

PUBLIC DISCLOSURE COPY

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

Department of the Treasury Internal Revenue Service

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

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

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

Open to Public Inspection

Header section containing organization name (LOWCOUNTRY FOOD BANK INC), EIN (57-0751835), address (2864 AZALEA DRIVE, CHARLESTON, SC 29405), and principal officer (NICHOLAS OSBORNE).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, governance metrics, and financial data for 2024 and prior years.

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 containing the signature of Nicholas Osborne, President/CEO, dated 10/20/2025.

Paid Preparer Use Only section containing information for Jeremy Naess, Forvis Mazars, LLP, dated 10/17/2025.

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

Part III Statement of Program Service Accomplishments

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

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 \$ 83,373,427 including grants of \$ 75,542,565) (Revenue \$ 3,254,816)
FOOD DISTRIBUTION: THE LOWCOUNTRY FOOD BANK'S (LCFB) MISSION IS UNITE OUR COMMUNITY IN PURSUIT OF EQUITABLE, DIGNIFIED AND CONSISTENT ACCESS TO FOOD. 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 2024, THE LCFB DISTRIBUTED, IN PARTNERSHIP WITH APPROXIMATELY 230 PARTNERS, OVER 45.8 MILLION POUNDS, INCLUDING OVER 17.5 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 3,123 SENIORS MONTHLY.

4b (Code:) (Expenses \$ 1,213,007 including grants of \$ 1,213,007) (Revenue \$ 1,031,835)
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 80,286 BACKPACK BUDDIES BAGS. WE PARTNERED WITH 24 SCHOOLS TO REACH STUDENTS AND THEIR FAMILIES THROUGH EITHER PRE-PACKED BOXES OR AN ONSITE MARKET, DISTRIBUTING OVER 156,928 POUNDS OF FOOD. THROUGH OUR KIDS CAFE PROGRAM, WE WORK WITH AFTERSCHOOL PROGRAM PARTNERS TO PROVIDE CHILDREN 133,484 SUPPER MEALS AND/OR SNACKS DAILY AT 27 SITES. DURING THE SUMMER MONTHS, WE WORKED WITH SUMMER CAMPS TO DISTRIBUTE OVER 18,089 MEALS TO 16 SITES. OUR FRESH FOR KIDS PROGRAM DISTRIBUTED MORE THAN 31,924 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 151,776 PREPARED MEALS DELIVERED TO SENIORS AND 2,310 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 84,586,434

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 (continued)		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	105		
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? If "No" to line 3b, provide an explanation on Schedule O	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? If "No," provide an explanation on Schedule O	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 17		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 17		
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.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.
 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) NICK OSBORNE PRESIDENT & CEO	40.0			✓				263,273	0	21,944
(2) BRENDA SHAW CDO	40.0			✓				158,709	0	18,083
(3) JODY RUSSO COO	40.0			✓				148,577	0	18,318
(4) DENISE HINES CFO	40.0			✓				132,754	0	16,811
(5) JENNIFER DEWITT CPO	40.0			✓				114,502	0	14,539
(6) MARGARET BURN VP OF STRATEGIC INITIATIVES	40.0					✓		100,326	0	13,210
(7) DR. KIMBERLY BUTLER WILLIS VICE-CHAIR	2.0	✓		✓				0	0	0
(8) JIM CHILTON TREASURER	2.0	✓		✓				0	0	0
(9) RICH WHITE CHAIR	2.0	✓		✓				0	0	0
(10) STACY STARLING SECRETARY	2.0	✓		✓				0	0	0
(11) CHRIS BEEKER MEMBER	2.0	✓						0	0	0
(12) DIANA ROSS-JACKSON MEMBER	2.0	✓						0	0	0
(13) ERICA TAYLOR MEMBER	2.0	✓						0	0	0
(14) KELLY HOSACK MEMBER	2.0	✓						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) KENRIC RIVERS MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(16) KEVIN ROURK MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(17) LINDSEY DOUGLAS MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(18) MARIA MUNGO MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(19) MARK CROCKER MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(20) POOH GEPHART MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(21) REV. DR. BYRON BENTON MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(22) STEVE GRUIDL MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(23) VICTORIA SMALLS MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(24)										
(25)										
1b Subtotal								918,141	0	102,905
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								918,141	0	102,905

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 6

	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
TRUESENSE MARKETING, PO BOX 641114, PITTSBURGH, PA 15264	DIRECT MAIL SERVICE	639,211
LONG & LONG LLC, 643 RIVER OAKS CIRCLE, PAWLEYS ISLAND, SC 29585	FACILITY RENTAL	149,984

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 2

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	52,963				
	b	Membership dues	1b					
	c	Fundraising events	1c	494,619				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	83,612,367				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 69,034,111				
	h	Total. Add lines 1a-1f		84,159,949				
	Program Service Revenue				Business Code			
2a		SHARED MAINTENANCE REVENUE		900099	2,064,447	2,064,447		
b		KIDS CAFÉ		900099	555,296	555,296		
c		SENIOR MEALS		900099	440,673	440,673		
d		SNAP EDUCATION		900099	890,785	890,785		
e		BACKPACK BUDDIES		900099	35,866	35,866		
f		All other program service revenue . . .		900099	299,584	299,584	0	
g		Total. Add lines 2a-2f			4,286,651			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			615,223		615,223	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6a	Gross rents	6a	(i) Real				
				(ii) Personal				
					214,802			
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	214,802	0			
	d	Net rental income or (loss)			214,802		214,802	
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
	b	Less: cost or other basis and sales expenses	7b	101	19,670			
	c	Gain or (loss)	7c	(101)	(19,670)			
	d	Net gain or (loss)			(19,771)		(19,771)	
8a	Gross income from fundraising events (not including \$ 494,619 of contributions reported on line 1c). See Part IV, line 18	8a	85,583					
b	Less: direct expenses	8b	93,090					
c	Net income or (loss) from fundraising events			(7,507)		(7,507)		
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	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	616,313		616,313	
	b	MISCELLANEOUS INCOME		900099	244,336		244,336	
	c							
	d	All other revenue			0	0	0	
e	Total. Add lines 11a-11d			860,649				
12	Total revenue. See instructions			90,109,996	4,286,651	0	1,663,396	

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	76,755,572	76,755,572		
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	907,510	622,023	108,695	176,792
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	4,328,444	2,723,380	954,572	650,492
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	201,128	158,891	4,023	38,214
9	Other employee benefits	484,354	338,044	91,383	54,927
10	Payroll taxes	408,820	269,263	74,146	65,411
11	Fees for services (nonemployees):				
a	Management				
b	Legal	2,517		2,517	
c	Accounting	47,589	5,312	42,277	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	379,648			379,648
f	Investment management fees	20,214	15,565		4,649
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	254,570	113,528	84,180	56,862
12	Advertising and promotion	93,023	1,107		91,916
13	Office expenses	38,883	23,593	6,321	8,969
14	Information technology	326,037	103,076	219,001	3,960
15	Royalties				
16	Occupancy	649,474	614,116	35,358	
17	Travel	68,791	49,585	15,679	3,527
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,565	1,575	776	214
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	957,495	660,672	287,248	9,575
23	Insurance	310,802	244,396	64,264	2,142
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	<u>DIRECT PRORAM EXPENSE</u>	1,284,327	1,284,327		
b	<u>FOOD DISTRIBUTION</u>	498,032	498,032		
c	<u>MISCELLANEOUS EXPENSES</u>	113,629	104,377	8,497	755
d	-----				
e	All other expenses -----	0	0	0	0
25	Total functional expenses. Add lines 1 through 24e	88,133,424	84,586,434	1,998,937	1,548,053
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	10,209,100	1	6,265,054
	2 Savings and temporary cash investments	9,208,913	2	9,612,479
	3 Pledges and grants receivable, net	4,292,420	3	3,868,353
	4 Accounts receivable, net	247,156	4	161,611
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	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)		6	0
	7 Notes and loans receivable, net		7	5,832,800
	8 Inventories for sale or use	2,246,387	8	2,106,082
	9 Prepaid expenses and deferred charges	78,343	9	168,588
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 14,360,752		
	b Less: accumulated depreciation	10b 7,610,029	7,093,774	10c 6,750,723
	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	300,944	15	302,907
16 Total assets. Add lines 1 through 15 (must equal line 33)	33,677,037	16	35,068,597	
Liabilities	17 Accounts payable and accrued expenses	1,824,784	17	1,162,698
	18 Grants payable		18	
	19 Deferred revenue	63,723	19	135,958
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	0
	23 Secured mortgages and notes payable to unrelated third parties		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	652,795	25	683,935
	26 Total liabilities. Add lines 17 through 25	2,541,302	26	1,982,591
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	29,768,542	27	32,326,692
	28 Net assets with donor restrictions	1,367,193	28	759,314
	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	31,135,735	32	33,086,006
33 Total liabilities and net assets/fund balances	33,677,037	33	35,068,597	

