <hr/>	\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
220	 <hr/> <hr/> <hr/>	\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
221	 <hr/> <hr/> <hr/>	\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
222	 <hr/> <hr/> <hr/>	\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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
223	_____ _____ _____	\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
224	_____ _____ _____	\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
225	_____ _____ _____	\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
226	_____ _____ _____	\$ <u>5,405.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
227	_____ _____ _____	\$ <u>5,400.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
228	_____ _____ _____	\$ <u>5,400.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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
229	 <hr/> <hr/> <hr/>	\$ <u>5,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
230	 <hr/> <hr/> <hr/>	\$ <u>5,282.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
231	 <hr/> <hr/> <hr/>	\$ <u>5,225.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
232	 <hr/> <hr/> <hr/>	\$ <u>5,150.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
233	 <hr/> <hr/> <hr/>	\$ <u>5,150.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
234	 <hr/> <hr/> <hr/>	\$ <u>5,128.</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
235	<hr/> <hr/> <hr/>	\$ <u>5,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
236	<hr/> <hr/> <hr/>	\$ <u>5,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
237	<hr/> <hr/> <hr/>	\$ <u>5,050.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
238	<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.)
239	<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.)
240	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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
241	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
242	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
243	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
244	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
245	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
246	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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
247	 <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.)
248	 <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.)
249	 <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.)
250	 <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.)
251	 <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.)
252	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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
253	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
254	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
255	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
256	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
257	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
258	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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
259	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
260	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
261	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
262	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
263	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
264	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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
265	 <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.)
266	 <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.)
267	 <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.)
268	 <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.)
269	 <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.)
270	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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
271	<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.)
272	<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.)
273	<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.)
274	<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.)
275	<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.)
276	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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
277	 <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.)
278	 <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.)
279	 <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.)
280	 <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.)
281	 <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.)
282	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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
283	 <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.)
284	 <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.)
285	 <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.)
286	 <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.)
287	 <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.)
288	 <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.)

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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
289	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
290	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
291	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
292	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
293	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
294	_____ _____ _____	\$ <u>5,000.</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
295	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
296	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
297	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
298	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
299	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
300	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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
301	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
302	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
303	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
304	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
305	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
306	_____ _____ _____	\$ <u>5,000.</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
307	 <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.)
308	 <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.)
309	 <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.)
310	 <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.)
311	 <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.)
312	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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
313	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
314	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
315	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
316	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
317	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
318	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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
319	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
320	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
321	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
322	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
323	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
324	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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
325	 <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.)
326	 <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.)
327	 <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.)
328	 <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.)
329	 <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.)
330	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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
331	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
332	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
333	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
334	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
335	_____ _____ _____	\$ <u>196,525.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
336	_____ _____ _____	\$ <u>125,042.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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
337	_____ _____ _____	\$ <u>29,436.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
338	_____ _____ _____	\$ <u>42,292.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
339	_____ _____ _____	\$ <u>216,351.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
340	_____ _____ _____	\$ <u>13,200.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
341	_____ _____ _____	\$ <u>208,370.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
342	_____ _____ _____	\$ <u>6,250.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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
343	<hr/> <hr/> <hr/>	\$ <u>37,715.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
344	<hr/> <hr/> <hr/>	\$ <u>1,136,726.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
345	<hr/> <hr/> <hr/>	\$ <u>247,939.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
346	<hr/> <hr/> <hr/>	\$ <u>16,923.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
347	<hr/> <hr/> <hr/>	\$ <u>21,047.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
348	<hr/> <hr/> <hr/>	\$ <u>8,710,057.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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
349	 <hr/> <hr/> <hr/>	\$ <u>72,405.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
350	 <hr/> <hr/> <hr/>	\$ <u>39,986.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
351	 <hr/> <hr/> <hr/>	\$ <u>775,611.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
352	 <hr/> <hr/> <hr/>	\$ <u>81,934.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
353	 <hr/> <hr/> <hr/>	\$ <u>633,876.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
354	 <hr/> <hr/> <hr/>	\$ <u>165,890.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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
355	 <hr/> <hr/> <hr/>	\$ <u>10,403.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
356	 <hr/> <hr/> <hr/>	\$ <u>44,124.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
357	 <hr/> <hr/> <hr/>	\$ <u>303,097.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
358	 <hr/> <hr/> <hr/>	\$ <u>11,250.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
359	 <hr/> <hr/> <hr/>	\$ <u>694,823.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
360	 <hr/> <hr/> <hr/>	\$ <u>20,321.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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
361	<hr/> <hr/> <hr/>	\$ <u>72,253.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
362	<hr/> <hr/> <hr/>	\$ <u>90,163.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
363	<hr/> <hr/> <hr/>	\$ <u>10,408.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
364	<hr/> <hr/> <hr/>	\$ <u>807,619.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
365	<hr/> <hr/> <hr/>	\$ <u>6,426,102.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
366	<hr/> <hr/> <hr/>	\$ <u>2,689,144.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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
367	<hr/> <hr/> <hr/>	\$ <u>19,571,259.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
368	<hr/> <hr/> <hr/>	\$ <u>11,980.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
369	<hr/> <hr/> <hr/>	\$ <u>1,198,019.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
370	<hr/> <hr/> <hr/>	\$ <u>45,894.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
371	<hr/> <hr/> <hr/>	\$ <u>36,228.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
372	<hr/> <hr/> <hr/>	\$ <u>466,378.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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
373	_____ _____ _____	\$ <u>75,650.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
374	_____ _____ _____	\$ <u>348,207.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
375	_____ _____ _____	\$ <u>24,536.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
376	_____ _____ _____	\$ <u>294,647.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
377	_____ _____ _____	\$ <u>6,218,302.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
378	_____ _____ _____	\$ <u>7,664.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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
379	<hr/> <hr/> <hr/>	\$ <u>211,125.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
380	<hr/> <hr/> <hr/>	\$ <u>131,076.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
381	<hr/> <hr/> <hr/>	\$ <u>138,409.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ <u> </u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ <u> </u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ <u> </u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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
335	GOODS _____ _____ _____	\$ <u>196,525.</u>	<u>12/31/22</u>
336	GOODS _____ _____ _____	\$ <u>125,042.</u>	<u>12/31/22</u>
337	GOODS _____ _____ _____	\$ <u>29,436.</u>	<u>12/31/22</u>
338	GOODS _____ _____ _____	\$ <u>42,292.</u>	<u>12/31/22</u>
339	GOODS _____ _____ _____	\$ <u>216,351.</u>	<u>12/31/22</u>
340	GOODS _____ _____ _____	\$ <u>13,200.</u>	<u>12/31/22</u>

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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
341	GOODS _____ _____ _____	\$ <u>208,370.</u>	<u>12/31/22</u>
342	GOODS _____ _____ _____	\$ <u>6,250.</u>	<u>12/31/22</u>
343	GOODS _____ _____ _____	\$ <u>37,715.</u>	<u>12/31/22</u>
344	GOODS _____ _____ _____	\$ <u>1,136,726.</u>	<u>12/31/22</u>
345	GOODS _____ _____ _____	\$ <u>247,939.</u>	<u>12/31/22</u>
346	GOODS _____ _____ _____	\$ <u>16,923.</u>	<u>12/31/22</u>

