

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)

2023

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Form header section A-M containing organization details like name (LOWCOUNTRY FOOD BANK INC), EIN (57-0751835), and tax-exempt status.

Part I Summary

Table with 3 main sections: Activities & Governance (lines 1-7), Revenue (lines 8-12), and Expenses (lines 13-19). Includes a Net Assets or Fund Balances section (lines 20-22) with columns for Prior Year, Current Year, Beginning of Current Year, and End of Year.

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.

Signature block area with fields for Signature of officer (NICHOLAS OSBORNE), Date (11.12.24), and Type or print name and title.

Paid Preparer Use Only section with fields for Preparer's name (JEREMY NAESS), Signature, Date (11/12/2024), Firm's name (FORVIS MAZARS, LLP), and EIN (44-0160260).

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2023)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
TO UNITE OUR COMMUNITY IN PURSUIT OF EQUITABLE, DIGNIFIED AND CONSISTENT ACCESS TO FOOD.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 80,062,849 including grants of \$ 73,198,242) (Revenue \$ 2,896,717)
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 2023, THE LCFB DISTRIBUTED, IN PARTNERSHIP WITH APPROXIMATELY 230 PARTNERS, OVER 42.8 MILLION POUNDS, INCLUDING OVER 18 MILLION POUNDS OF FRESH PRODUCE TO OVER 200,000 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 \$ 1,436,286 including grants of \$ 1,436,286) (Revenue \$ 1,021,792)
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 CAFE 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 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 WERE DELIVERED TO SENIORS AND 4,600 MEALS TO OUR VETERANS.

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 81,499,135

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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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. See instructions</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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>		✓
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>	✓	
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>		✓
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>		✓
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>		✓
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>		✓
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>		✓
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>		✓
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		✓
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>		✓
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	✓	
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>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
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>		✓
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>		✓
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>	✓	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <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>		✓
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>		✓
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 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?	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	102		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		✓	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			✓
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		✓	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			✓
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			✓
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17			

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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
8a			
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
8b			
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		<input checked="" type="checkbox"/>

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?		<input checked="" type="checkbox"/>
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
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?		
15a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
15b	Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
	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?		<input checked="" type="checkbox"/>
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed SC
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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. THE ORGANIZATION, 2864 AZALEA DRIVE, CHARLESTON, SC 29405, (843) 747-8146

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 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	40.0			✓				244,337	0	20,626
(2) BRENDA SHAW CDO	40.0			✓				148,264	0	15,086
(3) DENISE HINES CFO	40.0			✓				113,369	0	8,051
(4) JORDAN RUSSO COO	40.0			✓				132,103	0	14,669
(5) JENNIFER DEWITT CPO	40.0			✓				107,932	0	13,048
(6) MONICA SCOTT CHAIR	5.0	✓		✓				0	0	0
(7) BILL TRULL VICE-CHAIR	1.0	✓						0	0	0
(8) JIM CHILTON TREASURER	5.0	✓		✓				0	0	0
(9) MICHAEL MINTZ SECRETARY	5.0	✓		✓				0	0	0
(10) AMIE GRIMES MEMBER	1.0	✓						0	0	0
(11) BYRON BENTON MEMBER	1.0	✓						0	0	0
(12) CHRIS BEEKER MEMBER	1.0	✓						0	0	0
(13) DIANA ROSS-JACKSON MEMBER	1.0	✓						0	0	0
(14) ERICA TAYLOR MEMBER	1.0	✓						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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			
(15) JOEL SMITH MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(16) KIMBERLY BUTLER WILLIS MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(17) LINDSEY DOUGLAS MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(18) MARIA MUNGO MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(19) MARK CROCKER MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(20) MICHAEL WILSON MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(21) RICH WHITE MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(22) STACY STARLING MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(23) VICTORIA SMALLS MEMBER	1.0	<input checked="" type="checkbox"/>						0	0	0
(24)										
(25)										
1b Subtotal								746,005	0	71,480
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								746,005	0	71,480

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 5

	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>		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>

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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a	36,319				
	b	Membership dues	1b					
	c	Fundraising events	1c	552,081				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	81,780,152				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 68,420,042				
	h	Total. Add lines 1a-1f		82,368,552				
	Program Service Revenue				Business Code			
2a		SHARED MAINTENANCE REVENUE		900099	1,789,165	1,789,165		
b		KIDS CAFÉ		900099	574,172	574,172		
c		SENIOR MEALS		900099	386,078	386,078		
d		SNAP EDUCATION		900099	834,593	834,593		
e		BACKPACK BUDDIES		900099	61,542	61,542		
f		All other program service revenue . . .		900099	272,959	272,959	0	
g		Total. Add lines 2a-2f			3,918,509			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			368,676		368,676	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6a	Gross rents	(i) Real		(ii) Personal			
			6a	191,643				
			b	Less: rental expenses	6b			
	c	Rental income or (loss)	6c	191,643	0			
	d	Net rental income or (loss)			191,643		191,643	
	7a	Gross amount from sales of assets other than inventory	(i) Securities		(ii) Other			
			7a			71,838		
			b	Less: cost or other basis and sales expenses	7b		3,527	
	c	Gain or (loss)	7c	0	68,311			
	d	Net gain or (loss)			68,311		68,311	
	8a	Gross income from fundraising events (not including \$ 552,081 of contributions reported on line 1c). See Part IV, line 18	8a	62,763				
	b	Less: direct expenses	8b	94,752				
c	Net income or (loss) from fundraising events			(31,989)		(31,989)		
9a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10a	Gross sales of inventory, less returns and allowances	(i) Securities		(ii) Other				
		10a						
		b	Less: cost of goods sold	10b				
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue				Business Code				
	11a	CHANGE IN INTEREST		900099	588,931		588,931	
	b	MISCELLANEOUS INCOME		900099	19,456		19,456	
	c							
	d	All other revenue			0	0	0	
e	Total. Add lines 11a-11d			608,387				
12	Total revenue. See instructions			87,492,089	3,918,509	0	1,205,028	

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	74,634,528	74,634,528		
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	817,485	398,432	386,383	32,670
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	3,953,306	2,652,032	579,946	721,328
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	186,356	147,221	3,727	35,408
9 Other employee benefits	421,743	303,520	67,359	50,864
10 Payroll taxes	333,944	219,844	60,669	53,431
11 Fees for services (nonemployees):				
a Management				
b Legal	2,340		2,340	
c Accounting	85,699	9,565	76,134	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	414,482			414,482
f Investment management fees	4,865	3,746		1,119
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	209,792	72,403	69,836	67,553
12 Advertising and promotion	47,983	1,191		46,792
13 Office expenses	49,121	30,706	8,800	9,615
14 Information technology	216,658	140,037	76,069	552
15 Royalties				
16 Occupancy	473,021	448,695	24,326	
17 Travel	72,938	56,709	12,087	4,142
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,169	3,788	1,867	514
20 Interest	8,510	5,872	2,553	85
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	924,245	637,729	277,274	9,242
23 Insurance	543,258	401,458	137,226	4,574
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 DIRECT PRORAM EXPENSE	897,403	897,403		
b FOOD DISTRIBUTION	399,508	399,508		
c MISCELLANEOUS EXPENSES	48,778	34,748	13,682	348
d _____				
e All other expenses _____	0	0	0	0
25 Total functional expenses. Add lines 1 through 24e	84,752,132	81,499,135	1,800,278	1,452,719
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)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	9,135,382	1	10,209,100
	2 Savings and temporary cash investments	9,326,885	2	9,208,913
	3 Pledges and grants receivable, net	1,594,050	3	4,292,420
	4 Accounts receivable, net	190,124	4	247,156
	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	0	5	0
	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)	0	6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,749,130	8	2,246,387
	9 Prepaid expenses and deferred charges	35,200	9	78,343
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 13,949,810		
	b Less: accumulated depreciation	10b 6,856,036	6,442,441	10c 7,093,774
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	303,133	15	300,944
16 Total assets. Add lines 1 through 15 (must equal line 33)	28,776,345	16	33,677,037	
Liabilities	17 Accounts payable and accrued expenses	651,355	17	1,824,784
	18 Grants payable		18	
	19 Deferred revenue	158,396	19	63,723
	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	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	119,460	25	652,795
	26 Total liabilities. Add lines 17 through 25	929,211	26	2,541,302
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	27,255,398	27	29,768,542
	28 Net assets with donor restrictions	591,736	28	1,367,193
	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	27,847,134	32	31,135,735
33 Total liabilities and net assets/fund balances	28,776,345	33	33,677,037	

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	87,492,089
2	Total expenses (must equal Part IX, column (A), line 25)	2	84,752,132
3	Revenue less expenses. Subtract line 2 from line 1	3	2,739,957
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	27,847,134
5	Net unrealized gains (losses) on investments	5	194,684
6	Donated services and use of facilities	6	384,742
7	Investment expenses	7	(30,782)
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	31,135,735

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
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. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	
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?	<input checked="" type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	

**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

2023

**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)(vii)**. (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 33¹/₃% 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 33¹/₃% 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		
(A)						
(B)						
(C)						
(D)						
(E)						
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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 2023 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2023. 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—2022. 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—2023. 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—2022. 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	54,980,163	74,983,368	78,163,946	78,163,946	82,368,552	368,659,975
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3,200,422	2,362,651	2,296,818	2,914,481	3,918,509	14,692,881
3 Gross receipts from activities that are not an unrelated trade or business under section 513	57,738	1,106,005	800,976	115,255		2,079,974
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	58,238,323	78,452,024	81,261,740	81,193,682	86,287,061	385,432,830
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	36,737	52,847	258,364	146,798	201,800	696,546
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	0	0	0	0	0
c Add lines 7a and 7b	36,737	52,847	258,364	146,798	201,800	696,546
8 Public support. (Subtract line 7c from line 6.)						384,736,284

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6	58,238,323	78,452,024	81,261,740	81,193,682	86,287,061	385,432,830
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	156,346	150,175	242,503	290,584	628,630	1,468,238
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(31,271)	(51,955)	(31,934)	(19,090)		(134,250)
c Add lines 10a and 10b	125,075	98,220	210,569	271,494	628,630	1,333,988
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
13 Total support. (Add lines 9, 10c, 11, and 12.)	58,363,398	78,550,244	81,472,309	81,465,176	86,915,691	386,766,818
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	99.47 %
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	99.63 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	0.00 %
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	0.23 %
19a 33 1/3% support tests—2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support tests—2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	<input type="checkbox"/>	

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 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>		
3b	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>		
3c	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>		
4b	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>		
4c	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>		
5b	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?		
5c	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>		
9b	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>		
9c	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>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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).		