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	90,109,996
2	Total expenses (must equal Part IX, column (A), line 25)	2	88,133,424
3	Revenue less expenses. Subtract line 2 from line 1	3	1,976,572
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	31,135,735
5	Net unrealized gains (losses) on investments	5	(7,821)
6	Donated services and use of facilities	6	13,320
7	Investment expenses	7	(31,800)
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	33,086,006

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		✓
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	✓	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	✓	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	✓	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .	✓	

**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

2024

**Open to Public
Inspection**

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 2024 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2024. 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—2023. 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—2024. 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—2023. 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	74,983,368	78,163,946	78,163,946	82,368,552	84,159,949	397,839,761
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	2,362,651	2,296,818	2,914,481	3,918,509	4,286,651	15,779,110
3 Gross receipts from activities that are not an unrelated trade or business under section 513	1,106,005	800,976	115,255	0	0	2,022,236
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	78,452,024	81,261,740	81,193,682	86,287,061	88,446,600	415,641,107
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	52,847	258,364	146,798	201,800	150,000	809,809
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	52,847	258,364	146,798	201,800	150,000	809,809
8 Public support. (Subtract line 7c from line 6.)						414,831,298

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6	78,452,024	81,261,740	81,193,682	86,287,061	88,446,600	415,641,107
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	150,175	242,503	290,584	628,630	810,254	2,122,146
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(51,955)	(31,934)	(19,090)	0	0	(102,979)
c Add lines 10a and 10b	98,220	210,569	271,494	628,630	810,254	2,019,167
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.)	78,550,244	81,472,309	81,465,176	86,915,691	89,256,854	417,660,274
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 2024 (line 8, column (f), divided by line 13, column (f))	15	99.32 %
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	99.47 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	0.00 %
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	0.00 %
19a 33 1/3% support tests—2024. 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—2023. 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?		
	11a		
b	A family member of a person described on line 11a above?		
	11b		
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 .		
	11c		

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.		
	1		
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.		
	2		

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).		
	1		

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?		
	1		
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).		
	2		
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.		
	3		

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.		
	2a		
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.		
	2b		
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 .		
	3a		
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.		
	3b		