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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
347	GOODS _____ _____ _____	\$ <u>21,047.</u>	<u>12/31/22</u>
348	GOODS _____ _____ _____	\$ <u>8,710,057.</u>	<u>12/31/22</u>
349	GOODS _____ _____ _____	\$ <u>72,405.</u>	<u>12/31/22</u>
350	GOODS _____ _____ _____	\$ <u>39,986.</u>	<u>12/31/22</u>
351	GOODS _____ _____ _____	\$ <u>775,611.</u>	<u>12/31/22</u>
352	GOODS _____ _____ _____	\$ <u>81,934.</u>	<u>12/31/22</u>

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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
353	GOODS _____ _____ _____	\$ <u>633,876.</u>	<u>12/31/22</u>
354	GOODS _____ _____ _____	\$ <u>165,890.</u>	<u>12/31/22</u>
355	GOODS _____ _____ _____	\$ <u>10,403.</u>	<u>12/31/22</u>
356	GOODS _____ _____ _____	\$ <u>44,124.</u>	<u>12/31/22</u>
357	GOODS _____ _____ _____	\$ <u>303,097.</u>	<u>12/31/22</u>
358	GOODS _____ _____ _____	\$ <u>11,250.</u>	<u>12/31/22</u>

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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
359	GOODS _____ _____ _____	\$ <u>694,823.</u>	<u>12/31/22</u>
360	GOODS _____ _____ _____	\$ <u>20,321.</u>	<u>12/31/22</u>
361	GOODS _____ _____ _____	\$ <u>72,253.</u>	<u>12/31/22</u>
362	GOODS _____ _____ _____	\$ <u>90,163.</u>	<u>12/31/22</u>
363	GOODS _____ _____ _____	\$ <u>10,408.</u>	<u>12/31/22</u>
364	GOODS _____ _____ _____	\$ <u>807,619.</u>	<u>12/31/22</u>

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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
365	GOODS _____ _____ _____	\$ <u>6,426,102.</u>	<u>12/31/22</u>
366	GOODS _____ _____ _____	\$ <u>2,689,144.</u>	<u>12/31/22</u>
367	GOODS _____ _____ _____	\$ <u>19,571,259.</u>	<u>12/31/22</u>
368	GOODS _____ _____ _____	\$ <u>11,980.</u>	<u>12/31/22</u>
369	GOODS _____ _____ _____	\$ <u>1,198,019.</u>	<u>12/31/22</u>
370	GOODS _____ _____ _____	\$ <u>45,894.</u>	<u>12/31/22</u>

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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
371	GOODS _____ _____ _____	\$ <u>36,228.</u>	<u>12/31/22</u>
372	GOODS _____ _____ _____	\$ <u>466,378.</u>	<u>12/31/22</u>
373	GOODS _____ _____ _____	\$ <u>75,650.</u>	<u>12/31/22</u>
374	GOODS _____ _____ _____	\$ <u>348,207.</u>	<u>12/31/22</u>
375	GOODS _____ _____ _____	\$ <u>24,536.</u>	<u>12/31/22</u>
376	GOODS _____ _____ _____	\$ <u>294,647.</u>	<u>12/31/22</u>

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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
377	GOODS _____ _____ _____	\$ <u>6,218,302.</u>	<u>12/31/22</u>
378	GOODS _____ _____ _____	\$ <u>7,664.</u>	<u>12/31/22</u>
379	GOODS _____ _____ _____	\$ <u>211,125.</u>	<u>12/31/22</u>
380	GOODS _____ _____ _____	\$ <u>131,076.</u>	<u>12/31/22</u>
381	GOODS _____ _____ _____	\$ <u>138,409.</u>	<u>12/31/22</u>
_____	_____ _____ _____	\$ _____	_____

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions about monitoring, expenses, and reporting requirements.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting requirements for art and historical treasures, and a table for revenue and assets included.

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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		4,103,977.	2,195,353.	1,908,624.
c Leasehold improvements		1,741,920.	931,810.	810,110.
d Equipment		5,039,046.	2,695,552.	2,343,494.
e Other		387,499.	207,286.	180,213.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,442,441.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE PAYABLE	119,460.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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	79,423,632.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	11,620.	
b	Donated services and use of facilities	2b	141,191.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	124,841.	
e	Add lines 2a through 2d	2e		277,652.
3	Subtract line 2e from line 1	3		79,145,980.
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	8,892.	
b	Other (Describe in Part XIII.)	4b	2,129.	
c	Add lines 4a and 4b	4c		11,021.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		79,157,001.

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	77,207,017.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	130,191.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	124,841.	
e	Add lines 2a through 2d	2e		255,032.
3	Subtract line 2e from line 1	3		76,951,985.
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	21.	
c	Add lines 4a and 4b	4c		21.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		76,952,006.

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)

2022

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES	39,773.
FUNDRAISING EXPENSES INCLUDED IN REVENUE	85,068.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	124,841.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

PLUG	2,129.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES	39,773.
FUNDRAISING EXPENSES INCLUDED IN REVENUE	85,068.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	124,841.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DIFFERENCE BETWEEN AFS AND PBC FE	21.
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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 (add col. (a) through col. (c))
		CHEF'S FEAST	WALK TO FIGHT HUNGER	NONE	
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	603,873.	119,665.	723,538.
	2	Less: Contributions	492,815.	114,760.	607,575.
	3	Gross income (line 1 minus line 2)	111,058.	4,905.	115,963.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	16,701.		16,701.
	7	Food and beverages	9,802.		9,802.
	8	Entertainment			
	9	Other direct expenses	51,815.	6,751.	58,566.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			85,069.
11	Net income summary. Subtract line 10 from line 3, column (d)			30,894.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

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

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

Name _____

Address _____

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

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

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

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

b Enter the amount of distributions required under state law 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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALLEN AME CHURCH (EDISTO) 8060 BOTANY BAY RD. EDISTO ISLAND, SC 29438	53-0204696	501(C)(3)	0.	176,992.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ANSONBOROUGH HOUSE 71 SOCIETY STREET CHARLESTON, SC 29401	57-0729489	501(C)(3)	0.	10,342.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
PARK CIRCLE CARES 4445 OLD PARK ROAD NORTH CHARLESTON, SC 29405	81-3344149	501(C)(3)	0.	127,156.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ABIDING WORD FAMILY MINISTRIES 227 ABIDING WAY MONCKS CORNER, SC 29461	57-1057520	501(C)(3)	0.	8,313.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
HOLY CITY MISSIONS AT ALDERSGATE UNITED METHODIST - 1444 REMOUNT ROAD - NORTH CHARLESTON, SC 29406	31-1813333	501(C)(3)	0.	168,774.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
BETHEL AME CHURCH (RIDGEVILLE) 165 SOUTH RAILROAD AVE RIDGEVILLE, SC 29472	53-0204696	501(C)(3)	0.	119,711.		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 **263.**