Schedule A (Form 990) 2023

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 2023 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-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019 . . .			
b Excess from 2020 . . .			
c Excess from 2021 . . .			
d Excess from 2022 . . .			
e Excess from 2023 . . .			

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.)

A series of horizontal dashed lines intended for providing supplemental information.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

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...
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

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	----- ----- -----	\$ ----- 1,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ ----- 881,474	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ ----- 812,777	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ ----- 270,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ ----- 250,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ ----- 228,960	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	----- ----- -----	\$ ----- 221,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	----- ----- -----	\$ ----- 212,688	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	----- ----- -----	\$ ----- 159,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	----- ----- -----	\$ ----- 153,961	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	----- ----- -----	\$ ----- 130,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	----- ----- -----	\$ ----- 120,609	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	----- ----- -----	\$ ----- 120,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	----- ----- -----	\$ ----- 102,063	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	----- ----- -----	\$ ----- 101,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	----- ----- -----	\$ ----- 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	----- ----- -----	\$ ----- 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	----- ----- -----	\$ ----- 95,000	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
19	----- ----- -----	\$ ----- 92,125	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	----- ----- -----	\$ ----- 72,192	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	----- ----- -----	\$ ----- 70,641	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	----- ----- -----	\$ ----- 70,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	----- ----- -----	\$ ----- 58,600	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	----- ----- -----	\$ ----- 55,000	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
25	----- ----- -----	\$ ----- 53,416	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	----- ----- -----	\$ ----- 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	----- ----- -----	\$ ----- 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	----- ----- -----	\$ ----- 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	----- ----- -----	\$ ----- 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	----- ----- -----	\$ ----- 46,401	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	----- ----- -----	\$ ----- 45,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	----- ----- -----	\$ ----- 43,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	----- ----- -----	\$ ----- 40,484	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	----- ----- -----	\$ ----- 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	----- ----- -----	\$ ----- 39,711	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	----- ----- -----	\$ ----- 35,000	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
37	----- ----- -----	\$ ----- 34,013	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	----- ----- -----	\$ ----- 33,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	----- ----- -----	\$ ----- 31,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	----- ----- -----	\$ ----- 30,791	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	----- ----- -----	\$ ----- 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	----- ----- -----	\$ ----- 28,858	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	----- ----- -----	\$ ----- 28,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	----- ----- -----	\$ ----- 27,571	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	----- ----- -----	\$ ----- 26,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	----- ----- -----	\$ ----- 26,031	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	----- ----- -----	\$ ----- 26,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	----- ----- -----	\$ ----- 25,617	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	----- ----- -----	\$ ----- 25,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	----- ----- -----	\$ ----- 25,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	----- ----- -----	\$ ----- 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	----- ----- -----	\$ ----- 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	----- ----- -----	\$ ----- 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	----- ----- -----	\$ ----- 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	----- ----- -----	\$ ----- 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	----- ----- -----	\$ ----- 24,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	----- ----- -----	\$ ----- 21,804	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	----- ----- -----	\$ ----- 21,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	----- ----- -----	\$ ----- 20,619	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	----- ----- -----	\$ ----- 20,464	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	----- ----- -----	\$ ----- 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	----- ----- -----	\$ ----- 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	----- ----- -----	\$ ----- 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	----- ----- -----	\$ ----- 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	----- ----- -----	\$ ----- 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	----- ----- -----	\$ ----- 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	----- ----- -----	\$ ----- 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	----- ----- -----	\$ ----- 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	----- ----- -----	\$ ----- 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	----- ----- -----	\$ ----- 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	----- ----- -----	\$ ----- 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	----- ----- -----	\$ ----- 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
73	----- ----- -----	\$ ----- 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	----- ----- -----	\$ ----- 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	----- ----- -----	\$ ----- 19,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	----- ----- -----	\$ ----- 19,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	----- ----- -----	\$ ----- 16,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	----- ----- -----	\$ ----- 15,263	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	----- ----- -----	\$ ----- 15,106	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	----- ----- -----	\$ ----- 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	----- ----- -----	\$ ----- 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	----- ----- -----	\$ ----- 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	----- ----- -----	\$ ----- 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	----- ----- -----	\$ ----- 15,000	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
85	----- ----- -----	\$ ----- 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	----- ----- -----	\$ ----- 14,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	----- ----- -----	\$ ----- 13,995	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	----- ----- -----	\$ ----- 13,713	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	----- ----- -----	\$ ----- 13,031	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	----- ----- -----	\$ ----- 12,371	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	----- ----- -----	\$ ----- 12,371	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	----- ----- -----	\$ ----- 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	----- ----- -----	\$ ----- 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	----- ----- -----	\$ ----- 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	----- ----- -----	\$ ----- 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	----- ----- -----	\$ ----- 12,000	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	----- ----- -----	\$ ----- 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	----- ----- -----	\$ ----- 11,640	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	----- ----- -----	\$ ----- 11,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	----- ----- -----	\$ ----- 11,476	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	----- ----- -----	\$ ----- 11,360	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	----- ----- -----	\$ ----- 11,200	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	----- ----- -----	\$ ----- 11,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104	----- ----- -----	\$ ----- 10,676	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105	----- ----- -----	\$ ----- 10,450	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106	----- ----- -----	\$ ----- 10,309	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107	----- ----- -----	\$ ----- 10,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108	----- ----- -----	\$ ----- 10,161	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	----- ----- -----	\$ ----- 10,108	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114	----- ----- -----	\$ ----- 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
115	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120	----- ----- -----	\$ ----- 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
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	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
128	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
129	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
130	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
131	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
132	----- ----- -----	\$ ----- 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
133	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
134	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
135	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
136	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
137	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
138	----- ----- -----	\$ ----- 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
139	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
140	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
141	----- ----- -----	\$ ----- 9,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
142	----- ----- -----	\$ ----- 9,375	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
143	----- ----- -----	\$ ----- 9,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
144	----- ----- -----	\$ ----- 8,980	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	----- ----- -----	\$ ----- 8,648	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
146	----- ----- -----	\$ ----- 8,304	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
147	----- ----- -----	\$ ----- 8,186	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
148	----- ----- -----	\$ ----- 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
149	----- ----- -----	\$ ----- 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
150	----- ----- -----	\$ ----- 8,000	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	----- ----- -----	\$ ----- 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
152	----- ----- -----	\$ ----- 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
153	----- ----- -----	\$ ----- 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
154	----- ----- -----	\$ ----- 7,824	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
155	----- ----- -----	\$ ----- 7,800	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
156	----- ----- -----	\$ ----- 7,749	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	----- ----- -----	\$ ----- 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
158	----- ----- -----	\$ ----- 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
159	----- ----- -----	\$ ----- 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
160	----- ----- -----	\$ ----- 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
161	----- ----- -----	\$ ----- 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
162	----- ----- -----	\$ ----- 7,500	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
163	----- ----- -----	\$ ----- 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
164	----- ----- -----	\$ ----- 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
165	----- ----- -----	\$ ----- 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
166	----- ----- -----	\$ ----- 7,211	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
167	----- ----- -----	\$ ----- 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
168	----- ----- -----	\$ ----- 7,000	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
169	----- ----- -----	\$ ----- 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
170	----- ----- -----	\$ ----- 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
171	----- ----- -----	\$ ----- 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
172	----- ----- -----	\$ ----- 6,985	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
173	----- ----- -----	\$ ----- 6,830	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
174	----- ----- -----	\$ ----- 6,791	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	----- ----- -----	\$ ----- 6,600	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
176	----- ----- -----	\$ ----- 6,400	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
177	----- ----- -----	\$ ----- 6,300	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
178	----- ----- -----	\$ ----- 6,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
179	----- ----- -----	\$ ----- 6,155	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
180	----- ----- -----	\$ ----- 6,139	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
181	----- ----- -----	\$ ----- 6,128	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
182	----- ----- -----	\$ ----- 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
183	----- ----- -----	\$ ----- 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
184	----- ----- -----	\$ ----- 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
185	----- ----- -----	\$ ----- 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
186	----- ----- -----	\$ ----- 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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	----- ----- -----	\$ ----- 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
188	----- ----- -----	\$ ----- 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
189	----- ----- -----	\$ ----- 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
190	----- ----- -----	\$ ----- 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
191	----- ----- -----	\$ ----- 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
192	----- ----- -----	\$ ----- 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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	----- ----- -----	\$ ----- 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
194	----- ----- -----	\$ ----- 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
195	----- ----- -----	\$ ----- 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
196	----- ----- -----	\$ ----- 5,721	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
197	----- ----- -----	\$ ----- 5,600	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
198	----- ----- -----	\$ ----- 5,594	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	----- ----- -----	\$ ----- 5,560	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
200	----- ----- -----	\$ ----- 5,550	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
201	----- ----- -----	\$ ----- 5,515	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
202	----- ----- -----	\$ ----- 5,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
203	----- ----- -----	\$ ----- 5,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
204	----- ----- -----	\$ ----- 5,500	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
205	----- ----- -----	\$ ----- 5,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
206	----- ----- -----	\$ ----- 5,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
207	----- ----- -----	\$ ----- 5,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
208	----- ----- -----	\$ ----- 5,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
209	----- ----- -----	\$ ----- 5,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
210	----- ----- -----	\$ ----- 5,500	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
211	----- ----- -----	\$ ----- 5,400	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
212	----- ----- -----	\$ ----- 5,400	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
213	----- ----- -----	\$ ----- 5,400	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
214	----- ----- -----	\$ ----- 5,300	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
215	----- ----- -----	\$ ----- 5,244	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
216	----- ----- -----	\$ ----- 5,183	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	----- ----- -----	\$ 5,155	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
218	----- ----- -----	\$ 5,155	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
219	----- ----- -----	\$ 5,155	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
220	----- ----- -----	\$ 5,155	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
221	----- ----- -----	\$ 5,155	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
222	----- ----- -----	\$ 5,155	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	----- ----- -----	\$ ----- 5,155	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
224	----- ----- -----	\$ ----- 5,155	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
225	----- ----- -----	\$ ----- 5,155	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
226	----- ----- -----	\$ ----- 5,124	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
227	----- ----- -----	\$ ----- 5,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
228	----- ----- -----	\$ ----- 5,088	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	----- ----- -----	\$ ----- 5,077	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
230	----- ----- -----	\$ ----- 5,062	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
231	----- ----- -----	\$ ----- 5,045	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
232	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
233	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
234	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
236	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
237	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
238	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
239	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
240	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