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 B
(Form 990)**

(Rev. January 2025)
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

Name of the organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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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 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 964,926	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 6,071	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ 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
7	----- ----- -----	\$ ----- 30,377	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	----- ----- -----	\$ ----- 21,900	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	----- ----- -----	\$ ----- 46,784	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	----- ----- -----	\$ ----- 6,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	----- ----- -----	\$ ----- 300,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	----- ----- -----	\$ ----- 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
13	----- ----- -----	\$ ----- 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	----- ----- -----	\$ ----- 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	----- ----- -----	\$ ----- 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	----- ----- -----	\$ ----- 43,978	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	----- ----- -----	\$ ----- 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
19	----- ----- -----	\$ 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	----- ----- -----	\$ 14,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	----- ----- -----	\$ 11,476	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	----- ----- -----	\$ 47,470	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	----- ----- -----	\$ 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	----- ----- -----	\$ 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
25		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ 359,558	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ 5,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30		\$ 91,514	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	----- ----- -----	\$ ----- 99,378	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	----- ----- -----	\$ ----- 5,155	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	----- ----- -----	\$ ----- 110,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	----- ----- -----	\$ ----- 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	----- ----- -----	\$ ----- 62,000	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	----- ----- -----	\$ ----- 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	----- ----- -----	\$ ----- 9,400	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	----- ----- -----	\$ ----- 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	----- ----- -----	\$ ----- 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	----- ----- -----	\$ ----- 9,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	----- ----- -----	\$ ----- 50,000	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
43	----- ----- -----	\$ ----- 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	----- ----- -----	\$ ----- 10,603	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	----- ----- -----	\$ ----- 14,808	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	----- ----- -----	\$ ----- 13,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	----- ----- -----	\$ ----- 35,382	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	----- ----- -----	\$ ----- 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
49	----- ----- -----	\$ 12,080	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	----- ----- -----	\$ 11,379	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	----- ----- -----	\$ 6,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	----- ----- -----	\$ 6,900	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	----- ----- -----	\$ 152,643	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	----- ----- -----	\$ 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
55	----- ----- -----	\$ 205,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	----- ----- -----	\$ 125,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	----- ----- -----	\$ 10,050	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	----- ----- -----	\$ 5,155	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	----- ----- -----	\$ 5,155	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	----- ----- -----	\$ 31,041	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	----- ----- -----	\$ ----- 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	----- ----- -----	\$ ----- 43,333	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	----- ----- -----	\$ ----- 15,464	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	----- ----- -----	\$ ----- 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	----- ----- -----	\$ ----- 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	----- ----- -----	\$ ----- 5,250	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	----- ----- -----	\$ ----- 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	----- ----- -----	\$ ----- 92,125	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	----- ----- -----	\$ ----- 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	----- ----- -----	\$ ----- 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	----- ----- -----	\$ ----- 202,961	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	----- ----- -----	\$ ----- 8,093	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	----- ----- -----	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	----- ----- -----	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	----- ----- -----	\$ 45,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	----- ----- -----	\$ 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	----- ----- -----	\$ 11,890	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	----- ----- -----	\$ 6,250	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	----- ----- -----	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	----- ----- -----	\$ 40,619	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	----- ----- -----	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	----- ----- -----	\$ 5,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	----- ----- -----	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	----- ----- -----	\$ 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
85	----- ----- -----	\$ ----- 21,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	----- ----- -----	\$ ----- 5,155	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	----- ----- -----	\$ ----- 10,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	----- ----- -----	\$ ----- 21,540	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	----- ----- -----	\$ ----- 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	----- ----- -----	\$ ----- 10,309	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	----- ----- -----	\$ ----- 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	----- ----- -----	\$ ----- 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	----- ----- -----	\$ ----- 7,062	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	----- ----- -----	\$ ----- 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	----- ----- -----	\$ ----- 6,415	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		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98		\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99		\$ 5,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101		\$ 9,625	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102		\$ 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
103	----- ----- -----	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104	----- ----- -----	\$ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105	----- ----- -----	\$ 9,015	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106	----- ----- -----	\$ 5,785	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107	----- ----- -----	\$ 10,309	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108	----- ----- -----	\$ 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
109	----- ----- -----	\$ ----- 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110	----- ----- -----	\$ ----- 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111	----- ----- -----	\$ ----- 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112	----- ----- -----	\$ ----- 6,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113	----- ----- -----	\$ ----- 6,000	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	----- ----- -----	\$ ----- 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116	----- ----- -----	\$ ----- 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117	----- ----- -----	\$ ----- 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118	----- ----- -----	\$ ----- 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119	----- ----- -----	\$ ----- 50,000	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	----- ----- -----	\$ 9,278	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	----- ----- -----	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124	----- ----- -----	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
125	----- ----- -----	\$ 25,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
126	----- ----- -----	\$ 660,000	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	----- ----- -----	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
128	----- ----- -----	\$ 5,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
129	----- ----- -----	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
130	----- ----- -----	\$ 12,400	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
131	----- ----- -----	\$ 13,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
132	----- ----- -----	\$ 150,000	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		\$ 15,464	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
136		\$ 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
137		\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
138		\$ 5,077	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	----- ----- -----	\$ ----- 8,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
140	----- ----- -----	\$ ----- 42,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
141	----- ----- -----	\$ ----- 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
142	----- ----- -----	\$ ----- 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
143	----- ----- -----	\$ ----- 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
144	----- ----- -----	\$ ----- 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
145	----- ----- -----	\$ ----- 5,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
146	----- ----- -----	\$ ----- 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
147	----- ----- -----	\$ ----- 66,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
148	----- ----- -----	\$ ----- 5,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
149	----- ----- -----	\$ ----- 8,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
150	----- ----- -----	\$ ----- 22,500	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
151	----- ----- -----	\$ ----- 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
152	----- ----- -----	\$ ----- 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
153	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
154	----- ----- -----	\$ ----- 18,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
155	----- ----- -----	\$ ----- 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
156	----- ----- -----	\$ ----- 48,704	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	----- ----- -----	\$ ----- 26,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
158	----- ----- -----	\$ ----- 9,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
159	----- ----- -----	\$ ----- 13,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
160	----- ----- -----	\$ ----- 7,732	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
161	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
162	----- ----- -----	\$ ----- 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
163	----- ----- -----	\$ ----- 6,300	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	----- ----- -----	\$ ----- 29,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
166	----- ----- -----	\$ ----- 15,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
167	----- ----- -----	\$ ----- 5,155	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
168	----- ----- -----	\$ ----- 6,855	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	----- ----- -----	\$ ----- 9,400	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
170	----- ----- -----	\$ ----- 6,899	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
171	----- ----- -----	\$ ----- 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
172	----- ----- -----	\$ ----- 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
173	----- ----- -----	\$ ----- 39,112	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
174	----- ----- -----	\$ ----- 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
175	----- ----- -----	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
176	----- ----- -----	\$ 9,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
177	----- ----- -----	\$ 169,474	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
178	----- ----- -----	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
179	----- ----- -----	\$ 5,300	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
180	----- ----- -----	\$ 11,340	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	----- ----- -----	\$ ----- 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
182	----- ----- -----	\$ ----- 5,515	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
183	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
184	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
185	----- ----- -----	\$ ----- 6,500	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	----- ----- -----	\$ 38,006	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
188	----- ----- -----	\$ 44,423	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
189	----- ----- -----	\$ 10,309	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
190	----- ----- -----	\$ 16,031	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
191	----- ----- -----	\$ 9,075	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
192	----- ----- -----	\$ 10,100	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	----- ----- -----	\$ ----- 5,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
194	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
195	----- ----- -----	\$ ----- 5,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
196	----- ----- -----	\$ ----- 10,309	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
197	----- ----- -----	\$ ----- 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
198	----- ----- -----	\$ ----- 9,500	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
199	----- ----- -----	\$ ----- 10,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
200	----- ----- -----	\$ ----- 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
201	----- ----- -----	\$ ----- 5,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
202	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
203	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
204	----- ----- -----	\$ ----- 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
205	----- ----- -----	\$ ----- 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
206	----- ----- -----	\$ ----- 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
207	----- ----- -----	\$ ----- 5,155	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
208	----- ----- -----	\$ ----- 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
209	----- ----- -----	\$ ----- 6,863	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
210	----- ----- -----	\$ ----- 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
211	----- ----- -----	\$ ----- 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
212	----- ----- -----	\$ ----- 7,216	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
213	----- ----- -----	\$ ----- 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
214	----- ----- -----	\$ ----- 75,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
215	----- ----- -----	\$ ----- 33,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
216	----- ----- -----	\$ ----- 30,000	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
217		\$ 200,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
218		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
219		\$ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
220		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
221		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
222		\$ 105,000	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
223	----- ----- -----	\$ ----- 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
224	----- ----- -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
225	----- ----- -----	\$ ----- 6,031	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
226	----- ----- -----	\$ ----- 7,087	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
227	----- ----- -----	\$ ----- 6,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
228	----- ----- -----	\$ ----- 12,500	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
229	----- ----- -----	\$ 10,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
230	----- ----- -----	\$ 14,500	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
231	----- ----- -----	\$ 13,032	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
232	----- ----- -----	\$ 10,800	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
233	----- ----- -----	\$ 8,729	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
234	----- ----- -----	\$ 28,038	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
235		\$ 18,112	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
236		\$ 19,706	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
237		\$ 33,700	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
238		\$ 19,516	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
239		\$ 26,104	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
240		\$ 22,091	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
241	----- ----- -----	\$ 25,079	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
242	----- ----- -----	\$ 52,009	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
243	----- ----- -----	\$ 15,189	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
244	----- ----- -----	\$ 23,818	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
245	----- ----- -----	\$ 194,899	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
246	----- ----- -----	\$ 17,513	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
247		\$ 5,976	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
248		\$ 77,610	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
249		\$ 77,023	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
250		\$ 283,969	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
251		\$ 55,005	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
252		\$ 385,460	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
253	----- ----- -----	\$ 619,724	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
254	----- ----- -----	\$ 27,362	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
255	----- ----- -----	\$ 142,814	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
256	----- ----- -----	\$ 328,768	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
257	----- ----- -----	\$ 29,694	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
258	----- ----- -----	\$ 56,072	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
259	----- ----- -----	\$ 14,141,614	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
260	----- ----- -----	\$ 12,468	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
261	----- ----- -----	\$ 27,446	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
262	----- ----- -----	\$ 99,732	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