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

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Schedule I (Form 990) 2022

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHEL AME RAVENEL 4595 SAVANNAH HWY. RAVENEL, SC 29470	53-0204696	501(C)(3)	0.	18,645.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
BETHEL UNITED METHODIST CHURCH 57 PITT STREET CHARLESTON, SC 29401	31-1813333	501(C)(3)	0.	200,928.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
BUCK CREEK BAPTIST CHURCH 11483 HWY 905 N LONGS, SC 29568	57-0360087	501(C)(3)	0.	239,743.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
BERKELEY CHURCH OF CHRIST 1483 HWY 52 SOUTH MONCKS CORNER, SC 29461		501(C)(3)	0.	125,568.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
BETHEL OUTREACH MINISTRIES 5585 MEMORIAL BLVD. ST. GEORGE, SC 29477	53-0204696	501(C)(3)	0.	430,348.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
BETHEL PENTECOSTAL HOLINESS #3 2331 ELDER AVENUE NORTH CHARLESTON, SC 29406	53-0204696	501(C)(3)	0.	5,409.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
BLUFFTON SELF HELP 39 SHERIDAN PARK CIRCLE #10 BLUFFTON, SC 29910	57-0862658	501(C)(3)	0.	123,260.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
THE CHOSEN ONE MINISTRY 550 CYPRESS CREEK ROAD PINELAND, SC 29934	47-3016158	501(C)(3)	0.	10,145.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CHISOM HOUSING GROUP - COLLETON HEIGHTS - 100 SNIDERS HWY - WALTERBORO, SC 29488	91-2193633	501(C)(3)	0.	28,357.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCHES ASSISTING PEOPLE 307 WRIGHT BOULEVARD CONWAY, SC 29526	57-0865901	501(C)(3)	0.	760,243.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CROSS COMMUNITY CHURCH 1025 SEA ISLAND PARKWAY ST. HELENA ISLAND, SC 29920	32-0490833	501(C)(3)	0.	12,641.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CHARLESTON AREA SENIOR CITIZENS 259 MEETING STREET CHARLESTON, SC 29401	57-6030048	501(C)(3)	0.	22,375.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
THE CHURCH OF THE CROSS 15A CENTRE DR BLUFFTON, SC 29910	57-0684046	501(C)(3)	0.	164,487.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
NEW BEGINNING OUTREACH (DOC) 600 BEACH ROAD WALTERBORO, SC 29488	35-0868116	501(C)(3)	0.	19,849.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
COMMUNITY KITCHEN OF MYRTLE BEACH 1411 MR. JOE WHITE AVE. MYRTLE BEACH, SC 29577	57-0965358	501(C)(3)	0.	685,802.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CREATIVE CHURCH FOOD PANTRY 1293 PLANTATION DR. HARDEVILLE, SC 29927	27-4463475	501(C)(3)	0.	66,492.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ONE80 PLACE 35 WALNUT STREET CHARLESTON, SC 29403	57-0789483	501(C)(3)	0.	182,591.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CHRIST TEMPLE OF SUMMERVILLE 1815 OLD TROLLEY ROAD SUITE 104 SUMMERVILLE, SC 29485	57-0950671	501(C)(3)	0.	24,342.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CEDAR GROVE MISSIONARY BAPTIST 2384 US HWY 521 ANDREWS, SC 29510	54-2110052	501(C)(3)	0.	286,569.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CATHEDRAL BREAD BASKET 3790 ASHLEY PHOSPHATE RD. NORTH CHARLESTON, SC 29418	57-0875016	501(C)(3)	0.	132,686.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CANAAAN MISSIONARY BAPTIST 908 TRASK PARKWAY SHELDON, SC 29941	57-0863423	501(C)(3)	0.	21,360.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CHESTERFIELD MISSIONARY BAPTIST CHURCH - 8591 HIGHWAY 90 - LONGS, SC 29568	57-1022773	501(C)(3)	0.	201,878.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CARING & SHARING 128 WEST GEORGE STREET HEMINGWAY, SC 29554	58-2317638	501(C)(3)	0.	235,063.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
COUNTRYSIDE HUNGER STRIKE PROJECT 1818 S. LIVE OAK DRIVE MONCKS CORNER, SC 29461	74-3113850	501(C)(3)	0.	10,784.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CHERRY HILL MISSIONARY BAPTIST CHURCH - 421 SMITH STREET - CONWAY, SC 29526	57-0807394	501(C)(3)	0.	1,216,377.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
FAITH OUTREACH MINISTRIES OF THE GRAND STRAND - 8901 HWY 17 BYPASS SOUTH - SURFSIDE BEACH, SC 29575	82-3645227	501(C)(3)	0.	785,630.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
FAITH OUTREACH MINISTRIES- CONWAY 1519 MILL POND RD CONWAY, SC 29527	82-3645227	501(C)(3)	0.	84,115.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAITH OUTREACH MINISTRIES LATINX CONWAY - 1871 HWY 544 - CONWAY, SC 29526	82-3645227	501(C)(3)	0.	44,749.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
FAITH OUTREACH MINISTRIES LATINX SOCASTEE - 5033 OLD DICK POND RD - MYRTLE BEACH, SC 29588	82-3645227	501(C)(3)	0.	32,687.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
JEWISH FAMILY SERVICES OF GREATER CHARLESTON - 1635 RAOUL WALLENBERG BLVD., CHS 24907 - CHARLESTON, SC 29407	57-6000188	501(C)(3)	0.	110,171.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
THE JOSHUA GROUP/CHRIST TEMPLE N. CHS - 1309 SUMNER AVENUE - NORTH CHARLESTON, SC 29406	57-1101351	501(C)(3)	0.	78,061.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CHARLESTON JEWISH FEDERATION 176 CROGHAN SPUR ROAD, SUITE 100 CHARLESTON, SC 29407	57-6000188	501(C)(3)	0.	35,783.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CROSSWAY BAPTIST CHURCH 1839 HWY 701 S LORIS, SC 29569	57-0360087	501(C)(3)	0.	609,077.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CRC - SUMMERVILLE 116 W 2ND NORTH ST. SUMMERVILLE, SC 29483	82-4620148	501(C)(3)	0.	800,514.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CRC - NORTH CHARLESTON 3947 WHIPPER BARONY LANE NORTH CHARLESTON, SC 29406	82-4620148	501(C)(3)	0.	1,802,250.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CRC-ST. JAMES SANTEE ELEMEN. 8900 US HWY 17 MCCLELLANVILLE, SC 29458	82-4620148	501(C)(3)	0.	113,880.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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CRC-ADAMS RUN 5495 PARKERS FERRY ROAD ADAMS RUN, SC 29426	82-4620148	501(C)(3)	0.	93,960.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CATHOLIC CHARITIES OF THE PEE DEE 2294 TECHNOLOGY BLVD CONWAY, SC 29526	53-0196617	501(C)(3)	0.	228,252.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CATHOLIC CHARITIES - WILLIAMSBURG 2294 TECHNOLOGY BLVD CONWAY, SC 29526	53-0196617	501(C)(3)	0.	16,120.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
COASTAL CATHOLIC CHARITIES 1662 INGRAM RD CHARLESTON, SC 29407	53-0196617	501(C)(3)	0.	156,555.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
COMMUNITY BIBLE CHURCH OF BEAUFORT 638 PARRIS ISLAND GATEWAY BEAUFORT, SC 29906	57-0747191	501(C)(3)	0.	16,882.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CAROLINA YOUTH DEVELOPMENT CENTER - CHARLESTON - 5055 LACKAWANNA BLVD - CHARLESTON, SC 29405	57-0669877	501(C)(3)	0.	15,355.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CMD'S PANTRY 2229 SUMTER HWY KINGSTREE, SC 29556	85-0702401	501(C)(3)	0.	679,644.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CHURCH OF JESUS CHRIST/ I AM MINISTRIES - 3300 APPIEAN WAY - NORTH CHARLESTON, SC 29406	34-2011560	501(C)(3)	0.	199,810.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CHURCH OF THE HARVEST 39 FRIPP PT RD ST. HELENA ISLAND, SC 29920	73-1672855	501(C)(3)	0.	9,069.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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CHURCH HOUSE OF MINISTRIES 9659 JAMISON ROAD LADSON, SC 29456	46-2516634	501(C)(3)	0.	96,387.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CHARLESTON RECOVERY CENTER GROUP HOME - 1903 CLUBHOUSE RD - RAVENEL, SC 29470	26-4420743	501(C)(3)	0.	274,609.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
DORCHESTER SENIORS INC. 312 NORTH LAUREL STREET SUMMERVILLE, SC 29483	57-0703785	501(C)(3)	0.	65,322.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