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

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

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

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

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
284	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
285	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
286	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
287	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
288	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
290	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
291	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
292	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
293	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
294	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
296	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
297	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
298	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
299	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
300	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
314	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
315	----- ----- -----	\$ ----- 14,400	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
316	----- ----- -----	\$ ----- 230,855	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
317	----- ----- -----	\$ ----- 40,051	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
318	----- ----- -----	\$ ----- 42,460	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
319	----- ----- -----	\$ ----- 69,549	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
320	----- ----- -----	\$ ----- 60,770	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
321	----- ----- -----	\$ ----- 55,877	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
322	----- ----- -----	\$ ----- 232,307	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
323	----- ----- -----	\$ ----- 15,714	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
324	----- ----- -----	\$ ----- 159,897	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
325	----- ----- -----	\$ ----- 36,452	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
326	----- ----- -----	\$ ----- 1,191,396	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
327	----- ----- -----	\$ ----- 20,739	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
328	----- ----- -----	\$ ----- 27,722	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
329	----- ----- -----	\$ ----- 28,499	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
330	----- ----- -----	\$ ----- 146,810	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
331	----- ----- -----	\$ ----- 96,926	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
332	----- ----- -----	\$ ----- 17,503,674	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
333	----- ----- -----	\$ ----- 510,720	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
334	----- ----- -----	\$ ----- 9,026,012	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
335	----- ----- -----	\$ ----- 54,402	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
336	----- ----- -----	\$ ----- 112,826	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	----- ----- -----	\$ ----- 10,416	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
338	----- ----- -----	\$ ----- 12,868	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
339	----- ----- -----	\$ ----- 1,066,632	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
340	----- ----- -----	\$ ----- 39,001	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
341	----- ----- -----	\$ ----- 73,712	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
342	----- ----- -----	\$ ----- 689,314	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	----- ----- -----	\$ ----- 104,865	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
344	----- ----- -----	\$ ----- 149,125	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
345	----- ----- -----	\$ ----- 31,831	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
346	----- ----- -----	\$ ----- 93,846	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
347	----- ----- -----	\$ ----- 152,107	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
348	----- ----- -----	\$ ----- 11,981	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	----- ----- -----	\$ 680,450	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
350	----- ----- -----	\$ 297,066	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
351	----- ----- -----	\$ 692,834	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
352	----- ----- -----	\$ 57,805	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
353	----- ----- -----	\$ 48,582	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
354	----- ----- -----	\$ 602,732	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	----- ----- -----	\$ ----- 49,336	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
356	----- ----- -----	\$ ----- 112,176	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
357	----- ----- -----	\$ ----- 44,059	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
358	----- ----- -----	\$ ----- 6,061	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
359	----- ----- -----	\$ ----- 80,965	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
360	----- ----- -----	\$ ----- 37,166	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	----- ----- -----	\$ ----- 11,877	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
362	----- ----- -----	\$ ----- 992,034	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
363	----- ----- -----	\$ ----- 76,959	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
364	----- ----- -----	\$ ----- 7,164,112	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
365	----- ----- -----	\$ ----- 66,998	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
366	----- ----- -----	\$ ----- 288,182	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	----- ----- -----	\$ ----- 81,492	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
368	----- ----- -----	\$ ----- 2,747,502	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
369	----- ----- -----	\$ ----- 300,321	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
370	----- ----- -----	\$ ----- 33,277	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
371	----- ----- -----	\$ ----- 11,268,498	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
372	----- ----- -----	\$ ----- 5,677	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	----- ----- -----	\$ ----- 170,181	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
374	----- ----- -----	\$ ----- 386,400	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
375	----- ----- -----	\$ ----- 825,519	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
376	----- ----- -----	\$ ----- 60,179	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
377	----- ----- -----	\$ ----- 45,669	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
378	----- ----- -----	\$ ----- 412,415	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	----- ----- -----	\$ ----- 28,195	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
380	----- ----- -----	\$ ----- 6,480	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
381	----- ----- -----	\$ ----- 57,839	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
382	----- ----- -----	\$ ----- 136,380	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
383	----- ----- -----	\$ ----- 12,560	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
384	----- ----- -----	\$ ----- 59,869	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
385	----- ----- -----	\$ 6,108,455	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
386	----- ----- -----	\$ 118,407	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
387	----- ----- -----	\$ 151,847	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
388	----- ----- -----	\$ 196,100	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
389	----- ----- -----	\$ 859,899	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
390	----- ----- -----	\$ 370,000	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 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) <small>(See instructions.)</small>	(d) Date received
315	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
316	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
317	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
318	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
319	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
320	GOODS ----- ----- -----	\$ -----	12/31/2023 -----

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) <small>(See instructions.)</small>	(d) Date received
321	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
322	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
323	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
324	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
325	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
326	GOODS ----- ----- -----	\$ -----	12/31/2023 -----

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) <small>(See instructions.)</small>	(d) Date received
327	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
328	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
329	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
330	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
331	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
332	GOODS ----- ----- -----	\$ -----	12/31/2023 -----

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) <small>(See instructions.)</small>	(d) Date received
333	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
334	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
335	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
336	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
337	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
338	GOODS ----- ----- -----	\$ -----	12/31/2023 -----

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) <small>(See instructions.)</small>	(d) Date received
339	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
340	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
341	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
342	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
343	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
344	GOODS ----- ----- -----	\$ -----	12/31/2023 -----

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) <small>(See instructions.)</small>	(d) Date received
345	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
346	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
347	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
348	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
349	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
350	GOODS ----- ----- -----	\$ -----	12/31/2023 -----

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) <small>(See instructions.)</small>	(d) Date received
351	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
352	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
353	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
354	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
355	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
356	GOODS ----- ----- -----	\$ -----	12/31/2023 -----

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) <small>(See instructions.)</small>	(d) Date received
357	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
358	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
359	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
360	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
361	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
362	GOODS ----- ----- -----	\$ -----	12/31/2023 -----

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) <small>(See instructions.)</small>	(d) Date received
363	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
364	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
365	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
366	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
367	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
368	GOODS ----- ----- -----	\$ -----	12/31/2023 -----

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) <small>(See instructions.)</small>	(d) Date received
369	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
370	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
371	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
372	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
373	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
374	GOODS ----- ----- -----	\$ -----	12/31/2023 -----

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) <small>(See instructions.)</small>	(d) Date received
375	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
376	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
377	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
378	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
379	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
380	GOODS ----- ----- -----	\$ -----	12/31/2023 -----

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) <small>(See instructions.)</small>	(d) Date received
381	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
382	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
383	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
384	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
385	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
386	GOODS ----- ----- -----	\$ -----	12/31/2023 -----

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) <small>(See instructions.)</small>	(d) Date received
387	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
388	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
389	GOODS ----- ----- -----	\$ -----	12/31/2023 -----
390	LAND FOR SOUTHERN FACILITY ----- ----- -----	\$ 370,000	12/31/2023 -----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----

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 information once. See instructions.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for totals, 5-6 for questions about donor advisement.

Part II Conservation Easements

Table with 2 columns: Held at the End of the Tax Year. Rows 1-9 for questions about conservation easements.

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

Table with 2 columns: Revenue, Assets. Rows 1a-2 for questions about art and historical treasures.

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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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

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

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment _____%
- b** Permanent endowment _____%
- c** 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:

- (i)** Unrelated organizations? **Yes** **No**
- (ii)** Related organizations? **Yes** **No**

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

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

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

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		1,570,000		1,570,000
b Buildings		4,103,977	2,324,108	1,779,869
c Leasehold improvements		1,821,171	1,031,341	789,830
d Equipment		5,791,524	3,279,776	2,511,748
e Other		663,138	220,811	442,327
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				7,093,774

Part VII Investments—Other Securities

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

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

Part VIII Investments—Program Related

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

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

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, line 15, col. (B))	

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	652,795
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	652,795

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 XIII

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

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	FUNDRAISING EXPENSES INCLUDED IN REVENUE	94,752
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	FUNDRAISING EXPENSES INCLUDED IN REVENUE	94,752

Part XIII

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

Return Reference - Identifier	Explanation
<p>SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE</p>	<p>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, 2023</p>

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2023

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

LOWCOUNTRY FOOD BANK INC

Employer identification number

57-0751835

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 TRUESENSE, 502 KEYSTONE DR, WARRENDALE, PA 15086	DIRECT MAIL CAMPAIGN		✓	1,818,775	414,482	1,404,293
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				1,818,775	414,482	1,404,293

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

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

		(a) Event #1 <u>CHEF'S FEAST</u> (event type)	(b) Event #2 <u>WALK TO FIGHT HUNGER</u> (event type)	(c) Other events _____ (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	536,944	77,900		614,844
	2 Less: Contributions	474,181	77,900		552,081
	3 Gross income (line 1 minus line 2)	62,763	0	0	62,763
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes				0
	6 Rent/facility costs	14,445	600		15,045
	7 Food and beverages	4,948	325		5,273
	8 Entertainment				0
	9 Other direct expenses	67,986	6,448		74,434
	10 Direct expense summary. Add lines 4 through 9 in column (d)				94,752
11 Net income summary. Subtract line 10 from line 3, column (d)				(31,989)	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
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: _____