263	----- ----- -----	\$ 850,844	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
264	----- ----- -----	\$ 145,579	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
265	----- ----- -----	\$ ----- 35,616	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
266	----- ----- -----	\$ ----- 718,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
267	----- ----- -----	\$ ----- 12,478,369	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
268	----- ----- -----	\$ ----- 160,847	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
269	----- ----- -----	\$ ----- 147,671	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
270	----- ----- -----	\$ ----- 89,051	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
271	----- ----- -----	\$ ----- 86,540	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
272	----- ----- -----	\$ ----- 112,959	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
273	----- ----- -----	\$ ----- 167,326	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
274	----- ----- -----	\$ ----- 118,870	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
275	----- ----- -----	\$ ----- 89,839	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
276	----- ----- -----	\$ ----- 135,341	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
277		\$ 101,862	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
278		\$ 75,869	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
279		\$ 51,544	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
280		\$ 126,101	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
281		\$ 232,708	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
282		\$ 144,042	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
283	----- ----- -----	\$ 227,146	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
284	----- ----- -----	\$ 201,264	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
285	----- ----- -----	\$ 89,444	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
286	----- ----- -----	\$ 147,526	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
287	----- ----- -----	\$ 186,686	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
288	----- ----- -----	\$ 178,271	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
289	----- ----- -----	\$ 107,707	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
290	----- ----- -----	\$ 74,028	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
291	----- ----- -----	\$ 96,376	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
292	----- ----- -----	\$ 110,402	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
293	----- ----- -----	\$ 191,580	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
294	----- ----- -----	\$ 258,812	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
295	----- ----- -----	\$ 171,547	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
296	----- ----- -----	\$ 139,765	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
297	----- ----- -----	\$ 232,142	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
298	----- ----- -----	\$ 142,230	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
299	----- ----- -----	\$ 187,082	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
300	----- ----- -----	\$ 157,567	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
301		\$ 197,028	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
302		\$ 132,561	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
303		\$ 167,213	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
304		\$ 155,380	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
305		\$ 120,988	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
306		\$ 69,644	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
307	----- ----- -----	\$ 70,226	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
308	----- ----- -----	\$ 56,945	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
309	----- ----- -----	\$ 238,881	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
310	----- ----- -----	\$ 98,851	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
311	----- ----- -----	\$ 80,818	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
312	----- ----- -----	\$ 116,900	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
313	----- ----- -----	\$ ----- 97,790	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
314	----- ----- -----	\$ ----- 265,230	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
315	----- ----- -----	\$ ----- 132,241	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
316	----- ----- -----	\$ ----- 92,942	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
317	----- ----- -----	\$ ----- 188,020	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
318	----- ----- -----	\$ ----- 114,754	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		\$ 157,514	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
320		\$ 104,133	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
321		\$ 171,198	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
322		\$ 171,832	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
323		\$ 231,462	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
324		\$ 132,413	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	----- ----- -----	\$ 214,983	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
326	----- ----- -----	\$ 181,144	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
327	----- ----- -----	\$ 81,799	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
328	----- ----- -----	\$ 61,381	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
329	----- ----- -----	\$ 63,364	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
330	----- ----- -----	\$ 87,074	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		\$ 69,647	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
332		\$ 202,454	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
333		\$ 207,947	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
334		\$ 11,842	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
335		\$ 82,810	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
336		\$ 14,920	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		\$ 6,634	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
338		\$ 234,851	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
339		\$ 40,320	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
340		\$ 836,483	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
341		\$ 37,711	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
342		\$ 70,624	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		\$ 64,808	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
344		\$ 55,495	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
345		\$ 68,741	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
346		\$ 33,407	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
347		\$ 27,096	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
348		\$ 53,973	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		\$ 46,083	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
350		\$ 17,738	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
351		\$ 85,421	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
352		\$ 46,831	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
353		\$ 41,716	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
354		\$ 77,984	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		\$ 49,372	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
356		\$ 69,537	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
357		\$ 28,206	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
358		\$ 53,163	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
359		\$ 28,900	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
360		\$ 23,571	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	----- ----- -----	\$ 17,081	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
362	----- ----- -----	\$ 66,519	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
363	----- ----- -----	\$ 9,290	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
364	----- ----- -----	\$ 46,886	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
365	----- ----- -----	\$ 85,263	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
366	----- ----- -----	\$ 38,866	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	----- ----- -----	\$ ----- 77,824	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
368	----- ----- -----	\$ ----- 46,892	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
369	----- ----- -----	\$ ----- 137,125	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
370	----- ----- -----	\$ ----- 173,160	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
371	----- ----- -----	\$ ----- 120,880	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
372	----- ----- -----	\$ ----- 130,009	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	----- ----- -----	\$ ----- 77,707	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
374	----- ----- -----	\$ ----- 25,609	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
375	----- ----- -----	\$ ----- 22,958	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
376	----- ----- -----	\$ ----- 105,574	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
377	----- ----- -----	\$ ----- 47,756	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
378	----- ----- -----	\$ ----- 84,505	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		\$ 137,351	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
380		\$ 93,895	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
381		\$ 154,827	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
382		\$ 92,213	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
383		\$ 146,735	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
384		\$ 139,620	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	----- ----- -----	\$ 328,990	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
386	----- ----- -----	\$ 78,800	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
387	----- ----- -----	\$ 5,483	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
388	----- ----- -----	\$ 428,899	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
389	----- ----- -----	\$ 18,756	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
390	----- ----- -----	\$ 221,559	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
391	----- ----- -----	\$ 409,891	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
392	----- ----- -----	\$ 25,850	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
393	----- ----- -----	\$ 28,441	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
394	----- ----- -----	\$ 78,968	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
395	----- ----- -----	\$ 56,526	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
396	----- ----- -----	\$ 5,878	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
397	----- ----- -----	\$ 74,387	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
398	----- ----- -----	\$ 11,563	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
399	----- ----- -----	\$ 351,982	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
400	----- ----- -----	\$ 10,596	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
401	----- ----- -----	\$ 88,381	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
402	----- ----- -----	\$ 1,462,737	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
403	----- ----- -----	\$ ----- 7,346	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
404	----- ----- -----	\$ ----- 5,995	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
405	----- ----- -----	\$ ----- 2,047,865	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
406	----- ----- -----	\$ ----- 237,622	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
407	----- ----- -----	\$ ----- 199,586	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
408	----- ----- -----	\$ ----- 147,997	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
409	----- ----- -----	\$ 287,987	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
410	----- ----- -----	\$ 217,044	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
411	----- ----- -----	\$ 114,821	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
412	----- ----- -----	\$ 208,800	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
413	----- ----- -----	\$ 137,526	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
414	----- ----- -----	\$ 240,110	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
415	----- ----- -----	\$ ----- 77,688	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
416	----- ----- -----	\$ ----- 148,309	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
417	----- ----- -----	\$ ----- 114,104	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
418	----- ----- -----	\$ ----- 164,314	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
419	----- ----- -----	\$ ----- 122,117	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
420	----- ----- -----	\$ ----- 230,114	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
421	----- ----- -----	\$ 119,946	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
422	----- ----- -----	\$ 216,895	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
423	----- ----- -----	\$ 269,387	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
424	----- ----- -----	\$ 148,677	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
425	----- ----- -----	\$ 178,237	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
426	----- ----- -----	\$ 135,369	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
427	----- ----- -----	\$ 128,717	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
428	----- ----- -----	\$ 239,119	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
429	----- ----- -----	\$ 144,736	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
430	----- ----- -----	\$ 133,646	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
431	----- ----- -----	\$ 234,458	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
432	----- ----- -----	\$ 211,340	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
433	----- ----- -----	\$ 258,344	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
434	----- ----- -----	\$ 101,936	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
435	----- ----- -----	\$ 255,052	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
436	----- ----- -----	\$ 188,590	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
437	----- ----- -----	\$ 86,617	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
438	----- ----- -----	\$ 31,041	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
439	----- ----- -----	\$ ----- 5,837	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
440	----- ----- -----	\$ ----- 222,202	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
441	----- ----- -----	\$ ----- 9,592	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
442	----- ----- -----	\$ ----- 373,081	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
443	----- ----- -----	\$ ----- 1,265,956	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
444	----- ----- -----	\$ ----- 1,054,301	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
445	----- ----- -----	\$ 926,730	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
446	----- ----- -----	\$ 74,305	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
447	----- ----- -----	\$ 78,800	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
448	----- ----- -----	\$ 99,499	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
449	----- ----- -----	\$ 60,182	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
450	----- ----- -----	\$ 112,454	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
451	----- ----- -----	\$ 101,436	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
452	----- ----- -----	\$ 125,829	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
453	----- ----- -----	\$ 124,129	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
454	----- ----- -----	\$ 86,455	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
455	----- ----- -----	\$ 101,167	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
456	----- ----- -----	\$ 431,227	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
457	----- ----- -----	\$ 136,340	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
458	----- ----- -----	\$ 682,309	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
459	----- ----- -----	\$ 145,153	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
460	----- ----- -----	\$ 39,248	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
461	----- ----- -----	\$ 8,045	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
462	----- ----- -----	\$ 5,134	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
463		\$ 571,947	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
464		\$ 210,762	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
465		\$ 58,360	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
466		\$ 163,982	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
467		\$ 145,460	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
468		\$ 110,464	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
469		\$ 202,767	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
470		\$ 141,431	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
471		\$ 111,557	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
472		\$ 466,017	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
473		\$ 103,012	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
474		\$ 131,156	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
475		\$ 125,997	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
476		\$ 157,912	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
477		\$ 113,363	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
478		\$ 68,074	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
479		\$ 94,970	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
480		\$ 255,088	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
481		\$ 199,672	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
482		\$ 182,010	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
483		\$ 100,702	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
484		\$ 289,735	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
485		\$ 96,226	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
486		\$ 266,318	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
487	----- ----- -----	\$ 112,784	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
488	----- ----- -----	\$ 214,426	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
489	----- ----- -----	\$ 148,494	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
490	----- ----- -----	\$ 173,944	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
491	----- ----- -----	\$ 89,814	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
492	----- ----- -----	\$ 214,756	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
493	----- ----- -----	\$ 219,928	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
494	----- ----- -----	\$ 178,764	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
495	----- ----- -----	\$ 121,752	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
496	----- ----- -----	\$ 152,389	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
497	----- ----- -----	\$ 125,975	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
498	----- ----- -----	\$ 12,651	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
499		\$ 117,721	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
500		\$ 116,945	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
501		\$ 116,490	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
-----		\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----		\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----		\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----		\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOWCOUNTRY FOOD BANK INC	Employer identification number 57-0751835
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
230	2014 TOYOTA 4 RUNNER ----- ----- -----	\$ 14,500	12/30/2024 -----
231	ADVERTISEMENT ----- ----- -----	\$ 13,032	02/29/2024 -----
232	FREIGHT ----- ----- -----	\$ 10,800	12/31/2024 -----
233	LOGO BOXES ----- ----- -----	\$ 8,729	12/20/2024 -----
234	GOODS ----- ----- -----	\$ 28,038	12/31/2024 -----
235	GOODS ----- ----- -----	\$ 18,112	12/31/2024 -----