DEER PARK BAPTIST CHURCH 8875 OLD UNIVERSITY BLVD. NORTH CHARLESTON, SC 29406	57-0360087	501(C)(3)	0.	77,502.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
DIVINE FAITH MINISTRIES 10700 DORCHESTER ROAD SUMMERVILLE, SC 29485	14-1973073	501(C)(3)	0.	159,855.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
DOGWOOD HILL BAPTIST CHURCH 1040 MT ZION ROAD LORIS, SC 29569	56-1095397	501(C)(3)	0.	61,740.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
DREAM CENTER 5505 N. RHETT AVE NORTH CHARLESTON, SC 29406	57-1045195	501(C)(3)	0.	320,007.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
DELIVERANCE MINISTRIES OUTREACH 1073 OLD GILLIARD ROAD RIDGEVILLE, SC 29472	58-2304928	501(C)(3)	0.	111,709.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
EAST COOPER COMMUNITY OUTREACH 1145 SIX MILE RD. MOUNT PLEASANT, SC 29466	57-0939280	501(C)(3)	0.	637,039.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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BALDWIN CARSON COMMUNITY OUTREACH CENTER (ECCO) - 1161 BALDWIN CORNER ROAD - HUGER, SC 29450	36-4991784	501(C)(3)	0.	121,236.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ASHLEYVILLE MARYVILLE FOOD MINISTRY - 1057 5TH AVE - CHARLESTON, SC 29407	53-0204696	501(C)(3)	0.	177,326.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
TRUE FAITH HOLINESS CHURCH 2005 REYNOLDS AVENUE NORTH CHARLESTON, SC 29405		501(C)(3)	0.	989,618.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
EBENEZER MISSIONARY BAPTIST CHURCH 1207 MARTIN LUTHER KING DRIVE ANDREWS, SC 29510	57-0735269	501(C)(3)	0.	204,797.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
EDGEWOOD BAPTIST CHURCH 138 WILDWOOD DRIVE WALTERBORO, SC 29488	57-0360087	501(C)(3)	0.	323,899.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
EBENEZER AME CHURCH - LINCOLNVILLE 124 EAST PINCKNEY ST LINCOLNVILLE, SC 29485	53-0204696	501(C)(3)	0.	6,312.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
EVENING OF PRAYER 2401 DELAWARE AVENUE NORTH CHARLESTON, SC 29405	57-0701132	501(C)(3)	0.	427,241.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
EL SHADDAI MISSIONARY BAPTIST 4708 DURANT AVENUE NORTH CHARLESTON, SC 29405	57-0735269	501(C)(3)	0.	23,710.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
EBENEZER AME CHURCH 44 NASSAU STREET CHARLESTON, SC 29403	53-0204696	501(C)(3)	0.	48,316.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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FREE BORN DELIVERENCE TEMPLE 113 BROAD RIVER BLVD. BEAUFORT, SC 29906	20-4169465	501(C)(3)	0.	34,351.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
FIRST EUHAW BAPTIST CHURCH 7855 LOWCOUNTRY DR. RIDGELAND, SC 29936	57-0928552	501(C)(3)	0.	88,418.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
FAITH IN ACTION CHRISTIAN FELLOWSHIP CHURCH - 2730 GORDON STREET - NORTH CHARLESTON, SC 29405	57-1020189	501(C)(3)	0.	67,517.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
FIRST ESTILL BAPTIST CHURCH 416 LAWTON AVE HAMPTON, SC 29924	57-0808861	501(C)(3)	0.	35,227.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
FATHER'S CUP COMMUNITY PANTRY 2357 WATERTOWER ROAD LONGS, SC 29568	57-1095053	501(C)(3)	0.	59,129.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
FAITH ASSEMBLY MONCKS CORNER 1286 N. HWY 52 MONCKS CORNER, SC 29461	44-0577787	501(C)(3)	0.	289,218.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
FAVOR MINISTRIES OUTREACH 1116 OLD GILLIARD ROAD RIDGEVILLE, SC 29472	46-1253975	501(C)(3)	0.	47,881.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
GREATER GOODWILL AME 2818 HIGHWAY 17 NORTH MOUNT PLEASANT, SC 29466	53-0204696	501(C)(3)	0.	42,533.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
GRAYS HILL BAPTIST CHURCH 2749 TRASK PKWY BEAUFORT, SC 29906	57-0360087	501(C)(3)	0.	7,802.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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GREATER ST. LUKE HOLINESS CHURCH 89 GRESHAM DR. GEORGETOWN, SC 29440		501(C)(3)	0.	61,884.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
AMIKIDS GEORGETOWN INC. 1590 EAST CCC ROAD GEORGETOWN, SC 29440	23-7440836	501(C)(3)	0.	25,005.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
GREATER NEW HOPE A.M.E. 1461 GIVHANS ROAD RIDGEVILLE, SC 29472	53-0204696	501(C)(3)	0.	217,471.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
AGAPE FAMILY LIFE CENTER 5855 S. OKATIE HWY HARDEVILLE, SC 29927	57-1106874	501(C)(3)	0.	101,484.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
GREATER SAINT PAUL AME 633 THOMAS KATE ROAD DORCHESTER, SC 29437	53-0204696	501(C)(3)	0.	179,726.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
GRACE IMPACT DEVELOPMENT CENTER 212 COOPER ST MONCKS CORNER, SC 29461	81-5401824	501(C)(3)	0.	87,563.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
GREATER CHERRY GROVE CHURCH 80 CHERRY GROVE ROAD BRUNSON, SC 29911		501(C)(3)	0.	249,731.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
GETHSEMANE CATHEDRAL OF PRAISE 4937 DURANT AVENUE NORTH CHARLESTON, SC 29405	26-0182543	501(C)(3)	0.	60,296.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
GREEN SEA BAPTIST CHURCH 1241 GREEN SEA ROAD GREEN SEA, SC 29545	56-1641316	501(C)(3)	0.	60,620.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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GREATER MT. ARARAT A.M.E. CHURCH 1105 NESMITH ROAD NESMITH, SC 29580	53-0204696	501(C)(3)	0.	79,076.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
GREATER GORDON CHAPEL A.M.E. CHURCH - 4581 OLD RIVER ROAD - MURRELLS INLET, SC 29576	53-0204696	501(C)(3)	0.	106,711.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
GATEWAY OPEN ARMS 3537 S LIVE OAK DRIVE MONCKS CORNER, SC 29461	20-5890840	501(C)(3)	0.	2,230,288.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
GREATER ST. MARK AME CHURCH 1297 OLD GEORGETOWN ROAD HEMINGWAY, SC 29554	53-0204696	501(C)(3)	0.	153,615.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
GREATER ST. MARK AME KINGSTREE 300 W MAIN ST KINGSTREE, SC 29556	53-0204696	501(C)(3)	0.	95,223.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
GREAT PRESENT AME 3260 US HWY. 521 ANDREWS, SC 29510	53-0204696	501(C)(3)	0.	165,772.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
GREAT PRESENT AT HOPEWELL SENIOR DAY CARE CENTER - 1277 BLAKELY RD. - SALTERS, SC 29590	57-1089947	501(C)(3)	0.	30,010.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CHURCH OF THE HOLY COMMUNION 218 ASHLEY AVE. CHARLESTON, SC 29403	32-0295374	501(C)(3)	0.	7,462.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
HEALING WATERS MISSION AND WELLNESS CENTER - 606 LEVY ROAD - HARDEVILLE, SC 29927	57-1145815	501(C)(3)	0.	30,521.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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HEALING WATERS-BEAUFORT-CHURCH OF THE NAZARENE - 279 BROAD RIVER ROAD - BEAUFORT, SC 29906	57-1145815	501(C)(3)	0.	120,434.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
HEALING WATERS-ST. HELENA 14 MARTIN LUTHER KING DRIVE ST. HELENA ISLAND, SC 29920	57-1145815	501(C)(3)	0.	129,282.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
HOPEWELL SENIOR DAY CARE CENTER 1277 BLAKELY RD. SALTERS, SC 29590	57-0726226	501(C)(3)	0.	65,870.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
HILTON HEAD ISLAND DEEP WELL 80 CAPITAL DRIVE HILTON HEAD ISLAND, SC 29926	57-0566098	501(C)(3)	0.	30,902.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
HOLY CROSS FAITH MEMORIAL EPISCOPAL CHURCH - 88 BASKERVILL DRIVE - PAWLEYS ISLAND, SC 29585	31-1629166	501(C)(3)	0.	147,866.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
HELPING HANDS OF GEORGETOWN 1813 HIGHMARKET ST GEORGETOWN, SC 29440	57-0883461	501(C)(3)	0.	87,259.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