**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

2023

**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
(1) ALLEN AME CHURCH (EDISTO) 8060 BOTANY BAY RD., EDISTO ISLAND, SC, 29438	53-0204696	501(C)(3)		276,537	FMV	FOOD	(SEE STATEMENT)
(2) ANSONBOROUGH HOUSE 71 SOCIETY STREET, CHARLESTON, SC, 29401	57-0729489	501(C)(3)		14,235	FMV	FOOD	(SEE STATEMENT)
(3) (SEE STATEMENT)	81-3344149	501(C)(3)		194,376	FMV	FOOD	(SEE STATEMENT)
(4) (SEE STATEMENT)	31-1813333	501(C)(3)		170,772	FMV	FOOD	(SEE STATEMENT)
(5) ACTIVATE CHURCH 705 OLD TROLLEY RD, SUMMERVILLE, SC, 29485	31-1813333	501(C)(3)		29,508	FMV	FOOD	(SEE STATEMENT)
(6) BETHEL AME CHURCH (RIDGEVILLE) 165 SOUTH RAILROAD AVE, RIDGEVILLE, SC, 29472	53-0204696	501(C)(3)		126,720	FMV	FOOD	(SEE STATEMENT)
(7) BETHEL AME RAVENEL 4595 SAVANNAH HWY., RAVENEL, SC, 29470	53-0204696	501(C)(3)		13,436	FMV	FOOD	(SEE STATEMENT)
(8) BETHEL UNITED METHODIST CHURCH 57 PITT STREET, CHARLESTON, SC, 29401	31-1813333	501(C)(3)		244,344	FMV	FOOD	(SEE STATEMENT)
(9) BUCK CREEK BAPTIST CHURCH 11483 HWY 905 N, LONGS, SC, 29568	57-0360087	501(C)(3)		214,012	FMV	FOOD	(SEE STATEMENT)
(10) BERKELEY CHURCH OF CHRIST 1483 HWY 52 SOUTH, MONCK'S CORNER, SC 29461	N/A	501(C)(3)		110,188	FMV	FOOD	(SEE STATEMENT)
(11) BETHEL OUTREACH MINISTRIES 5585 MEMORIAL BLVD., ST. GEORGE, SC, 29477	53-0204696	501(C)(3)		313,561	FMV	FOOD	(SEE STATEMENT)
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 268