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
236	GOODS ----- ----- -----	\$ 19,706	12/31/2024
237	GOODS ----- ----- -----	\$ 33,700	12/31/2024
238	GOODS ----- ----- -----	\$ 19,516	12/31/2024
239	GOODS ----- ----- -----	\$ 26,104	12/31/2024
240	GOODS ----- ----- -----	\$ 22,091	12/31/2024
241	GOODS ----- ----- -----	\$ 25,079	12/31/2024

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
242	GOODS ----- ----- -----	\$ 52,009	12/31/2024
243	GOODS ----- ----- -----	\$ 15,189	12/31/2024
244	GOODS ----- ----- -----	\$ 23,818	12/31/2024
245	GOODS ----- ----- -----	\$ 194,899	12/31/2024
246	GOODS ----- ----- -----	\$ 17,513	12/31/2024
247	GOODS ----- ----- -----	\$ 5,976	12/31/2024

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
248	GOODS ----- ----- -----	\$ 77,610	12/31/2024
249	GOODS ----- ----- -----	\$ 77,023	12/31/2024
250	GOODS ----- ----- -----	\$ 283,969	12/31/2024
251	GOODS ----- ----- -----	\$ 55,005	12/31/2024
252	GOODS ----- ----- -----	\$ 385,460	12/31/2024
253	GOODS ----- ----- -----	\$ 619,724	12/31/2024

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
254	GOODS ----- ----- -----	\$ 27,362	12/31/2024
255	GOODS ----- ----- -----	\$ 142,814	12/31/2024
256	GOODS ----- ----- -----	\$ 328,768	12/31/2024
257	GOODS ----- ----- -----	\$ 29,694	12/31/2024
258	GOODS ----- ----- -----	\$ 56,072	12/31/2024
259	GOODS ----- ----- -----	\$ 14,141,614	12/31/2024

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
260	GOODS ----- ----- -----	\$ 12,468	12/31/2024
261	GOODS ----- ----- -----	\$ 27,446	12/31/2024
262	GOODS ----- ----- -----	\$ 99,732	12/31/2024
263	GOODS ----- ----- -----	\$ 850,844	12/31/2024
264	GOODS ----- ----- -----	\$ 145,579	12/31/2024
265	GOODS ----- ----- -----	\$ 35,616	12/31/2024

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
266	GOODS ----- ----- -----	\$ 718,000	12/31/2024
267	GOODS ----- ----- -----	\$ 12,478,369	12/31/2024
268	GOODS ----- ----- -----	\$ 160,847	12/31/2024
269	GOODS ----- ----- -----	\$ 147,671	12/31/2024
270	GOODS ----- ----- -----	\$ 89,051	12/31/2024
271	GOODS ----- ----- -----	\$ 86,540	12/31/2024

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
272	GOODS ----- ----- -----	\$ 112,959	12/31/2024
273	GOODS ----- ----- -----	\$ 167,326	12/31/2024
274	GOODS ----- ----- -----	\$ 118,870	12/31/2024
275	GOODS ----- ----- -----	\$ 89,839	12/31/2024
276	GOODS ----- ----- -----	\$ 135,341	12/31/2024
277	GOODS ----- ----- -----	\$ 101,862	12/31/2024

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
278	GOODS ----- ----- -----	\$ 75,869	12/31/2024
279	GOODS ----- ----- -----	\$ 51,544	12/31/2024
280	GOODS ----- ----- -----	\$ 126,101	12/31/2024
281	GOODS ----- ----- -----	\$ 232,708	12/31/2024
282	GOODS ----- ----- -----	\$ 144,042	12/31/2024
283	GOODS ----- ----- -----	\$ 227,146	12/31/2024

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
284	GOODS ----- ----- -----	\$ 201,264	12/31/2024
285	GOODS ----- ----- -----	\$ 89,444	12/31/2024
286	GOODS ----- ----- -----	\$ 147,526	12/31/2024
287	GOODS ----- ----- -----	\$ 186,686	12/31/2024
288	GOODS ----- ----- -----	\$ 178,271	12/31/2024
289	GOODS ----- ----- -----	\$ 107,707	12/31/2024

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
290	GOODS ----- ----- -----	\$ 74,028	12/31/2024
291	GOODS ----- ----- -----	\$ 96,376	12/31/2024
292	GOODS ----- ----- -----	\$ 110,402	12/31/2024
293	GOODS ----- ----- -----	\$ 191,580	12/31/2024
294	GOODS ----- ----- -----	\$ 258,812	12/31/2024
295	GOODS ----- ----- -----	\$ 171,547	12/31/2024

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
296	GOODS ----- ----- -----	\$ 139,765	12/31/2024
297	GOODS ----- ----- -----	\$ 232,142	12/31/2024
298	GOODS ----- ----- -----	\$ 142,230	12/31/2024
299	GOODS ----- ----- -----	\$ 187,082	12/31/2024
300	GOODS ----- ----- -----	\$ 157,567	12/31/2024
301	GOODS ----- ----- -----	\$ 197,028	12/31/2024

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
302	GOODS ----- ----- -----	\$ 132,561	12/31/2024
303	GOODS ----- ----- -----	\$ 167,213	12/31/2024
304	GOODS ----- ----- -----	\$ 155,380	12/31/2024
305	GOODS ----- ----- -----	\$ 120,988	12/31/2024
306	GOODS ----- ----- -----	\$ 69,644	12/31/2024
307	GOODS ----- ----- -----	\$ 70,226	12/31/2024

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
308	GOODS ----- ----- -----	\$ 56,945	12/31/2024
309	GOODS ----- ----- -----	\$ 238,881	12/31/2024
310	GOODS ----- ----- -----	\$ 98,851	12/31/2024
311	GOODS ----- ----- -----	\$ 80,818	12/31/2024
312	GOODS ----- ----- -----	\$ 116,900	12/31/2024
313	GOODS ----- ----- -----	\$ 97,790	12/31/2024

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
314	GOODS ----- ----- -----	\$ 265,230	12/31/2024
315	GOODS ----- ----- -----	\$ 132,241	12/31/2024
316	GOODS ----- ----- -----	\$ 92,942	12/31/2024
317	GOODS ----- ----- -----	\$ 188,020	12/31/2024
318	GOODS ----- ----- -----	\$ 114,754	12/31/2024
319	GOODS ----- ----- -----	\$ 157,514	12/31/2024

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
320	GOODS ----- ----- -----	\$ 104,133	12/31/2024
321	GOODS ----- ----- -----	\$ 171,198	12/31/2024
322	GOODS ----- ----- -----	\$ 171,832	12/31/2024
323	GOODS ----- ----- -----	\$ 231,462	12/31/2024
324	GOODS ----- ----- -----	\$ 132,413	12/31/2024
325	GOODS ----- ----- -----	\$ 214,983	12/31/2024

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
326	GOODS ----- ----- -----	\$ 181,144	12/31/2024
327	GOODS ----- ----- -----	\$ 81,799	12/31/2024
328	GOODS ----- ----- -----	\$ 61,381	12/31/2024
329	GOODS ----- ----- -----	\$ 63,364	12/31/2024
330	GOODS ----- ----- -----	\$ 87,074	12/31/2024
331	GOODS ----- ----- -----	\$ 69,647	12/31/2024

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
332	GOODS ----- ----- -----	\$ 202,454	12/31/2024
333	GOODS ----- ----- -----	\$ 207,947	12/31/2024
334	GOODS ----- ----- -----	\$ 11,842	12/31/2024
335	GOODS ----- ----- -----	\$ 82,810	12/31/2024
336	GOODS ----- ----- -----	\$ 14,920	12/31/2024
337	GOODS ----- ----- -----	\$ 6,634	12/31/2024

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
338	GOODS ----- ----- -----	\$ 234,851	12/31/2024
339	GOODS ----- ----- -----	\$ 40,320	12/31/2024
340	GOODS ----- ----- -----	\$ 836,483	12/31/2024
341	GOODS ----- ----- -----	\$ 37,711	12/31/2024
342	GOODS ----- ----- -----	\$ 70,624	12/31/2024
343	GOODS ----- ----- -----	\$ 64,808	12/31/2024

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
344	GOODS ----- ----- -----	\$ 55,495	12/31/2024
345	GOODS ----- ----- -----	\$ 68,741	12/31/2024
346	GOODS ----- ----- -----	\$ 33,407	12/31/2024
347	GOODS ----- ----- -----	\$ 27,096	12/31/2024
348	GOODS ----- ----- -----	\$ 53,973	12/31/2024
349	GOODS ----- ----- -----	\$ 46,083	12/31/2024

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
350	GOODS ----- ----- -----	\$ 17,738	12/31/2024
351	GOODS ----- ----- -----	\$ 85,421	12/31/2024
352	GOODS ----- ----- -----	\$ 46,831	12/31/2024
353	GOODS ----- ----- -----	\$ 41,716	12/31/2024
354	GOODS ----- ----- -----	\$ 77,984	12/31/2024
355	GOODS ----- ----- -----	\$ 49,372	12/31/2024

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
356	GOODS ----- ----- -----	\$ 69,537	12/31/2024
357	GOODS ----- ----- -----	\$ 28,206	12/31/2024
358	GOODS ----- ----- -----	\$ 53,163	12/31/2024
359	GOODS ----- ----- -----	\$ 28,900	12/31/2024
360	GOODS ----- ----- -----	\$ 23,571	12/31/2024
361	GOODS ----- ----- -----	\$ 17,081	12/31/2024