HELPING HANDS OF GOOSE CREEK 104B COMMERCE PLACE GOOSE CREEK, SC 29445	57-0891298	501(C)(3)	0.	303,348.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
HELPING HAND OF MYRTLE BEACH 1411 MR. JOE WHITE AVE MYRTLE BEACH, SC 29577	57-0627993	501(C)(3)	0.	211,174.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
HELP OF BEAUFORT 502 CHARLES STREET BEAUFORT, SC 29901	57-0721545	501(C)(3)	0.	117,747.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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HOUSE OF HOPE 3629 AZALEA DRIVE NORTH CHARLESTON, SC 29405	86-1283557	501(C)(3)	0.	114,320.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
HOPEWELL A.M.E. CHURCH 30704 COUNTY LINE ROAD HEMINGWAY, SC 29554	57-0726226	501(C)(3)	0.	92,536.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
HEBRON ZION PRESBYTERIAN 2915 BOHICKET ROAD JOHNS ISLAND, SC 29455	23-6393377	501(C)(3)	0.	105,006.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
HOLY FAMILY CATHOLIC CHURCH 24 POPE AVE. HILTON HEAD ISLAND, SC 29928	53-0196617	501(C)(3)	0.	5,518.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
HOPEWELL CME CHURCH 3200 DALEY RD. GARNETT, SC 29922	58-1381196	501(C)(3)	0.	104,226.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
HUSPAH BAPTIST CHURCH 18 HUSPAH BAPTIST CHURCH ROAD SEABROOK, SC 29940		501(C)(3)	0.	133,298.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
HOUSE OF PRAYER AND PRAISE 104 EAST MAIN STREET HARLEYVILLE, SC 29448	57-1133642	501(C)(3)	0.	393,660.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MARGARET F. CURTIS FOOD PANTRY 2676 BEES CREEK RD. RIDGELAND, SC 29936	32-0295374	501(C)(3)	0.	187,556.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
HEART FOR HUMANITY, INC. 117 N CONGDON ST GEORGETOWN, SC 29440	45-4253949	501(C)(3)	0.	435,089.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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HEART TO HEART BERKELEY 104 BEHRMAN ST. MONCKS CORNER, SC 29461	58-2457855	501(C)(3)	0.	95,110.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
HUMANITIES FOUNDATION WEST ASHLEY 1850 MAGWOOD DRIVE CHARLESTON, SC 29414	57-0952289	501(C)(3)	0.	1,040,557.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
HAMPTON UNITED METHODIST CHURCH 204 ELM STREET WEST HAMPTON, SC 29924		501(C)(3)	0.	171,053.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
IMMANUEL REFORMED EPISCOPAL CHURCH 2513 RANGER DRIVE CROSS, SC 29436	23-6424640	501(C)(3)	0.	149,187.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
JEHOVAH AME CHURCH 1565 OLD HIGHWAY 6 CROSS, SC 29436	53-0204696	501(C)(3)	0.	20,124.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
JESUS CHANGES PEOPLE MINISTRY 103 HIERS ST WALTERBORO, SC 29488	82-5228792	501(C)(3)	0.	8,570.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
JOSHUA UNITED METHODIST CHURCH 3097 OLD HIGHWAY 52 MONCKS CORNER, SC 29461	31-1813333	501(C)(3)	0.	127,901.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
JAMES ISLAND OUTREACH 1860 CAMP ROAD CHARLESTON, SC 29412	57-0907554	501(C)(3)	0.	295,782.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
JASPER COUNTY HUNGER FREE ZONE 8492 WEST FRONTAGE ROAD YEMASSEE, SC 29945	80-0200666	501(C)(3)	0.	94,301.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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JEHOVAH TABERNACLE CHURCH 2001 COMSTOCK AVENUE CHARLESTON, SC 29405	11-3843447	501(C)(3)	0.	1,082,100.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
JUNIPER BAY BAPTIST CHURCH 5265 JUNIPER BAY RD CONWAY, SC 29527	57-0360087	501(C)(3)	0.	30,890.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
JEHOVAH UM 1473 MATILDA CIRCLE PINEVILLE, SC 29468	31-1813333	501(C)(3)	0.	76,704.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
JERUSALEM HELPING HAND FOOD BANK 135 JERUSALEM LOOP ST. GEORGE, SC 29477	38-3928591	501(C)(3)	0.	66,371.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
KNIGHTSVILLE UMC 1505 CENTRAL AVE SUMMERVILLE, SC 29483	31-1813333	501(C)(3)	0.	31,471.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
LIFE HOUSE CHURCH 40 FAITH STATION BEAUFORT, SC 29906	57-1055677	501(C)(3)	0.	362,837.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
FAITH ASSEMBLY- REVIVE 1527 REMOUNT RD NORTH CHARLESTON, SC 29406	44-0577787	501(C)(3)	0.	380,244.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
NEIGHBORS TOGETHER (TRICOUNTY FAMILY MINISTRIES) - 2105 COSGROVE AVE. - NORTH CHARLESTON, SC 29405	57-0794782	501(C)(3)	0.	136,293.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
A LONGER TABLE 804 LEAGUE STREET CHARLESTON, SC 29412	86-2546808	501(C)(3)	0.	29,858.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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THE FATHER'S HOUSE 4513 HWY 17 BYPASS S. MYRTLE BEACH, SC 29577	57-0657542	501(C)(3)	0.	14,920.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
LOW COUNTRY VETERANS GROUP 2104 LINCOLN ST GEORGETOWN, SC 29440	80-0787825	501(C)(3)	0.	41,935.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
LINE STREET CHURCH OF GOD 192 LINE STREET CHARLESTON, SC 29403	30-0290464	501(C)(3)	0.	182,875.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
LIGHT MINISTRIES 321 N. WALTER STREET WALTERBORO, SC 29488	74-3104064	501(C)(3)	0.	14,919.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
LIFE MINISTRIES CHRISTIAN ACADEMY 75 CAPEHART CIRCLE BEAUFORT, SC 29906	90-0815796	501(C)(3)	0.	26,872.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
LONG BRANCH MISSIONARY BAPTIST CHURCH - 922 HOPEWELL RD. - GIFFORD, SC 29923		501(C)(3)	0.	71,168.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
METROPOLITAN COMMUNITY CHURCH 7860 DORCHESTER ROAD SUITE A NORTH CHARLESTON, SC 29418	23-7094543	501(C)(3)	0.	118,906.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MONCKS CORNER COMMUNITY SK 496 EAST MAIN STREET MONCKS CORNER, SC 29461	57-0956220	501(C)(3)	0.	11,162.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MORRIS CHAPEL UMC 115 MORRIS CHAPEL ROAD DORCHESTER, SC 29437		501(C)(3)	0.	72,227.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MT. MORIAH MISSIONARY BAPTIST 7396 RIVERS AVE. NORTH CHARLESTON, SC 29406	51-0611169	501(C)(3)	0.	78,196.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MT. OLIVE BAPTIST CHS 2416 MEETING STREET ROAD CHARLESTON, SC 29405	57-0735269	501(C)(3)	0.	30,041.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MT. OLIVE BAPTIST WALTERBORO 329 SAVAGE ST. WALTERBORO, SC 29488	57-0735269	501(C)(3)	0.	208,377.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
LOWCOUNTRY C.A.R.E.S. 2427 MIDLAND PARK ROAD NORTH CHARLESTON, SC 29406	52-2378589	501(C)(3)	0.	334,867.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MURRAY UNITED METHODIST CHURCH 1216 ORANGEBURG RD SUMMERVILLE, SC 29483	31-1813333	501(C)(3)	0.	106,183.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ST. MARK BLOOMINGVALE CDC, INC. 8292 THURGOOD MARSHALL HWY ANDREWS, SC 29510	46-1594364	501(C)(3)	0.	85,487.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MT. OLIVE BAPTIST CHURCH 2011 DUNBAR ROAD GEORGETOWN, SC 29440	30-0349138	501(C)(3)	0.	895,442.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MONCKS CORNER SEVENTH DAY ADVENTIST - 1243 HWY 402 - MONCKS CORNER, SC 29461	52-0643036	501(C)(3)	0.	6,465.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MT. SINAI BAPTIST - HAMPTON 455 MT. SINAI RD. VARNVILLE, SC 29944	57-0735269	501(C)(3)	0.	179,039.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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MT. NEBO BAPTIST CHURCH II 22 JONESVILLE AVE. YEMASSEE, SC 29945	33-1073541	501(C)(3)	0.	28,574.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MT. CALVARY #2 MBC 2625 HWY 111 LITTLE RIVER, SC 29566	16-1700862	501(C)(3)	0.	11,494.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