3 Enter total number of other organizations listed in the line 1 table 0

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

Cat. No. 50055P

Schedule I (Form 990) 2023

Part II

Grants and Other Assistance to Governments and Organizations in the United States (continued)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) BLUFFTON SELF HELP 39 SHERIDAN PARK CIRCLE, UNIT #10, BLUFFTON, SC, 29910	57-0862658	501(C)(3)		116,780	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(13) CHURCHES ASSISTING PEOPLE 307 WRIGHT BOULEVARD, CONWAY, SC, 29526	57-0865901	501(C)(3)		723,630	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(14) CAP- REHOBOTH CHURCH 2775 BARNHILL RD, GALIVANTS FERRY, SC 29544	N/A	501(C)(3)		43,851	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(15) CROSS COMMUNITY CHURCH 1025 SEA ISLAND PARKWAY, ST. HELENA ISLAND, SC, 29920	32-0490833	501(C)(3)		8,590	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(16) CHARLESTON AREA SENIOR CITIZENS 259 MEETING STREET, CHARLESTON, SC, 29401	57-6030048	501(C)(3)		14,672	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(17) THE CHURCH OF THE CROSS 15A CENTRE DRIVE, BLUFFTON, SC, 29910	57-0684046	501(C)(3)		75,316	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(18) NEW BEGINNING OUTREACH (DOC) 600 BEACH ROAD, WALTERBORO, SC, 29488	35-0868116	501(C)(3)		3,174	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(19) COMMUNITY KITCHEN OF MYRTLE BEACH 1411 MR. JOE WHITE AVE., MYRTLE BEACH, SC, 29577	57-0965358	501(C)(3)		790,904	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(20) CREATIVE CHURCH FOOD PANTRY 1293 PLANTATION DR., HARDEEVILLE, SC, 29927	27-4463475	501(C)(3)		34,528	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(21) ONE80 PLACE 35 WALNUT STREET, CHARLESTON, SC, 29403	57-0789483	501(C)(3)		301,159	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(22) CHRIST TEMPLE OF SUMMERVILLE 1815 OLD TROLLEY ROAD SUITE 104, SUMMERVILLE, SC, 29485	57-0950671	501(C)(3)		8,789	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(23) CEDAR GROVE MISSIONARY BAPTIST 2384 US HWY 521, ANDREWS, SC, 29510	54-2110052	501(C)(3)		213,286	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(24) CHARITY INSPIRATIONAL CHURCH 31 DONALDSON DRIVE, BEAUFORT, SC 29906	N/A	501(C)(3)		6,065	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(25) CATHEDRAL BREAD BASKET 3626 ASHLEY PHOSPHATE RD., NORTH CHARLESTON, SC, 29418	57-0875016	501(C)(3)		211,607	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(26) CATHEDRAL BREAD BASKET #2 3790 ASHLEY PHOSPHATE ROAD, NORTH CHARLESTON, SC, 29418	57-0875016	501(C)(3)		388,426	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(27) CANAAN MISSIONARY BAPTIST 908 TRASK PARKWAY, SHELDON, SC, 29941	57-0863423	501(C)(3)		1,927	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(28) CHESTERFIELD MISSIONARY BAPTIST CHURCH 8591 HIGHWAY 90, LONGS, SC, 29568	57-1022773	501(C)(3)		171,810	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(29) CARING & SHARING 128 WEST GEORGE STREET, HEMINGWAY, SC, 29554	58-2317638	501(C)(3)		143,266	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(30) CHERRY HILL MISSIONARY BAPTIST CHURCH 421 SMITH STREET, CONWAY, SC, 29526	57-0807394	501(C)(3)		861,225	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(31) FAITH OUTREACH MINISTRIES OF THE GRAND STRAND 8901 HWY 17 BYPASS SOUTH, SURFSIDE BEACH, SC, 29575	82-3645227	501(C)(3)		512,101	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(32) FAITH OUTREACH MINISTRIES-SOCASTEE 4900 SOCASTEE BLVD, MYRTLE BEACH, SC, 29588	82-3645227	501(C)(3)		46,234	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(33) FAITH OUTREACH MINISTRIES LATINX SOCASTEE 5033 OLD DICK POND RD., MYRTLE BEACH, SC, 29588	82-3645227	501(C)(3)		12,384	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(34) FAITH OUTREACH MINISTRIES-FINKLEA 3501 HWY 917, LORIS, SC, 29569	82-3645227	501(C)(3)		18,069	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(35) FAITH OUTREACH MINISTRIES LATINX BEACH CHURCH 557 GEORGE BISHOP PKWY, MYRTLE BEACH, SC, 29579	82-3645227	501(C)(3)		180,467	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(36) THE JOSHUA GROUP/CHRIST TEMPLE N. CHS 1309 SUMNER AVENUE, NORTH CHARLESTON, SC, 29406	57-1101351	501(C)(3)		48,798	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(37) CHARLESTON JEWISH FEDERATION 155 JACKSON STREET, CHARLESTON, SC, 29403	57-6000188	501(C)(3)		154,550	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(38) CROSSWAY BAPTIST CHURCH 1839 HWY 701 S, LORIS, SC, 29569	57-0360087	501(C)(3)		363,231	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(39) CRC - SUMMERVILLE 116 W 2ND NORTH ST., SUMMERVILLE, SC, 29483	82-4620148	501(C)(3)		804,913	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(40) CRC - NORTH CHARLESTON 3947 WHIPPER BARONY LANE, NORTH CHARLESTON, SC, 29406	82-4620148	501(C)(3)		1,714,757	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(41) CRC-ST. JAMES SANTEE ELEMEN. 8900 US HWY 17, MCCLELLANVILLE, SC, 29458	82-4620148	501(C)(3)		11,887	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(42) CRC-ADAMS RUN 5495 PARKERS FERRY ROAD, ADAMS RUN, SC, 29426	82-4620148	501(C)(3)		125,175	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(43) CRC-EDISTO INDIAN RES. 1125 RIDGE ROAD, RIDGEVILLE, SC, 29472	82-4620148	501(C)(3)		188,368	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(44) CRC-LOVELY HILL 5905 W JIM BILTON BLVD., ST. GEORGE, SC, 29477	82-4620148	501(C)(3)		122,675	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(45) CRC-ELEM BAPTIST 225 2 CHURCHES ROAD, HARLEYVILLE, SC, 29448	82-4620148	501(C)(3)		134,091	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(46) CATHOLIC CHARITIES OF THE PEE DEE 2294 TECHNOLOGY BLVD, CONWAY, SC, 29526	53-0196617	501(C)(3)		173,994	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(47) CATHOLIC CHARITIES - GEORGETOWN 2294 TECHNOLOGY BLVD., CONWAY, SC, 29526	53-0196617	501(C)(3)		21,843	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(48) CATHOLIC CHARITIES - WILLIAMSBURG 2294 TECHNOLOGY BLVD, CONWAY, SC, 29526	53-0196617	501(C)(3)		24,459	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(49) COASTAL CATHOLIC CHARITIES 1662 INGRAM RD, CHARLESTON, SC, 29407	53-0196617	501(C)(3)		98,886	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(50) COMMUNITY BIBLE CHURCH OF BEAUFORT 638 PARRIS ISLAND GATEWAY, BEAUFORT, SC, 29906	57-0747191	501(C)(3)		1,539	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(51) CAROLINA YOUTH DEVELOPMENT CENTER - CHARLESTON 5055 LACKAWANNA BLVD, CHARLESTON, SC, 29405	57-0669877	501(C)(3)		2,514	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(52) CMD'S PANTRY 2229 SUMTER HWY, KINGSTREE, SC, 29556	85-0702401	501(C)(3)		299,378	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(53) CHURCH OF JESUS CHRIST/ I AM MINISTRIES 3001 LANDING PKWY, NORTH CHARLESTON, SC, 29420	34-2011560	501(C)(3)		273,737	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(54) CHURCH OF THE HARVEST 39 FRIPP POINT ROAD, ST. HELENA ISLAND, SC, 29920	73-1672855	501(C)(3)		2,312	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(55) CHURCH HOUSE OF MINISTRIES 9659 JAMISON ROAD, LADSON, SC, 29456	46-2516634	501(C)(3)		77,196	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(56) CHARLESTON RECOVERY CENTER GROUP HOME 1903 CLUBHOUSE RD, RAVENEL, SC, 29470	26-4420743	501(C)(3)		307,901	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(57) DORCHESTER SENIORS INC. 312 NORTH LAUREL STREET, SUMMERVILLE, SC, 29483	57-0703785	501(C)(3)		55,230	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(58) DEER PARK BAPTIST CHURCH 8875 OLD UNIVERSITY BLVD., NORTH CHARLESTON, SC, 29406	57-0360087	501(C)(3)		68,157	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(59) DIVINE FAITH MINISTRIES 1735 N GRIMBALL RD, CHARLESTON, SC, 29412	14-1973073	501(C)(3)		10,823	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(60) DOGWOOD HILL BAPTIST CHURCH 1040 MT ZION ROAD, LORIS, SC, 29569	56-1095397	501(C)(3)		18,148	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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(61) SEACOAST-NORTH CHARLESTON (DREAM CENTER) 5505 N. RHETT AVE, NORTH CHARLESTON, SC, 29406	57-1045195	501(C)(3)		275,277	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(62) DELIVERANCE MINISTRIES OUTREACH 1073 OLD GILLIARD ROAD, RIDGEVILLE, SC, 29472	58-2304928	501(C)(3)		130,413	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(63) EAST COOPER COMMUNITY OUTREACH 1145 SIX MILE RD., MOUNT PLEASANT, SC, 29466	57-0939280	501(C)(3)		617,968	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(64) BALDWIN CARSON COMMUNITY OUTREACH CENTER (ECCO) 1161 BALDWIN CORNER ROAD, HUGER, SC, 29450	36-4991784	501(C)(3)		76,119	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(65) ASHLEYVILLE MARYVILLE FOOD MINISTRY 1057 5TH AVE, CHARLESTON, SC, 29407	53-0204696	501(C)(3)		177,043	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(66) TRUE FAITH HOLINESS CHURCH 2005 REYNOLDS AVENUE, NORTH CHARLESTON, SC 29405	N/A	501(C)(3)		913,648	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(67) EBENEZER MISSIONARY BAPTIST CHURCH 1207 MARTIN LUTHER KING DRIVE, ANDREWS, SC, 29510	57-0735269	501(C)(3)		143,073	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(68) EDGEWOOD BAPTIST CHURCH 138 WILDWOOD DRIVE, WALTERBORO, SC, 29488	57-0360087	501(C)(3)		241,905	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(69) EBENEZER AME CHURCH - LINCOLNVILLE 124 EAST PINCKNEY ST, LINCOLNVILLE, SC, 29485	53-0204696	501(C)(3)		8,024	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(70) EVENING OF PRAYER 2401 DELAWARE AVENUE, NORTH CHARLESTON, SC, 29405	57-0701132	501(C)(3)		354,636	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(71) EL SHADDAI MISSIONARY BAPTIST 4708 DURANT AVENUE, NORTH CHARLESTON, SC, 29405	57-0735269	501(C)(3)		4,425	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(72) EBENEZER AME CHURCH 44 NASSAU STREET, CHARLESTON, SC, 29403	53-0204696	501(C)(3)		27,205	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(73) FREE BORN DELIVERANCE TEMPLE 113 BROAD RIVER BLVD., BEAUFORT, SC, 29906	20-4169465	501(C)(3)		8,186	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(74) FIRST EUHAW BAPTIST CHURCH 7855 LOWCOUNTRY DR., RIDGELAND, SC, 29936	57-0928552	501(C)(3)		6,419	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(75) FAITH IN ACTION 2730 GORDON STREET, CHARLESTON, SC, 29405	57-1020189	501(C)(3)		57,394	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(76) FIRST ESTILL BAPTIST CHURCH 416 LAWTON AVE, ESTILL, SC, 29918	57-0808861	501(C)(3)		19,553	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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(77) FATHER'S CUP COMMUNITY PANTRY 2357 WATERTOWER ROAD, LONGS, SC, 29568	57-1095053	501(C)(3)		40,318	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(78) FAITH ASSEMBLY MONCKS CORNER 1286 N. HWY 52, MONCKS CORNER, SC, 29461	44-0577787	501(C)(3)		208,487	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(79) FAVOR MINISTRIES OUTREACH 1116 OLD GILLIARD ROAD, RIDGEVILLE, SC, 29472	46-1253975	501(C)(3)		85,070	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(80) GREATER GOODWILL AME 2818 HIGHWAY 17 NORTH, MOUNT PLEASANT, SC, 29466	53-0204696	501(C)(3)		24,721	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(81) GRAYS HILL BAPTIST CHURCH 2749 TRASK PKWY, BEAUFORT, SC, 29906	57-0360087	501(C)(3)		7,158	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(82) GREATER ST. LUKE HOLINESS CHURCH 89 GRESHAM DR., GEORGETOWN, SC 29440	N/A	501(C)(3)		57,547	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(83) AMIKIDS GEORGETOWN INC. 1590 EAST CCC ROAD, GEORGETOWN, SC, 29440	23-7440836	501(C)(3)		35,432	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(84) GREATER NEW HOPE A.M.E. 1461 GIVHANS ROAD, RIDGEVILLE, SC, 29472	53-0204696	501(C)(3)		228,633	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(85) AGAPE FAMILY LIFE CENTER 5855 S. OKATIE HWY, HARDEEVILLE, SC, 29927	57-1106874	501(C)(3)		48,177	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(86) GREATER SAINT PAUL AME 633 THOMAS KATE ROAD, DORCHESTER, SC, 29437	53-0204696	501(C)(3)		116,289	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(87) GRACE IMPACT DEVELOPMENT CENTER 212 COOPER ST, MONCKS CORNER, SC, 29461	81-5401824	501(C)(3)		143,645	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(88) GREATER CHERRY GROVE CHURCH 80 CHERRY GROVE ROAD, BRUNSON, SC 29911	N/A	501(C)(3)		96,833	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(89) GETHSEMANE CATHEDRAL OF PRAISE 4937 DURANT AVE, NORTH CHARLESTON, SC, 29405	26-0182543	501(C)(3)		38,989	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(90) GREEN SEA BAPTIST CHURCH 1241 GREEN SEA ROAD, GREEN SEA, SC, 29545	56-1641316	501(C)(3)		66,914	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(91) GREATER MT. ARARAT A.M.E. CHURCH 1105 NESMITH ROAD, NESMITH, SC, 29580	53-0204696	501(C)(3)		82,998	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(92) GREATER GORDON CHAPEL A.M.E. CHURCH 4581 OLD RIVER ROAD, MURRELLS INLET, SC, 29576	53-0204696	501(C)(3)		215,753	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(93) GATEWAY OPEN ARMS 3537 S LIVE OAK DRIVE, MONCKS CORNER, SC, 29461	20-5890840	501(C)(3)		2,029,564	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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(94) GREATER ST. MARK AME CHURCH 1297 OLD GEORGETOWN ROAD, HEMINGWAY, SC, 29554	53-0204696	501(C)(3)		204,635	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(95) GREATER ST. MARK AME KINGSTREE 300 W MAIN ST, KINGSTREE, SC, 29556	53-0204696	501(C)(3)		79,997	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(96) GREAT PRESENT AME 3260 US HWY. 521, ANDREWS, SC, 29510	53-0204696	501(C)(3)		148,259	