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
362	GOODS ----- ----- -----	\$ 66,519	12/31/2024
363	GOODS ----- ----- -----	\$ 9,290	12/31/2024
364	GOODS ----- ----- -----	\$ 46,886	12/31/2024
365	GOODS ----- ----- -----	\$ 85,263	12/31/2024
366	GOODS ----- ----- -----	\$ 38,866	12/31/2024
367	GOODS ----- ----- -----	\$ 77,824	12/31/2024

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
368	GOODS ----- ----- -----	\$ 46,892	12/31/2024
369	GOODS ----- ----- -----	\$ 137,125	12/31/2024
370	GOODS ----- ----- -----	\$ 173,160	12/31/2024
371	GOODS ----- ----- -----	\$ 120,880	12/31/2024
372	GOODS ----- ----- -----	\$ 130,009	12/31/2024
373	GOODS ----- ----- -----	\$ 77,707	12/31/2024

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
374	GOODS ----- ----- -----	\$ 25,609	12/31/2024
375	GOODS ----- ----- -----	\$ 22,958	12/31/2024
376	GOODS ----- ----- -----	\$ 105,574	12/31/2024
377	GOODS ----- ----- -----	\$ 47,756	12/31/2024
378	GOODS ----- ----- -----	\$ 84,505	12/31/2024
379	GOODS ----- ----- -----	\$ 137,351	12/31/2024

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
380	GOODS ----- ----- -----	\$ 93,895	12/31/2024
381	GOODS ----- ----- -----	\$ 154,827	12/31/2024
382	GOODS ----- ----- -----	\$ 92,213	12/31/2024
383	GOODS ----- ----- -----	\$ 146,735	12/31/2024
384	GOODS ----- ----- -----	\$ 139,620	12/31/2024
385	GOODS ----- ----- -----	\$ 328,990	12/31/2024

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
386	GOODS ----- ----- -----	\$ 78,800	12/31/2024
387	GOODS ----- ----- -----	\$ 5,483	12/31/2024
388	GOODS ----- ----- -----	\$ 428,899	12/31/2024
389	GOODS ----- ----- -----	\$ 18,756	12/31/2024
390	GOODS ----- ----- -----	\$ 221,559	12/31/2024
391	GOODS ----- ----- -----	\$ 409,891	12/31/2024

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
392	GOODS ----- ----- -----	\$ 25,850	12/31/2024
393	GOODS ----- ----- -----	\$ 28,441	12/31/2024
394	GOODS ----- ----- -----	\$ 78,968	12/31/2024
395	GOODS ----- ----- -----	\$ 56,526	12/31/2024
396	GOODS ----- ----- -----	\$ 5,878	12/31/2024
397	GOODS ----- ----- -----	\$ 74,387	12/31/2024

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
398	GOODS ----- ----- -----	\$ 11,563	12/31/2024
399	GOODS ----- ----- -----	\$ 351,982	12/31/2024
400	GOODS ----- ----- -----	\$ 10,596	12/31/2024
401	GOODS ----- ----- -----	\$ 88,381	12/31/2024
402	GOODS ----- ----- -----	\$ 1,462,737	12/31/2024
403	GOODS ----- ----- -----	\$ 7,346	12/31/2024

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
404	GOODS ----- ----- -----	\$ 5,995	12/31/2024
405	GOODS ----- ----- -----	\$ 2,047,865	12/31/2024
406	GOODS ----- ----- -----	\$ 237,622	12/31/2024
407	GOODS ----- ----- -----	\$ 199,586	12/31/2024
408	GOODS ----- ----- -----	\$ 147,997	12/31/2024
409	GOODS ----- ----- -----	\$ 287,987	12/31/2024

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
410	GOODS ----- ----- -----	\$ 217,044	12/31/2024
411	GOODS ----- ----- -----	\$ 114,821	12/31/2024
412	GOODS ----- ----- -----	\$ 208,800	12/31/2024
413	GOODS ----- ----- -----	\$ 137,526	12/31/2024
414	GOODS ----- ----- -----	\$ 240,110	12/31/2024
415	GOODS ----- ----- -----	\$ 77,688	12/31/2024

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
416	GOODS ----- ----- -----	\$ 148,309	12/31/2024
417	GOODS ----- ----- -----	\$ 114,104	12/31/2024
418	GOODS ----- ----- -----	\$ 164,314	12/31/2024
419	GOODS ----- ----- -----	\$ 122,117	12/31/2024
420	GOODS ----- ----- -----	\$ 230,114	12/31/2024
421	GOODS ----- ----- -----	\$ 119,946	12/31/2024

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
422	GOODS ----- ----- -----	\$ 216,895	12/31/2024
423	GOODS ----- ----- -----	\$ 269,387	12/31/2024
424	GOODS ----- ----- -----	\$ 148,677	12/31/2024
425	GOODS ----- ----- -----	\$ 178,237	12/31/2024
426	GOODS ----- ----- -----	\$ 135,369	12/31/2024
427	GOODS ----- ----- -----	\$ 128,717	12/31/2024

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
428	GOODS ----- ----- -----	\$ 239,119	12/31/2024
429	GOODS ----- ----- -----	\$ 144,736	12/31/2024
430	GOODS ----- ----- -----	\$ 133,646	12/31/2024
431	GOODS ----- ----- -----	\$ 234,458	12/31/2024
432	GOODS ----- ----- -----	\$ 211,340	12/31/2024
433	GOODS ----- ----- -----	\$ 258,344	12/31/2024

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
434	GOODS ----- ----- -----	\$ 101,936	12/31/2024
435	GOODS ----- ----- -----	\$ 255,052	12/31/2024
436	GOODS ----- ----- -----	\$ 188,590	12/31/2024
437	GOODS ----- ----- -----	\$ 86,617	12/31/2024
438	GOODS ----- ----- -----	\$ 31,041	12/31/2024
439	GOODS ----- ----- -----	\$ 5,837	12/31/2024

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
440	GOODS ----- ----- -----	\$ 222,202	12/31/2024
441	GOODS ----- ----- -----	\$ 9,592	12/31/2024
442	GOODS ----- ----- -----	\$ 373,081	12/31/2024
443	GOODS ----- ----- -----	\$ 1,265,956	12/31/2024
444	GOODS ----- ----- -----	\$ 1,054,301	12/31/2024
445	GOODS ----- ----- -----	\$ 926,730	12/31/2024

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
446	GOODS ----- ----- -----	\$ 74,305	12/31/2024
447	GOODS ----- ----- -----	\$ 78,800	12/31/2024
448	GOODS ----- ----- -----	\$ 99,499	12/31/2024
449	GOODS ----- ----- -----	\$ 60,182	12/31/2024
450	GOODS ----- ----- -----	\$ 112,454	12/31/2024
451	GOODS ----- ----- -----	\$ 101,436	12/31/2024

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
452	GOODS ----- ----- -----	\$ 125,829	12/31/2024
453	GOODS ----- ----- -----	\$ 124,129	12/31/2024
454	GOODS ----- ----- -----	\$ 86,455	12/31/2024
455	GOODS ----- ----- -----	\$ 101,167	12/31/2024
456	GOODS ----- ----- -----	\$ 431,227	12/31/2024
457	GOODS ----- ----- -----	\$ 136,340	12/31/2024

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
458	GOODS ----- ----- -----	\$ 682,309	12/31/2024
459	GOODS ----- ----- -----	\$ 145,153	12/31/2024
460	GOODS ----- ----- -----	\$ 39,248	12/31/2024
461	GOODS ----- ----- -----	\$ 8,045	12/31/2024
462	GOODS ----- ----- -----	\$ 5,134	12/31/2024
463	GOODS ----- ----- -----	\$ 571,947	12/31/2024

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
464	GOODS ----- ----- -----	\$ 210,762	12/31/2024
465	GOODS ----- ----- -----	\$ 58,360	12/31/2024
466	GOODS ----- ----- -----	\$ 163,982	12/31/2024
467	GOODS ----- ----- -----	\$ 145,460	12/31/2024
468	GOODS ----- ----- -----	\$ 110,464	12/31/2024
469	GOODS ----- ----- -----	\$ 202,767	12/31/2024