BLESSED HANDS FOOD PANTRY 931 OLD BACK RIVER ROAD GOOSE CREEK, SC 29445	80-0753053	501(C)(3)	0.	300,682.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MINISTRY OF HOPE & RECONCILIATION 64 JACQUELYN DR GEORGETOWN, SC 29440	20-5106015	501(C)(3)	0.	63,373.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MARY MAGEDALINE OUTREACH CENTER 128 BROOMSTRAW RD LANE, SC 29564	30-0408938	501(C)(3)	0.	59,762.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MURRELLS INLET CHURCH OF GOD 608 GIBSON AVE MURRELLS INLET, SC 29576	62-0484177	501(C)(3)	0.	438,055.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MIRACLES ARE HAPPENING NOW 234 PEPPER STREET VARNVILLE, SC 29944	56-2241762	501(C)(3)	0.	12,946.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MORRIS STREET BAPTIST CHURCH 25 MORRIS ST. CHARLESTON, SC 29403	57-0735269	501(C)(3)	0.	28,421.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
MT. CARMEL UNITED BAPTIST CHURCH 3279 EXODUS DRIVE GEORGETOWN, SC 29440	54-2110052	501(C)(3)	0.	96,832.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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MT. SINAI MISSIONARY BAPTIST CHURCH - 7275 BROWN'S FERRY ROAD - GEORGETOWN, SC 29440	57-0735269	501(C)(3)	0.	85,353.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
NEW BETHEL SOUNDS OF PRAISE 351 GREYBACK ROAD SUMMERVILLE, SC 29483	57-1080203	501(C)(3)	0.	83,055.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
NATIONAL ACTION NETWORK 109 PRESTON AVE NORTH CHARLESTON, SC 29420	47-1704603	501(C)(3)	0.	484,456.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
NATIONAL ACTION NETWORK- CORDESVILLE - 1169 OLD CHURCH RD. - CORDESVILLE, SC 29434	47-1704603	501(C)(3)	0.	22,535.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
NATIONAL ACTION NETWORK - NORTH CHARLESTON - 3300 REXTON STREET - NORTH CHARLESTON, SC 29405	47-1704603	501(C)(3)	0.	228,629.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
NATIONAL ACTION NETWORK- BEAUFORT COUNTY - 31 DONALDSON DRIVE - BEAUFORT, SC 29906	47-1704603	501(C)(3)	0.	48,469.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
NATIONAL ACTION NETWORK-SUMMERVILLE - 10505 DORCHESTER ROAD - SUMMERVILLE, SC 29485	47-1704603	501(C)(3)	0.	10,779.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
NEW FRANCIS BROWN U.M.C. 2517 CORONA STREET NORTH CHARLESTON, SC 29405	31-1813333	501(C)(3)	0.	75,016.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
NEIGHBORHOOD HOUSE 77 AMERICA ST. CHARLESTON, SC 29403	53-0196617	501(C)(3)	0.	16,505.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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NORTH STRAND HELPING HANDS 2501 LONG BAY ROAD LONGS, SC 29568	57-0647026	501(C)(3)	0.	1,025,877.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
NEW LIFE DELIVERANCE TEMPLE 112 HALIFAX RD. ST. HELENA ISLAND, SC 29920	57-0914250	501(C)(3)	0.	16,426.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
NEW ABUNDANT LIFE CHURCH 115 FOSTER ROAD VARNVILLE, SC 29944	23-7002419	501(C)(3)	0.	202,803.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
NEW HOPE UME CHURCH 11 GOLDFINCH ROAD GEORGETOWN, SC 29440	27-2194505	501(C)(3)	0.	375,074.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
NEW LIGHT UMC 1037 RUSSELLVILLE RD ST. STEPHEN, SC 29479	31-1813333	501(C)(3)	0.	86,171.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
COMMUNITY IMPACT OF NCCOG AT MIDLAND PARK - 2429 MIDLAND PARK ROAD - NORTH CHARLESTON, SC 29406	62-0484177	501(C)(3)	0.	596,587.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
NEW WEBSTER JIP FOOD PANTRY 4755 BEARS BLUFF RD. WADMALAW ISLAND, SC 29487	57-0674092	501(C)(3)	0.	29,493.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
OUR LADY OF MERCY COMMUNITY OUTREACH - 1684 BROWNSWOOD ROAD - JOHNS ISLAND, SC 29455	53-0196617	501(C)(3)	0.	41,461.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
CHRISTIAN MISSION OUTREACH 9714 N KINGS HWY UNIT #132 MYRTLE BEACH, SC 29572	57-0984895	501(C)(3)	0.	144,791.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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OCEAN GROVE UNITED METHODIST 6517 HWY 17 NORTH AWENDAW, SC 29429	31-1813333	501(C)(3)	0.	33,176.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
OLIVE BRANCH AME 1734 HIGHWAY 17 NORTH MOUNT PLEASANT, SC 29464	82-2199187	501(C)(3)	0.	662,557.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
PINE GROVE BAPTIST CHURCH 73 PINE GROVE RD. BEAUFORT, SC 29906	57-1114264	501(C)(3)	0.	17,933.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
WHEELS OF GRACE 4204 MARTIN LUTHER KING JR. HWY SALTERS, SC 29590	46-5738795	501(C)(3)	0.	12,497.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
PRECIOUS BLOOD OF CHRIST 1633 WAVERLY ROAD PAWLEYS ISLAND, SC 29585	53-0196617	501(C)(3)	0.	172,672.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
FEED BERKELEY 500 S. LIVE OAK DRIVE MONCKS CORNER, SC 29461		501(C)(3)	0.	389,400.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
PRAISE ASSEMBLY OF GOD 800 PARRIS ISLAND GATEWAY BEAUFORT, SC 29906	44-0577787	501(C)(3)	0.	118,584.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
PRESBYTERIAN CHURCH OF EDISTO ISLAND - 2164 HWY 174 - EDISTO ISLAND, SC 29438	23-6393377	501(C)(3)	0.	149,135.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
PRINGLETOWN COMMUNITY MT. PISGAH CHURCH 220 OLD GILLIARD RIDGEVILLE, SC 29472	47-5293107	501(C)(3)	0.	18,853.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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TRIDENT TECH GROCERY VAULT - TTC FOUNDATION - 66 COLUMBUS ST. - CHARLESTON, SC 29403	57-0699317	501(C)(3)	0.	32,455.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
REHOBOTH FULL GOSPEL MINISTRY 2121 CAPTAIN AVE. NORTH CHARLESTON, SC 29405	27-2119059	501(C)(3)	0.	55,202.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
REFUGE TEMPLE ST. STEPHEN 3674 NORTH HIGHWAY 52 ST. STEPHEN, SC 29479	13-2942986	501(C)(3)	0.	8,175.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
RESURRECTED CHURCH OF JESUS 2345 ELDER AVE NORTH CHARLESTON, SC 29406	58-2298281	501(C)(3)	0.	233,707.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
REDEEMER R.E. CHURCH 2173 HWY 45 PINEVILLE, SC 29468	76-0754677	501(C)(3)	0.	165,190.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
RYAN WHITE WELLNESS CENTER 1481 TOBIAS GADSON BLVD, SUITE 1 CHARLESTON, SC 29407	57-0831165	501(C)(3)	0.	21,860.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SHIFA CLINIC 668 MARINA DRIVE CHARLESTON, SC 29492	04-3810161	501(C)(3)	0.	516,457.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SALVATION ARMY/N. CHARLESTON 1551 REMOUNT ROAD NORTH CHARLESTON, SC 29406	58-0660607	501(C)(3)	0.	20,576.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SALVATION ARMY OF HORRY 1415 2ND AVENUE CONWAY, SC 29526	58-0660607	501(C)(3)	0.	67,442.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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SALVATION ARMY OF GEORGETOWN 2401 ANTHUAN MAYBANK DRIVE GEORGETOWN, SC 29440	58-0660607	501(C)(3)	0.	33,108.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SALVATION ARMY OF BEAUFORT 2505 NORTH STREET BEAUFORT, SC 29902	58-0660607	501(C)(3)	0.	248,305.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
UPPER DORCHESTER COMMUNITY MINISTRIES - 101 RIDGE ST - ST. GEORGE, SC 29477	45-2899355	501(C)(3)	0.	139,378.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SOLDIERS' ANGELS 1113 SAM RITTENBERG BLVD. CHARLESTON, SC 29405	20-0583415	501(C)(3)	0.	293,071.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ST. ANTHONY'S CATHOLIC CHURCH 925 S. JEFFERIES BLVD WALTERBORO, SC 29488	53-0196617	501(C)(3)	0.	52,575.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SALEM BAPTIST CHURCH 321 OLD SUMMERVILLE RD. SUMMERVILLE, SC 29486	57-0360087	501(C)(3)	0.	637,632.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ST. JUDE APOSTOLIC FAITH CHURCH 286 BING STREET YEMASSEE, SC 29945	57-0785037	501(C)(3)	0.	161,425.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ST. TIMOTHY'S CHURCH 368 GANTS RD. MONCKS CORNER, SC 29461	47-5103877	501(C)(3)	0.	18,775.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