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(97) CHURCH OF THE HOLY COMMUNION 218 ASHLEY AVE., CHARLESTON, SC, 29403	32-0295374	501(C)(3)		2,086	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(98) HEALING WATERS MISSION AND WELLNESS CENTER 606 LEVY ROAD, HARDEEVILLE, SC, 29927	57-1145815	501(C)(3)		82,221	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(99) HEALING WATERS-BEAUFORT-CHURCH OF THE NAZARENE 279 BROAD RIVER ROAD, BEAUFORT, SC, 29906	57-1145815	501(C)(3)		62,475	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(100) HEALING WATERS-ST. HELENA 14 MARTIN LUTHER KING DRIVE, ST. HELENA ISLAND, SC, 29920	57-1145815	501(C)(3)		123,970	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(101) HOPEWELL SENIOR DAY CARE CENTER 1277 BLAKELY RD., SALTERS, SC, 29590	57-0726226	501(C)(3)		177,760	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(102) HOLY CROSS FAITH MEMORIAL EPISCOPAL CHURCH 99 BASKERVILL DRIVE, PAWLEYS ISLAND, SC, 29585	31-1629166	501(C)(3)		171,741	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(103) HELPING HANDS OF GEORGETOWN 1813 HIGHMARKET ST, GEORGETOWN, SC, 29440	57-0883461	501(C)(3)		74,133	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(104) HELPING HANDS OF GOOSE CREEK 104B COMMERCE PLACE, GOOSE CREEK, SC, 29445	57-0891298	501(C)(3)		264,745	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(105) HELPING HAND OF MYRTLE BEACH 1411 MR. JOE WHITE AVE., MYRTLE BEACH, SC, 29577	57-0627993	501(C)(3)		295,554	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(106) HELP OF BEAUFORT 502 CHARLES STREET, BEAUFORT, SC, 29902	57-0721545	501(C)(3)		67,673	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(107) HOUSE OF HOPE 3629 AZALEA DRIVE, NORTH CHARLESTON, SC, 29405	86-1283557	501(C)(3)		318,917	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(108) HOPEWELL A.M.E. CHURCH 30704 COUNTY LINE ROAD, HEMINGWAY, SC, 29554	57-0726226	501(C)(3)		71,687	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(109) HEBRON ZION PRESBYTERIAN 2915 BOHICKET ROAD, JOHNS ISLAND, SC, 29455	23-6393377	501(C)(3)		78,362	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(110) HOPEWELL CME CHURCH 3200 DALEY RD., GARNETT, SC, 29922	58-1381196	501(C)(3)		45,085	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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(111) HUSPAH BAPTIST CHURCH 18 HUSPAH BAPTIST CHURCH ROAD, SEABROOK, SC 29940	N/A	501(C)(3)		71,275	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(112) HOUSE OF PRAYER AND PRAISE 104 EAST MAIN STREET, HARLEYVILLE, SC, 29448	57-1133642	501(C)(3)		291,747	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(113) MARGARET F. CURTIS FOOD PANTRY 2676 BEES CREEK RD., RIDGELAND, SC, 29936	32-0295374	501(C)(3)		109,070	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(114) HEART FOR HUMANITY, INC. 117 N CONGDON ST, GEORGETOWN, SC, 29440	45-4253949	501(C)(3)		265,271	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(115) HEART TO HEART BERKELEY 104 BEHRMAN ST., MONCKS CORNER, SC, 29461	58-2457855	501(C)(3)		71,339	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(116) HUMANITIES FOUNDATION WEST ASHLEY 1850 MAGWOOD DRIVE, CHARLESTON, SC, 29414	57-0952289	501(C)(3)		1,394,895	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(117) HAMPTON UNITED METHODIST CHURCH 204 MULBERRY STREET, HAMPTON, SC 29924	N/A	501(C)(3)		135,133	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(118) HEART OF GOLD FOUNDATION 500 OAKBROOK LANE, SUMMERVILLE, SC 29485	N/A	501(C)(3)		82,902	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(119) HIGHER GROUND BAPTIST MINISTRIES 5548 MOSELLE ROAD, ISLANDTON, SC 29929	N/A	501(C)(3)		39,505	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(120) IMMANUEL REFORMED EPISCOPAL CHURCH 2513 RANGER DRIVE, CROSS, SC, 29436	23-6424640	501(C)(3)		75,663	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(121) JEHOVAH AME CHURCH 1565 OLD HIGHWAY 6, CROSS, SC, 29436	53-0204696	501(C)(3)		51,149	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(122) JOSHUA UNITED METHODIST CHURCH 3097 OLD HIGHWAY 52, MONCKS CORNER, SC, 29461	31-1813333	501(C)(3)		61,578	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(123) JAMES ISLAND OUTREACH 1860 CAMP ROAD, CHARLESTON, SC, 29412	57-0907554	501(C)(3)		294,842	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(124) JASPER COUNTY HUNGER FREE ZONE 1506 GRAYS HWY., RIDGELAND, SC, 29936	80-0200666	501(C)(3)		125,716	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(125) JEHOVAH TABERNACLE CHURCH 2001 COMSTOCK AVENUE, CHARLESTON, SC, 29405	11-3843447	501(C)(3)		1,266,549	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(126) JEHOVAH TABERNACLE CONWAY 2420 CULTRA RD., CONWAY, SC, 29526	11-3843447	501(C)(3)		13,118	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(127) JEHOVAH TABERNACLE-SAFE HANDS CHILDCARE 3421 CASEY ST, LORIS, SC, 29569	11-3843447	501(C)(3)		6,581	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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(128) JEHOVAH TABERNACLE-FREEMONT MBC 541 FREEMONT RD., LORIS, SC, 29569	11-3843447	501(C)(3)		3,860	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(129) JEHOVAH TABERNACLE - BEAUFORT SONS OF BEAUFORT LODGE-43 W K ALSTON DR., BEAUFORT, SC, 29906	11-3843447	501(C)(3)		11,763	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(130) JUNIPER BAY BAPTIST CHURCH 5265 JUNIPER BAY RD, CONWAY, SC, 29527	57-0360087	501(C)(3)		39,343	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(131) JEHOVAH UM 1473 MATILDA CIRCLE, PINEVILLE, SC, 29468	31-1813333	501(C)(3)		70,142	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(132) JERUSALEM HELPING HAND FOOD BANK 135 JERUSALEM LOOP, ST. GEORGE, SC, 29477	38-3928591	501(C)(3)		90,320	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(133) KNIGHTSVILLE METHODIST CHURCH 1505 CENTRAL AVE, SUMMERVILLE, SC, 29483	31-1813333	501(C)(3)		21,703	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(134) LIFE HOUSE CHURCH 40 FAITH STATION, BEAUFORT, SC, 29906	57-1055677	501(C)(3)		51,543	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(135) FAITH ASSEMBLY- REVIVE 1527 REMOUNT RD, NORTH CHARLESTON, SC, 29406	44-0577787	501(C)(3)		320,752	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(136) PALMETTO COMMUNITY CARE 5064 RIVERS AVE, CHARLESTON, SC, 29406	57-0905550	501(C)(3)		325	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(137) NEIGHBORS TOGETHER (TRICOUNTY FAMILY MINISTRIES) 2105 COSGROVE AVE., NORTH CHARLESTON, SC, 29405	57-0794782	501(C)(3)		110,943	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(138) A LONGER TABLE 2106 MOUNT PLEASANT STREET, CHARLESTON, SC, 29403	86-2546808	501(C)(3)		30,901	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(139) THE FATHER'S HOUSE 4513 HWY 17 BYPASS S, MYRTLE BEACH, SC, 29577	57-0657542	501(C)(3)		3,265	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(140) LOW COUNTRY VETERANS GROUP 900 N MERRIMAN ROAD, GEORGETOWN, SC, 29440	80-0787825	501(C)(3)		20,300	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(141) LINE STREET CHURCH OF GOD 192 LINE STREET, CHARLESTON, SC, 29403	30-0290464	501(C)(3)		109,378	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(142) LIGHT MINISTRIES 321 N. WALTER STREET, WALTERBORO, SC, 29488	74-3104064	501(C)(3)		1,400	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(143) LIFE MINISTRIES CHRISTIAN ACADEMY 75 CAPEHART CIRCLE, BEAUFORT, SC, 29906	90-0815796	501(C)(3)		25,569	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(144) LONG BRANCH MISSIONARY BAPTIST CHURCH 922 HOPEWELL RD., GIFFORD, SC 29923	N/A	501(C)(3)		195,405	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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(145) METROPOLITAN COMMUNITY CHURCH 7860 DORCHESTER ROAD SUITE A, NORTH CHARLESTON, SC, 29418	23-7094543	501(C)(3)		110,099	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(146) MONCKS CORNER COMMUNITY SK 496 EAST MAIN STREET, MONCKS CORNER, SC, 29461	57-0956220	501(C)(3)		1,370	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(147) MERCY MISSION/CATHOLIC CHARITIES 19869 WHYTE HARDEE BLVD., HARDEEVILLE, SC, 29927	53-0196617	501(C)(3)		50,673	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(148) MORRIS CHAPEL UMC 115 MORRIS CHAPEL ROAD, DORCHESTER, SC 29437	N/A	501(C)(3)		20,744	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(149) MT. MORIAH MISSIONARY BAPTIST 7396 RIVERS AVE., NORTH CHARLESTON, SC, 29406	51-0611169	501(C)(3)		62,544	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(150) MT. OLIVE BAPTIST CHS 2416 MEETING STREET ROAD, CHARLESTON, SC, 29405	57-0735269	501(C)(3)		16,927	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(151) MT. OLIVE BAPTIST WALTERBORO 329 SAVAGE ST., WALTERBORO, SC, 29488	57-0735269	501(C)(3)		134,785	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(152) LOWCOUNTRY CARES 5421 RIVERBLUFF PARKWAY, NORTH CHARLESTON, SC, 29420	52-2378589	501(C)(3)		158,351	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(153) MURRAY UNITED METHODIST CHURCH 1216 ORANGEBURG RD, SUMMERVILLE, SC, 29483	31-1813333	501(C)(3)		156,351	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(154) ST. MARK BLOOMINGVALE CDC, INC. 8292 THURGOOD MARSHALL HWY, ANDREWS, SC, 29510	46-1594364	501(C)(3)		116,738	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(155) MT. OLIVE BAPTIST CHURCH 2011 DUNBAR ROAD, GEORGETOWN, SC, 29440	30-0349138	501(C)(3)		618,336	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(156) MONCKS CORNER SEVENTH DAY ADVENTIST 1243 HWY 402, MONCKS CORNER, SC, 29461	52-0643036	501(C)(3)		18,212	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(157) MT. SINAI BAPTIST - HAMPTON 455 MT. SINAI RD., VARNVILLE, SC, 29944	57-0735269	501(C)(3)		109,911	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(158) MT. NEBO BAPTIST CHURCH II 22 JONESVILLE AVE., YEMASSEE, SC, 29945	33-1073541	501(C)(3)		84,467	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(159) BLESSED HANDS FOOD PANTRY 931 OLD BACK RIVER ROAD, GOOSE CREEK, SC, 29445	80-0753053	501(C)(3)		238,066	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(160) MINISTRY OF HOPE & RECONCILIATION 64 JACQUELYN DR., GEORGETOWN, SC, 29440	20-5106015	501(C)(3)		24,574	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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(161) MARY MAGEDALINE OUTREACH CENTER 128 BROOMSTRAW RD, LANE, SC, 29564	30-0408938	501(C)(3)		74,703	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(162) MURRELLS INLET CHURCH OF GOD 608 GIBSON AVE, MURRELLS INLET, SC, 29576	62-0484177	501(C)(3)		700,730	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(163) MIRACLES ARE HAPPENING NOW 234 PEPPER STREET, VARNVILLE, SC, 29944	56-2241762	501(C)(3)		11,930	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(164) MORRIS STREET BAPTIST CHURCH 25 MORRIS ST., CHARLESTON, SC, 29403	57-0735269	501(C)(3)		20,450	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(165) MT. CARMEL UNITED BAPTIST CHURCH 3279 EXODUS DRIVE, GEORGETOWN, SC, 29440	54-2110052	501(C)(3)		84,548	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(166) MT. SINAI MISSIONARY BAPTIST CHURCH 7275 BROWN'S FERRY ROAD, GEORGETOWN, SC, 29440	57-0735269	501(C)(3)		58,199	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(167) MT. VERNON MISSIONARY BAPTIST CHURCH 5791 HWY 9, NICHOLS, SC 29581	N/A	501(C)(3)		62,481	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(168) NEW BEGINNINGS OF CHARLESTON 112 OSBURN AVE, NORTH CHARLESTON, SC, 29420	56-2075108	501(C)(3)		1,655	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(169) NEW BETHEL SOUNDS OF PRAISE 351 GREYBACK ROAD, SUMMERVILLE, SC, 29483	57-1080203	501(C)(3)		110,370	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(170) JCAN FAMILY MINISTRIES (NAN) 109 PRESTON AVE, NORTH CHARLESTON, SC, 29420	47-1704603	501(C)(3)		722,271	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(171) NATIONAL ACTION NETWORK - NORTH CHARLESTON 3300 REXTON ST, NORTH CHARLESTON, SC, 29405	47-1704603	501(C)(3)		34,255	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(172) NATIONAL ACTION NETWORK - SUMMERVILLE 10505 DORCHESTER ROAD, SUMMERVILLE, SC, 29485	47-1704603	501(C)(3)		41,656	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(173) NEW FRANCIS BROWN U.M.C. 2517 CORONA STREET, NORTH CHARLESTON, SC, 29405	31-1813333	501(C)(3)		63,942	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(174) NEIGHBORHOOD HOUSE 77 AMERICA ST., CHARLESTON, SC, 29403	53-0196617	501(C)(3)		1,488	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(175) NORTH STRAND HELPING HANDS 2501 LONG BAY ROAD, LONGS, SC, 29568	57-0647026	501(C)(3)		844,178	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(176) NORTH STRAND/LORIS 3410 CHURCH STREET, LORIS, SC, 29569	57-0914250	501(C)(3)		39,801	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(177) NEW LIFE DELIVERANCE TEMPLE 112 HALIFAX RD., ST. HELENA ISLAND, SC, 29920	23-7002419	501(C)(3)		828	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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(178) NEW ABUNDANT LIFE CHURCH 115 FOSTER ROAD, VARNVILLE, SC, 29944	27-2194505	501(C)(3)		222,088	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(179) NEW HOPE UME CHURCH 11 GOLDFINCH ROAD, GEORGETOWN, SC, 29440	31-1813333	501(C)(3)		228,688	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(180) NEW LIGHT UMC 1037 RUSSELLVILLE RD, ST. STEPHEN, SC, 29479	62-0484177	501(C)(3)		23,881	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(181) COMMUNITY IMPACT OF NCCOG AT MIDLAND PARK 2429 MIDLAND PARK ROAD, NORTH CHARLESTON, SC, 29406	57-0674092	501(C)(3)		453,543	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(182) NEW WEBSTER JIP FOOD PANTRY 4755 BEARS BLUFF RD., WADMALAW ISLAND, SC, 29487	53-0196617	501(C)(3)		26,765	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(183) OUR