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
470	GOODS ----- ----- -----	\$ 141,431	12/31/2024
471	GOODS ----- ----- -----	\$ 111,557	12/31/2024
472	GOODS ----- ----- -----	\$ 466,017	12/31/2024
473	GOODS ----- ----- -----	\$ 103,012	12/31/2024
474	GOODS ----- ----- -----	\$ 131,156	12/31/2024
475	GOODS ----- ----- -----	\$ 125,997	12/31/2024

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
476	GOODS ----- ----- -----	\$ 157,912	12/31/2024
477	GOODS ----- ----- -----	\$ 113,363	12/31/2024
478	GOODS ----- ----- -----	\$ 68,074	12/31/2024
479	GOODS ----- ----- -----	\$ 94,970	12/31/2024
480	GOODS ----- ----- -----	\$ 255,088	12/31/2024
481	GOODS ----- ----- -----	\$ 199,672	12/31/2024

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
482	GOODS ----- ----- -----	\$ 182,010	12/31/2024
483	GOODS ----- ----- -----	\$ 100,702	12/31/2024
484	GOODS ----- ----- -----	\$ 289,735	12/31/2024
485	GOODS ----- ----- -----	\$ 96,226	12/31/2024
486	GOODS ----- ----- -----	\$ 266,318	12/31/2024
487	GOODS ----- ----- -----	\$ 112,784	12/31/2024

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
488	GOODS ----- ----- -----	\$ 214,426	12/31/2024
489	GOODS ----- ----- -----	\$ 148,494	12/31/2024
490	GOODS ----- ----- -----	\$ 173,944	12/31/2024
491	GOODS ----- ----- -----	\$ 89,814	12/31/2024
492	GOODS ----- ----- -----	\$ 214,756	12/31/2024
493	GOODS ----- ----- -----	\$ 219,928	12/31/2024

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
494	GOODS ----- ----- -----	\$ 178,764	12/31/2024
495	GOODS ----- ----- -----	\$ 121,752	12/31/2024
496	GOODS ----- ----- -----	\$ 152,389	12/31/2024
497	GOODS ----- ----- -----	\$ 125,975	12/31/2024
498	GOODS ----- ----- -----	\$ 12,651	12/31/2024
499	GOODS ----- ----- -----	\$ 117,721	12/31/2024

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
500	GOODS ----- ----- -----	\$ 116,945	12/31/2024
501	GOODS ----- ----- -----	\$ 116,490	12/31/2024
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----

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

Part III *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this 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
-----	----- ----- -----	----- ----- -----	----- ----- -----

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)

(Rev. January 2025)

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

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 values, 5-6 for Yes/No questions.

Part II Conservation Easements

Form with multiple rows for questions 1-9 regarding conservation easements, including a table for 'Held at the End of the Tax Year'.

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

Form with rows 1a-2 for questions regarding art and historical treasures collections.

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:

	Yes	No
(i) Unrelated organizations?		
(ii) Related organizations?		
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		4,102,132	2,455,094	1,647,038
c Leasehold improvements		2,122,181	1,270,109	852,072
d Equipment		6,110,327	3,656,984	2,453,343
e Other		456,112	227,842	228,270
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				6,750,723

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	683,935
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	683,935

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	93,090
	LOSSES ON SALES AND DISPOSALS	19,771
	TOTAL	112,861
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	93,090
	LOSSES ON SALES AND DISPOSALS	19,771
	TOTAL	112,861

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, 2024.</p>

**SCHEDULE G
(Form 990)**

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

LOWCOUNTRY FOOD BANK INC

Employer identification number

57-0751835

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of nongovernment 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		✓	1,518,575	393,712	1,124,863
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				1,518,575	393,712	1,124,863

- 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 <hr/> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	527,212	52,990		580,202
	2 Less: Contributions	441,629	52,990		494,619
	3 Gross income (line 1 minus line 2)	85,583	0	0	85,583
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes				0
	6 Rent/facility costs	15,890	694		16,584
	7 Food and beverages	6,044	280		6,324
	8 Entertainment	65,164	5,018		70,182
	9 Other direct expenses				0
	10 Direct expense summary. Add lines 4 through 9 in column (d)				93,090
11 Net income summary. Subtract line 10 from line 3, column (d)				(7,507)	

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)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**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) LIGHT MINISTRIES 321 N. WALTER STREET, WALTERBORO, SC 29488	74-3104064	501(C)(3)		5,457	FMV	FOOD	(SEE STATEMENT)
(2) WALLINGFORD PRESBYTERIAN CHURCH 705 KING ST., CHARLESTON, SC 29403	23-6393377	501(C)(3)		6,027	FMV	FOOD	(SEE STATEMENT)
(3) HEART TO HEART BERKELEY 104 BEHRMAN ST., MONCK'S CORNER, SC 29461	58-2457855	501(C)(3)		6,199	FMV	EQUIPMENT	EQUIPMENT FOR DISTRIBUTION
(4) ST. STEPHEN BAPTIST CHURCH 272 CHURCH ROAD, ST. STEPHEN, SC 29479	57-0735269	501(C)(3)		6,200	FMV	EQUIPMENT	EQUIPMENT FOR DISTRIBUTION
(5) GRAYS HILL BAPTIST CHURCH 2749 TRASK PKWY, BEAUFORT, SC 29906	57-0360087	501(C)(3)		6,334	FMV	FOOD	(SEE STATEMENT)
(6) (SEE STATEMENT)	57-0747191	501(C)(3)		6,396	FMV	FOOD	(SEE STATEMENT)
(7) JEHOVAH UM 1473 MATILDA CIRCLE, PINEVILLE, SC 29468	31-1813333	501(C)(3)		6,400	FMV	EQUIPMENT	EQUIPMENT FOR DISTRIBUTION
(8) WACCAMAW BAPTIST CHURCH 7160 HIGHWAY 905, CONWAY, SC 29526	57-0735269	501(C)(3)		6,620	FMV	EQUIPMENT	EQUIPMENT FOR DISTRIBUTION
(9) (SEE STATEMENT)	80-0753053	501(C)(3)		6,855	FMV	EQUIPMENT	EQUIPMENT FOR DISTRIBUTION
(10) REDEEMER R.E. CHURCH 2173 HWY 45, PINEVILLE, SC 29468	76-0754677	501(C)(3)		7,063	FMV	EQUIPMENT	EQUIPMENT FOR DISTRIBUTION
(11) EBENEZER AME CHURCH - LINCOLNVILLE 124 EAST PINCKNEY ST, LINCOLNVILLE, SC 29485	53-0204696	501(C)(3)		7,235	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 261

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) (Rev. 12-2024)