NEW DIRECTIONS OF HORRY COUNTY 1005 OSCEOLA ST MYRTLE BEACH, SC 29577	20-1831970	501(C)(3)	0.	228,208.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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ST. PETER MISSIONARY BAPTIST CHURCH - 3462 SOUTH ISLAND RD. - GEORGETOWN, SC 29440	54-2110052	501(C)(3)	0.	118,689.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ST. STEPHEN BAPTIST CHURCH 272 CHURCH ROAD ST. STEPHEN, SC 29479	57-0735269	501(C)(3)	0.	305,793.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SHADY GROVE UNITED METHODIST 9221 CHARLESTON HIGHWAY ST. GEORGE, SC 29477	31-1813333	501(C)(3)	0.	473,370.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ST. STEPHEN SEVENTH DAY ADVENT 1167 FORTY-ONE RD ST. STEPHEN, SC 29479	52-0643036	501(C)(3)	0.	240,176.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ST. DELIGHT COMMUNITY OUTREACH 801 ST. DELIGHT RD. LITTLE RIVER, SC 29566	04-3728831	501(C)(3)	0.	345,105.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
THE SPECIAL GATHERING 858 BELLS HWY. WALTERBORO, SC 29488	59-2266042	501(C)(3)	0.	30,219.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
COMMUNITY CENTER OF ST. MATTHEWS 405 KING ST CHARLESTON, SC 29403	41-1568278	501(C)(3)	0.	7,098.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SOUTH STRAND HELPING HANDS 812 POPLAR DRIVE SOUTH SURFSIDE BEACH, SC 29575	57-0827131	501(C)(3)	0.	174,799.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ST. JAMES BETHEL A.M.E. 5305 MAYBANK HWY WADMALAW ISLAND, SC 29487	53-0204696	501(C)(3)	0.	56,497.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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SHIELD MINISTRIES, INC 5519 WOODBINE AVE NORTH CHARLESTON, SC 29406	20-8885273	501(C)(3)	0.	6,767.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ST. STEPHEN UM OUTREACH 3524 SMITH CROSSING RD RIDGELAND, SC 29936	31-1813333	501(C)(3)	0.	148,697.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SEA ISLANDS BLESSING BASKET 2389 BOHICKET RD JOHNS ISLAND, SC 29455	47-2730495	501(C)(3)	0.	115,818.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SECOND HELPINGS - BEAUFORT PO BOX 23621 HILTON HEAD ISLAND, SC 29925	57-0938469	501(C)(3)	0.	3,822,144.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SECOND HELPINGS - JASPER PO BOX 23621 HILTON HEAD ISLAND, SC 29925	57-0938469	501(C)(3)	0.	1,041,477.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SECOND HELPINGS - HAMPTON PO BOX 23621 HILTON HEAD ISLAND, SC 29925	57-0938469	501(C)(3)	0.	93,992.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SEACOAST - SUMMERVILLE 301 E. 5TH NORTH STREET SUMMERVILLE, SC 29483	57-1045195	501(C)(3)	0.	167,906.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ST. VINCENT DEPAUL SOCIETY GARDEN CITY - 542 CYPRESS AVENUE - MURRELLS INLET, SC 29576	13-5562362	501(C)(3)	0.	168,489.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ST. JOHN COMMUNITY FOOD MINISTRY 2468 EASLER HWY GREELEYVILLE, SC 29056	37-1770026	501(C)(3)	0.	56,332.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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DELANCEY STREET SOUTH CAROLINA 2510 N. HOBSON AVE. NORTH CHARLESTON, SC 29405	77-0661828	501(C)(3)	0.	463,589.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SEACOAST - WEST ASHLEY 2049 SAVANNAH HIGHWAY CHARLESTON, SC 29407	57-1045195	501(C)(3)	0.	695,633.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
FELLOWSHIP FOOD BANK 1639 DUNN SHORTCUT ROAD CONWAY, SC 29527	26-0177805	501(C)(3)	0.	272,692.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SECOND CHANCE RECOVERY SPONS. CHURCH OF NAZARENE - 102 ELMORA AVENUE - GOOSE CREEK, SC 29445	27-4408204	501(C)(3)	0.	642,628.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ST. ELIZABETH MISSIONARY BAPTIST CHURCH - 57 CHURCH ST - AYNOR, SC 29511	58-2390293	501(C)(3)	0.	13,096.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SANDALWOOD COMMUNITY FOOD PANTRY 114 BEACH CITY ROAD HILTON HEAD ISLAND, SC 29926	27-2766571	501(C)(3)	0.	61,922.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ST. JOSEPH MISSIONARY BAPTIST 1005 SANDRIDGE RD LITTLE RIVER, SC 29566	57-0735269	501(C)(3)	0.	18,433.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ST. BARNABAS LUTHERAN CHURCH 45 MOULTRIE STREET CHARLESTON, SC 29403	41-1568278	501(C)(3)	0.	64,603.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ST. PAUL MBC/CONWAY 3449 HIGHWAY 65 CONWAY, SC 29526	03-0544945	501(C)(3)	0.	9,234.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPRINGTOWN UNITED METHODIST 8807 AUGUSTA HWY SMOAKS, SC 29481	20-0308122	501(C)(3)	0.	465,417.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
FEEDING OF THE MULTITUDES 2138 CAINHOY RD. SUITE A HUGER, SC 29450	81-1035485	501(C)(3)	0.	272,861.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SHEPHERD OF THE SEA LUTHERAN CHURCH - 2637 HIGHWAY 17 SOUTH - GARDEN CITY, SC 29576	41-1568278	501(C)(3)	0.	237,330.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
ST. PAULS SUMMERVILLE 111 WARING STREET SUMMERVILLE, SC 29483	32-0295374	501(C)(3)	0.	214,123.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SOCASSTEE PANTRY OF FAITH OUTREACH MINISTRIES - 4513 HWY 17 BYPASS - MYRTLE BEACH, SC 29577	26-1530424	501(C)(3)	0.	189,204.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
TAKE IT TO THE STREETS 2176 SAVANNAH HWY, SUITE 104 CHARLESTON, SC 29414	20-3903313	501(C)(3)	0.	13,411.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
THE SHEPHERD'S TABLE 1412 A GAMECOCK AVE CONWAY, SC 29526	20-8725196	501(C)(3)	0.	480,424.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
TABERNACLE CHURCH 530 N. AZALEA DR. SURFSIDE BEACH, SC 29575	13-4255772	501(C)(3)	0.	2,469,045.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
TRI-COUNTY VETERANS SUPPORT NETWORK - 4870 PIEDMONT AVENUE - NORTH CHARLESTON, SC 29406	90-0959126	501(C)(3)	0.	50,857.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT RESTORING HOPE 290 DUNN SHORTCUT ROAD CONWAY, SC 29527	82-2629221	501(C)(3)	0.	60,531.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
VANDERHORST KOINONIA MINISTRIES 66 HANOVER STREET CHARLESTON, SC 29403	43-2067926	501(C)(3)	0.	98,348.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
WESLEY AME/JEHOVAH HOLINESS 2741 FRENCH SANTEE RD. JAMESTOWN, SC 29453	57-1034730	501(C)(3)	0.	221,017.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
WACCAMAW BAPTIST CHURCH 7160 HIGHWAY 905 CONWAY, SC 29526	57-0735269	501(C)(3)	0.	58,387.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
HOLLYWOOD COAL./NEW GRACE CHAPEL BAP. MISS. CHURCH - 5830 HIGHWAY 174 - ADAMS RUN, SC 29426	31-1813333	501(C)(3)	0.	1,552,827.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
WESLEY UMC/HOLLYWOOD 5100 BAPTIST HILL ROAD HOLLYWOOD, SC 29449	31-1813333	501(C)(3)	0.	201,527.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
WACCAMAW YOUTH CENTER INC. 301 PADGETT LANE CONWAY, SC 29526	57-0938894	501(C)(3)	0.	13,246.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
WESLEY UM SUMMERVILLE 125 PRESSLEY AVE. SUMMERVILLE, SC 29483	31-1813333	501(C)(3)	0.	73,686.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
WESTMINSTER PRESBYTERIAN CHURCH 1157 SAM RITTENBERG BLVD. CHARLESTON, SC 29407	23-6393377	501(C)(3)	0.	7,553.		FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