LADY OF MERCY COMMUNITY OUTREACH 1684 BROWNSWOOD ROAD, JOHNS ISLAND, SC, 29455	57-0984895	501(C)(3)		30,663	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(184) CHRISTIAN MISSION OUTREACH 9714 N KINGS HWY UNIT #132, MYRTLE BEACH, SC, 29572	31-1813333	501(C)(3)		160,208	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(185) OCEAN GROVE UNITED METHODIST 6517 HWY 17 NORTH, AWENDAW, SC, 29429	82-2199187	501(C)(3)		10,108	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(186) OLIVE BRANCH AME 1734 HIGHWAY 17 NORTH, MOUNT PLEASANT, SC, 29464	82-2199187	501(C)(3)		627,012	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(187) OLD FORT BAPTIST CHURCH 10505 DORCHESTER ROAD, SUMMERVILLE, SC 29485	N/A	501(C)(3)		5,696	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(188) PET HELPERS, INC. 1447 FOLLY RD., CHARLESTON, SC, 29412	57-0802283	501(C)(3)		12,553	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(189) PINE GROVE BAPTIST CHURCH 73 PINE GROVE RD., BEAUFORT, SC, 29906	57-1114264	501(C)(3)		2,076	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(190) WHEELS OF GRACE 4204 MARTIN LUTHER KING JR. HWY, SALTERS, SC, 29590	46-5738795	501(C)(3)		40,624	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(191) PRECIOUS BLOOD OF CHRIST 1633 WAVERLY ROAD, PAWLEYS ISLAND, SC, 29585	53-0196617	501(C)(3)		237,293	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(192) FEED BERKELEY 500 S. LIVE OAK DRIVE, MONCKS CORNER, SC 29461	N/A	501(C)(3)		262,870	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(193) PRAISE ASSEMBLY OF GOD 800 PARRIS ISLAND GATEWAY, BEAUFORT, SC, 29906	44-0577787	501(C)(3)		8,475	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(194) PRESBYTERIAN CHURCH OF EDISTO ISLAND 2164 HWY 174, EDISTO ISLAND, SC, 29438	23-6393377	501(C)(3)		141,335	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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(195) PRINGLETOWN COMMUNITY MT. PISGAH CHURCH 220 OLD GILLIARD RD, RIDGEVILLE, SC, 29472	47-5293107	501(C)(3)		11,927	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(196) TRIDENT TECH GROCERY VAULT 66 COLUMBUS STREET, CHARLESTON, SC, 29423	57-0699317	501(C)(3)		21,602	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(197) REHOBOTH FULL GOSPEL MINISTRY 2121 CAPTAIN AVE, NORTH CHARLESTON, SC, 29405	27-2119059	501(C)(3)		55,312	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(198) REFUGE TEMPLE ST. STEPHEN 3674 NORTH HIGHWAY 52, ST. STEPHEN, SC, 29479	13-2942986	501(C)(3)		51,875	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(199) RESURRECTED CHURCH OF JESUS 2345 ELDER AVE, NORTH CHARLESTON, SC, 29406	58-2298281	501(C)(3)		136,446	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(200) REDEEMER R.E. CHURCH 2173 HWY 45, PINEVILLE, SC, 29468	76-0754677	501(C)(3)		184,326	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(201) RSF HEALTH SERVICES CENTER (RYAN WHITE) 1481 TOBIAS GADSON BLVD, SUITE 1, CHARLESTON, SC, 29407	57-0831165	501(C)(3)		6,638	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(202) REFRESH OUR HEROES MYB SDA- BUCKSPORT 1370 BUCKSPORT RD, CONWAY, SC 29527	N/A	501(C)(3)		12,564	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(203) REFRESH OUR HEROES MYB SDA- FINKLEA 3501 SC-917, LORIS, SC 29569	N/A	501(C)(3)		11,096	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(204) REFRESH OUR HEROES MYB SDA- ATLANTIC BEACH 200 ATLANTIC ST, ATLANTIC BEACH, SC 29582	N/A	501(C)(3)		8,377	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(205) REFRESH OUR HEROES MYB SDA- MYRTLE BEACH 1411 MR. JOE WHITE AVE., MYRTLE BEACH, SC 29577	N/A	501(C)(3)		9,899	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(206) REFRESH OUR HEROES MYB SDA- CAROLINA FOREST 2351 CAROLINA FOREST BLVD, MYRTLE BEACH, SC 29579	N/A	501(C)(3)		3,450	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(207) CHANGED LIVES MINISTRY 470 REID HILL RD., MONCK'S CORNER, SC, 29461	57-0360087	501(C)(3)		1,634	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(208) SHIFA CLINIC 668 MARINA DRIVE, CHARLESTON, SC, 29492	04-3810161	501(C)(3)		576,202	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(209) SALVATION ARMY/N. CHARLESTON 1551 REMOUNT ROAD, NORTH CHARLESTON, SC, 29406	58-0660607	501(C)(3)		1,347	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(210) SALVATION ARMY OF HORRY 1415 2ND AVENUE, CONWAY, SC, 29526	58-0660607	501(C)(3)		65,932	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(211) SALVATION ARMY OF GEORGETOWN 2401 ANTHUAN MAYBANK DRIVE, GEORGETOWN, SC, 29440	58-0660607	501(C)(3)		29,715	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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(212) SALVATION ARMY OF BEAUFORT 2505 NORTH STREET, BEAUFORT, SC, 29902	58-0660607	501(C)(3)		126,453	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(213) UPPER DORCHESTER COMMUNITY MINISTRIES 101 RIDGE ST, ST. GEORGE, SC, 29477	45-2899355	501(C)(3)		244,610	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(214) SOLDIERS' ANGELS 1113 SAM RITTENBERG BLVD., CHARLESTON, SC, 29405	20-0583415	501(C)(3)		288,026	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(215) ST. ANTHONY'S CATHOLIC CHURCH 925 S. JEFFERIES BLVD, WALTERBORO, SC, 29488	53-0196617	501(C)(3)		59,782	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(216) SALEM BAPTIST CHURCH 321 OLD SUMMERVILLE RD., SUMMERVILLE, SC, 29486	57-0360087	501(C)(3)		531,633	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(217) ST. JUDE APOSTOLIC FAITH CHURCH 286 BING STREET, YEMASSEE, SC, 29945	57-0785037	501(C)(3)		114,789	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(218) ST. TIMOTHY'S CHURCH 368 GANTS RD., MONCK'S CORNER, SC, 29461	47-5103877	501(C)(3)		11,628	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(219) NEW DIRECTIONS OF HORRY COUNTY 1005 OSCEOLA ST, MYRTLE BEACH, SC, 29577	20-1831970	501(C)(3)		292,637	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(220) ST. PETER MISSIONARY BAPTIST CHURCH 3462 SOUTH ISLAND RD., GEORGETOWN, SC, 29440	54-2110052	501(C)(3)		83,795	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(221) ST. STEPHEN BAPTIST CHURCH 272 CHURCH ROAD, ST. STEPHEN, SC, 29479	57-0735269	501(C)(3)		279,963	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(222) SHADY GROVE UNITED METHODIST 9221 CHARLESTON HIGHWAY, ST. GEORGE, SC, 29477	31-1813333	501(C)(3)		323,309	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(223) ST. STEPHEN SEVENTH DAY ADVENT 1167 FORTY-ONE RD, ST. STEPHEN, SC, 29479	52-0643036	501(C)(3)		162,526	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(224) ST. DELIGHT COMMUNITY OUTREACH 801 ST. DELIGHT RD., LITTLE RIVER, SC, 29566	04-3728831	501(C)(3)		413,296	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(225) THE SPECIAL GATHERING 858 BELLS HWY., WALTERBORO, SC, 29488	59-2266042	501(C)(3)		11,581	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(226) SOUTH STRAND HELPING HANDS 812 POPLAR DRIVE SOUTH, SURFSIDE BEACH, SC, 29575	57-0827131	501(C)(3)		273,880	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(227) ST. JAMES BETHEL A.M.E. 5305 MAYBANK HWY, WADMALAW ISLAND, SC, 29487	53-0204696	501(C)(3)		71,876	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(228) SHIELD MINISTRIES, INC 5519 WOODBINE AVE, NORTH CHARLESTON, SC, 29406	20-8885273	501(C)(3)		15,922	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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(229) ST. STEPHEN UM OUTREACH 3524 SMITHS CROSSING RD, RIDGELAND, SC, 29936	31-1813333	501(C)(3)		119,937	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(230) SEA ISLANDS BLESSING BASKET 2389 BOHICKET RD, JOHNS ISLAND, SC, 29455	47-2730495	501(C)(3)		48,953	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(231) SECOND HELPINGS - BEAUFORT PO BOX 23621, HILTON HEAD ISLAND, SC, 29925	57-0938469	501(C)(3)		4,733,669	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(232) SECOND HELPINGS - JASPER PO BOX 23621, HILTON HEAD ISLAND, SC, 29925	57-0938469	501(C)(3)		975,437	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(233) SECOND HELPINGS - HAMPTON PO BOX 23621, HILTON HEAD ISLAND, SC, 29925	57-0938469	501(C)(3)		133,414	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(234) SEACOAST - SUMMERVILLE 301 E. 5TH NORTH STREET, SUMMERVILLE, SC, 29483	57-1045195	501(C)(3)		150,060	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(235) ST. VINCENT DEPAUL SOCIETY GARDEN CITY 542 CYPRESS AVENUE, MURRELLS INLET, SC, 29576	13-5562362	501(C)(3)		133,507	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(236) DELANCEY STREET SOUTH CAROLINA 2510 N. HOBSON AVE., NORTH CHARLESTON, SC, 29405	77-0661828	501(C)(3)		420,556	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(237) SEACOAST - WEST ASHLEY 2049 SAVANNAH HIGHWAY, CHARLESTON, SC, 29407	57-1045195	501(C)(3)		539,742	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(238) FELLOWSHIP FOOD BANK 1639 DUNN SHORTCUT ROAD, CONWAY, SC, 29527	26-0177805	501(C)(3)		192,326	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(239) SECOND CHANCE RECOVERY SPONS. CHURCH OF NAZARENE 541 RED BANK RD, GOOSE CREEK, SC, 29445	27-4408204	501(C)(3)		661,372	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(240) ST. ELIZABETH MISSIONARY BAPTIST CHURCH 57 CHURCH ST, AYNOR, SC, 29511	58-2390293	501(C)(3)		5,972	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(241) SANDALWOOD COMMUNITY FOOD PANTRY 114 BEACH CITY ROAD, HILTON HEAD ISLAND, SC, 29926	27-2766571	501(C)(3)		0	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(242) ST. JOSEPH MISSIONARY BAPTIST 1005 SANDRIDGE RD, LITTLE RIVER, SC, 29566	57-0735269	501(C)(3)		23,788	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(243) ST. BARNABAS LUTHERAN CHURCH 45 MOULTRIE STREET, CHARLESTON, SC, 29403	41-1568278	501(C)(3)		102,178	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(244) ST. PAUL MBC/CONWAY 3449 HIGHWAY 65, CONWAY, SC, 29526	03-0544945	501(C)(3)		14,533	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(245) SPRINGTOWN UNITED METHODIST 8807 AUGUSTA HWY, SMOAKS, SC, 29481	20-0308122	501(C)(3)		289,462	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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(246) FEEDING OF THE MULTITUDES 2138 CAINHOY RD. SUITE A, HUGER, SC, 29450	81-1035485	501(C)(3)		107,733	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(247) SHEPHERD OF THE SEA LUTHERAN CHURCH 2637 HIGHWAY 17 SOUTH, GARDEN CITY, SC, 29576	41-1568278	501(C)(3)		187,586	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(248) ST. PAULS SUMMERVILLE 111 WARING STREET, SUMMERVILLE, SC, 29483	32-0295374	501(C)(3)		128,348	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(249) SOCASTEE PANTRY OF FAITH OUTREACH MINISTRIES 4513 HWY 17 BYPASS, MYRTLE BEACH, SC, 29577	26-1530424	501(C)(3)		161,797	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(250) TAKE IT TO THE STREETS 2176 SAVANNAH HWY, SUITE 104, CHARLESTON, SC, 29414	20-3903313	501(C)(3)		5,121	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(251) THE SHEPHERD'S TABLE 1412 A GAMECOCK AVE, CONWAY, SC, 29526	20-8725196	501(C)(3)		404,463	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(252) TABERNACLE CHURCH 530 NORTH AZALEA DRIVE, SURFSIDE BEACH, SC, 29575	13-4255772	501(C)(3)		2,254,228	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(253) TABERNACLE CHURCH - MYB 1540 HWY 501, MYRTLE BEACH, SC, 29577	13-4255772	501(C)(3)		21,982	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(254) TRI-COUNTY VETERANS SUPPORT NETWORK 4870 PIEDMONT AVENUE, NORTH CHARLESTON, SC, 29406	90-0959126	501(C)(3)		72,539	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(255) PROJECT RESTORING HOPE 290 DUNN SHORTCUT ROAD, CONWAY, SC, 29527	82-2629221	501(C)(3)		33,982	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(256) TRIDENT AREA AGENCY ON AGING 5895 CORE ROAD, SUITE 419, CHARLESTON, SC, 29406	57-0945716	501(C)(3)		1,407	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(257) VANDERHORST KOINONIA MINISTRIES 66 HANOVER STREET, CHARLESTON, SC, 29403	43-2067926	501(C)(3)		58,920	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(258) WESLEY AME/JEHOVAH HOLINESS 2741 FRENCH SANTEE RD., JAMESTOWN, SC, 29453	57-1034730	501(C)(3)		246,289	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(259) WACCAMAW BAPTIST CHURCH 7160 HIGHWAY 905, CONWAY, SC, 29526	57-0735269	501(C)(3)		47,278	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(260) HOLLYWOOD COAL./NEW GRACE CHAPEL BAP. MISS. CHURCH 5830 HIGHWAY 174, ADAMS RUN, SC, 29426	31-1813333	501(C)(3)		1,413,011	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(261) HOLLYWOOD -DORCHESTER COUNTY 108 TERRY AVENUE, SUMMERVILLE, SC, 29485	31-1813333	501(C)(3)		31,755	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(262) WESLEY UMC/HOLLYWOOD 5100 BAPTIST HILL ROAD, HOLLYWOOD, SC, 29449	31-1813333	501(C)(3)		201,158	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(263) WALLINGFORD PRESBYTERIAN CHURCH 705 KING ST., CHARLESTON, SC, 29403	23-6393377	501(C)(3)		2,042	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(264) WACCAMAW YOUTH CENTER INC. 301 PADGETT LANE, CONWAY, SC, 29526	57-0938894	501(C)(3)		9,643	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(265) WESLEY UM SUMMERVILLE 125 PRESSLEY AVE., SUMMERVILLE, SC, 29483	31-1813333	501(C)(3)		44,194	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(266) WESTMINSTER PRESBYTERIAN CHURCH 1157 SAM RITTENBERG BLVD., CHARLESTON, SC, 29407	23-6393377	501(C)(3)		1,193	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(267) ZION AME FOOD DISTRIBUTION CENTER 62 RITTER ROAD, YEMASSEE, SC, 29945	52-0643036	501(C)(3)		147,954	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(268) PUBLIC DISTRIBUTION 2864 AZALEA DRIVE, CHARLESTON, SC, 29405	57-0751835	501(C)(3)		4,234,963	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

Part IV

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

Return Reference - Identifier	Explanation
(3) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	PARK CIRCLE CARES 4445 OLD PARK ROAD, NORTH CHARLESTON, SC, 29405
(4) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	HOLY CITY MISSIONS AT ALDERSGATE METHODIST CHURCH 1444 REMOUNT ROAD, NORTH CHARLESTON, SC, 29406
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ALLEN AME CHURCH (EDISTO): DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ANSONBOROUGH HOUSE: DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	PARK CIRCLE CARES: DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	HOLY CITY MISSIONS AT ALDERSGATE METHODIST CHURCH: DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ACTIVATE CHURCH: DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BETHEL AME CHURCH (RIDGEVILLE): DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BETHEL AME RAVENEL: DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BETHEL UNITED METHODIST CHURCH: DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BUCK CREEK BAPTIST CHURCH: DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BERKELEY CHURCH OF CHRIST: DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BETHEL OUTREACH MINISTRIES: DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

LOWCOUNTRY FOOD BANK INC

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

2023

Open to Public Inspection

Employer identification number

57-0751835

Part I Questions Regarding Compensation

	Yes	No
<p>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.</p> <p> <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) </p>		
<p>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</p>	1b	
<p>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?</p>	2	
<p>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.</p> <p> <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 </p>		
<p>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:</p>		
<p>a Receive a severance payment or change-of-control payment?</p>	4a	✓
<p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p>	4b	✓
<p>c Participate in or receive payment from an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	✓
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p>		
<p>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:</p>		
<p>a The organization?</p>	5a	✓
<p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	5b	✓
<p>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:</p>		
<p>a The organization?</p>	6a	✓
<p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	6b	✓
<p>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</p>	7	✓
<p>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</p>	8	✓
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

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	(i)	226,548	17,789	0	13,017	7,609	264,963	0
	PRESIDENT & CEO	(ii)	0	0	0	0	0	0	0
2	BRENDA SHAW	(i)	141,904	6,360	0	7,477	7,609	163,350	0
	CDO	(ii)	0	0	0	0	0	0	0
3		(i)							
		(ii)							
4		(i)							
		(ii)							
5		(i)							
		(ii)							
6		(i)							
		(ii)							
7		(i)							
		(ii)							
8		(i)							
		(ii)							
9		(i)							
		(ii)							
10		(i)							
		(ii)							
11		(i)							
		(ii)							
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

**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				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17	✓	1	370,000	MARKET VALUE
18				
19	✓	47	68,050,042	VALUATION
20				
21				
22				
23				
24				
25				
26				
27				
28				

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?

	Yes	No
30a		✓
31	✓	
32a		✓
33		

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?

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

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.

**SCHEDULE O
(Form 990)**

Department of Treasury Internal
Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the Organization
LOWCOUNTRY FOOD BANK INC

Employer Identification Number
57-0751835

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	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, LINE 12C - CONFLICT OF INTEREST POLICY	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, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	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, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	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, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICTS OF INTEREST POLICY AVAILABLE UPON WRITTEN REQUEST. THE ANNUAL FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.
FORM 990, PART XII, LINE 2C -	THE PROCESS FOR OVERSIGHT OF THE AUDIT AND COMPILATION OF THE FINANCIAL STATEMENTS HAS NOT CHANGED FROM THE PREVIOUS YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

LOWCOUNTRY FOOD BANK INC

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

2023

Open to Public Inspection

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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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
(1) LOWCOUNTRY FOOD BANK ENDOWMENT FUND (86-1286512) 2864 AZALEA DRIVE, CHARLESTON, SC 29405	ENDOWMENT/SUP PORTING ORG	SC	501(C)(3)	12 TYPE III-FI	N/A		✓
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Cat. No. 50135Y

Schedule R (Form 990) 2023

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	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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
(1) -----									
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

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.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		✓
b Gift, grant, or capital contribution to related organization(s)	✓	
c Gift, grant, or capital contribution from related organization(s)		✓
d Loans or loan guarantees to or for related organization(s)		✓
e Loans or loan guarantees by related organization(s)		✓
f Dividends from related organization(s)		✓
g Sale of assets to related organization(s)		✓
h Purchase of assets from related organization(s)		✓
i Exchange of assets with related organization(s)		✓
j Lease of facilities, equipment, or other assets to related organization(s)		✓
k Lease of facilities, equipment, or other assets from related organization(s)		✓
l Performance of services or membership or fundraising solicitations for related organization(s)	✓	
m Performance of services or membership or fundraising solicitations by related organization(s)		✓
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		✓
o Sharing of paid employees with related organization(s)		✓
p Reimbursement paid to related organization(s) for expenses		✓
q Reimbursement paid by related organization(s) for expenses		✓
r Other transfer of cash or property to related organization(s)		✓
s Other transfer of cash or property from related organization(s)		✓

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
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(13)													
(14)													
(15)													
(16)													