Schedule I (Form 990)

**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 for instructions and the latest information.

OMB No. 1545-0047

2022

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
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2022

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 and/or 1099-NEC 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) NICHOLAS OSBORNE PRESIDENT & CEO	(i)	215,251.	17,399.	0.	11,378.	7,045.	251,073.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BRENDA SHAW CHIEF DEVELOPMENT OFFICER	(i)	136,225.	6,473.	0.	7,199.	7,012.	156,909.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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

Part I 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	47	62,640,826.	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 V, Donee Acknowledgement **29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 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.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2022

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

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:

SENIORS AND VETERANS IN OUR COMMUNITY CONTINUED TO BE FED THROUGH OUR
PARTNERSHIPS WITH MEALS ON WHEELS AND OTHER ORGANIZATIONS REACHING
SENIORS AND OTHER HOMEBOUND ADULTS; MORE THAN 141,000 PREPARED MEALS
DELIVERED TO SENIORS AND 4,600 MEALS TO OUR VETERANS.

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
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

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

Schedule O (Form 990) 2022

232211 10-28-22

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

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
LOWCOUNTRY FOOD BANK ENDOWMENT FUND - 86-1286512, 2864 AZALEA DRIVE, CHARLESTON, SC 29405	ENDOWMENT / SUPPORTING ORG	SOUTH CAROLINA	501(C)(3)	LINE 12C, III-FI			X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

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

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

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.