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) SHIELD MINISTRIES, INC 5519 WOODBINE AVE, NORTH CHARLESTON, SC 29406	20-8885273	501(C)(3)		7,266	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(13) PET HELPERS, INC. 1447 FOLLY RD., CHARLESTON, SC 29412	57-0802283	501(C)(3)		7,439	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(14) JOSHUA UNITED METHODIST CHURCH 3097 OLD HIGHWAY 52, MONCK'S CORNER, SC 29461	31-1813333	501(C)(3)		7,453	FMV	EQUIPMENT	EQUIPMENT FOR DISTRIBUTION
(15) HELPING HANDS OF GOOSE CREEK 104B COMMERCE PLACE, GOOSE CREEK, SC 29445	57-0891298	501(C)(3)		7,458	FMV	EQUIPMENT	EQUIPMENT FOR DISTRIBUTION
(16) CROSS COMMUNITY CHURCH 1025 SEA ISLAND PARKWAY, ST. HELENA ISLAND, SC 29920	32-0490833	501(C)(3)		7,998	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(17) THE CITADEL VETERAN STUDENT SUCCESS CENTER 204 RICHARDSON AVENUE, CHARLESTON, SC 29409	57-6020493	501(C)(3)		8,155	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(18) MURRAY UNITED METHODIST CHURCH 1216 ORANGEBURG RD, SUMMERVILLE, SC 29483	31-1813333	501(C)(3)		8,221	FMV	EQUIPMENT	EQUIPMENT FOR DISTRIBUTION
(19) ROPER ST. FRANCIS GREER TRANSITIONS CLINIC 5133 RIVERS AVE, NORTH CHARLESTON, SC 29406	26-2946628	501(C)(3)		8,594	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(20) LOW COUNTRY VETERANS GROUP 900 N. MERRIMAN ROAD, GEORGETOWN, SC 29440	80-0787825	501(C)(3)		8,709	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(21) ST. ELIZABETH MISSIONARY BAPTIST CHURCH 57 CHURCH ST, AYNOR, SC 29511	58-2390293	501(C)(3)		9,693	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(22) SANDALWOOD COMMUNITY FOOD PANTRY 114 BEACH CITY ROAD, HILTON HEAD ISLAND, SC 29926	27-2766571	501(C)(3)		9,904	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(23) RSF HEALTH SERVICES CENTER (RYAN WHITE) 1481 TOBIAS GADSON BLVD, SUITE 1, CHARLESTON, SC 29407	57-0831165	501(C)(3)		10,038	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(24) PRINGLETOWN COMMUNITY MT. PISGAH CHURCH 220 OLD GILLIARD RD, RIDGEVILLE, SC 29472	47-5293107	501(C)(3)		10,066	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(25) CANAAN MISSIONARY BAPTIST 908 TRASK PARKWAY, SHELDON, SC 29941	57-0863423	501(C)(3)		10,537	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(26) MIRACLES ARE HAPPENING NOW 234 PEPPER STREET, VARNVILLE, SC 29944	56-2241762	501(C)(3)		11,210	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
(27) ANSONBOROUGH HOUSE 71 SOCIETY STREET, CHARLESTON, SC 29401	57-0729489	501(C)(3)		12,148	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(28) NEIGHBORHOOD HOUSE 77 AMERICA ST., CHARLESTON, SC 29403	53-0196617	501(C)(3)		12,948	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(29) REFRESH OUR HEROES MYB SDA-FINKLEA 3501 SC-917, LORIS, SC 29569	52-0643036	501(C)(3)		13,067	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(30) CATHOLIC CHARITIES - WILLIAMSBURG 2294 TECHNOLOGY BLVD, CONWAY, SC 29526	57-0314369	501(C)(3)		13,239	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(31) OCEAN GROVE UNITED METHODIST 6517 HWY 17 NORTH, AWENDAW, SC 29429	82-2199187	501(C)(3)		14,139	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(32) REFRESH OUR HEROES MYB SDA-MYRTLE BEACH 1411 MR. JOE WHITE AVE., MYRTLE BEACH, SC 29577	52-0643036	501(C)(3)		14,764	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(33) SHEPHERD OF THE SEA LUTHERAN CHURCH 2637 HIGHWAY 17 SOUTH, GARDEN CITY, SC 29576	41-1568278	501(C)(3)		14,852	FMV	EQUIPMENT	EQUIPMENT FOR DISTRIBUTION
(34) NEW BEGINNING OUTREACH (DOC) 600 BEACH ROAD, WALTERBORO, SC 29488	35-0868116	501(C)(3)		14,916	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(35) REFRESH OUR HEROES MYB SDA-BUCKSPORT 1370 BUCKSPORT RD, CONWAY, SC 29527	52-0643036	501(C)(3)		15,629	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(36) REFRESH OUR HEROES MYB SDA-ATLANTIC BEACH 200 ATLANTIC ST, ATLANTIC BEACH, SC 29582	52-0643036	501(C)(3)		16,219	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(37) JEHOVAH TABERNACLE-SAFE HANDS CHILDCARE 3421 CASEY ST, LORIS, SC 29569	N/A	501(C)(3)		19,698	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(38) ST. TIMOTHY'S CHURCH 368 GANTS RD., MONCK'S CORNER, SC 29461	47-5103877	501(C)(3)		19,884	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(39) CREATIVE CHURCH FOOD PANTRY 1293 PLANTATION DR., HARDEEVILLE, SC 29927	27-4463475	501(C)(3)		20,592	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(40) CHARITY INSPIRATIONAL CHURCH 31 DONALDSON DRIVE, BEAUFORT, SC 29906	57-0964485	501(C)(3)		20,951	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(41) SALVATION ARMY OF GEORGETOWN 2401 ANTHUAN MAYBANK DRIVE, GEORGETOWN, SC 29440	58-0660607	501(C)(3)		21,406	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(42) CHARLESTON AREA SENIOR CITIZENS 259 MEETING STREET, CHARLESTON, SC 29401	57-6030048	501(C)(3)		22,396	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(43) JCHFZ-BEAUFORT 2 TRASK PARKWAY, YEMASSEE, SC 29945	80-0200666	501(C)(3)		22,556	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) MONCKS CORNER SEVENTH DAY ADVENTIST 1243 HWY 402, MONCKS CORNER, SC 29461	52-0643036	501(C)(3)		22,684	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(45) ACTIVATE CHURCH 705 OLD TROLLEY RD, SUMMERVILLE, SC 29485	31-1813333	501(C)(3)		22,918	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(46) WACCAMAW YOUTH CENTER INC. 301 PADGETT LANE, CONWAY, SC 29526	57-0938894	501(C)(3)		23,078	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(47) POWER IN THE WORD WORSHIP CENTER 2819 S LIVE OAK DRIVE, MONCKS CORNER, SC 29461	86-2725059	501(C)(3)		23,318	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(48) FYREBIRD RECOVERY 4924 HWY 17 BYP S, MYRTLE BEACH, SC 29588	88-2070517	501(C)(3)		23,424	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(49) NEW BETHEL SOUNDS OF PRAISE 351 GREYBACK ROAD, SUMMERVILLE, SC 29483	57-1080203	501(C)(3)		24,656	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(50) CATHOLIC CHARITIES - GEORGETOWN 2294 TECHNOLOGY BLVD., CONWAY, SC 29526	57-0314369	501(C)(3)		25,024	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(51) THE SPECIAL GATHERING 858 BELLS HWY., WALTERBORO, SC 29488	59-2266042	501(C)(3)		25,325	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(52) KNIGHTSVILLE METHODIST CHURCH 1505 CENTRAL AVE, SUMMERVILLE, SC 29483	31-1813333	501(C)(3)		27,454	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(53) ST. JOSEPH MISSIONARY BAPTIST 1005 SANDRIDGE RD, LITTLE RIVER, SC 29566	57-0735269	501(C)(3)		27,862	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(54) EBENEZER AME CHURCH 44 NASSAU STREET, CHARLESTON, SC 29403	53-0204696	501(C)(3)		28,053	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(55) MONCKS CORNER COMMUNITY SK 496 EAST MAIN STREET, MONCKS CORNER, SC 29461	57-0956220	501(C)(3)		28,877	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(56) SALVATION ARMY/N. CHARLESTON 1551 REMOUNT ROAD, NORTH CHARLESTON, SC 29406	58-0660607	501(C)(3)		32,225	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(57) CHRIST TEMPLE OF SUMMERVILLE 1815 OLD TROLLEY ROAD SUITE 104, SUMMERVILLE, SC 29485	57-0950671	501(C)(3)		32,652	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(58) ST. PAUL MBC/CONWAY 3449 HIGHWAY 65, CONWAY, SC 29526	03-0544945	501(C)(3)		32,669	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(59) MORRIS STREET BAPTIST CHURCH 25 MORRIS ST., CHARLESTON, SC 29403	57-0735269	501(C)(3)		35,100	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(60) WHEELS OF GRACE 4204 MARTIN LUTHER KING JR. HWY, SALTERS, SC 29590	46-5738795	501(C)(3)		37,355	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(61) FAITH VICTORY CHURCH 1737 N. MAIN STREET, SUMMERVILLE, SC 29483	N/A	501(C)(3)		38,161	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
(62) NEW LIGHT UMC 1037 RUSSELLVILLE RD, ST. STEPHEN, SC 29479	62-0484177	501(C)(3)		38,830	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(63) AMIKIDS GEORGETOWN INC. 1590 EAST CCC ROAD, GEORGETOWN, SC 29440	23-7440836	501(C)(3)		39,926	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(64) REHOBOTH FULL GOSPEL MINISTRY 2121 CAPTAIN AVE., NORTH CHARLESTON, SC 29405	27-2119059	501(C)(3)		41,156	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(65) JEHOVAH AME CHURCH 1565 OLD HIGHWAY 6, CROSS, SC 29436	53-0204696	501(C)(3)		41,568	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(66) DELIVERANCE MINISTRIES OUTREACH 1073 OLD GILLIARD ROAD, RIDGEVILLE, SC 29472	58-2304928	501(C)(3)		41,734	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(67) GREATER GOODWILL AME 2818 HIGHWAY 17 NORTH, MOUNT PLEASANT, SC 29466	53-0204696	501(C)(3)		42,008	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(68) FIRST ESTILL BAPTIST CHURCH 416 LAWTON AVE, ESTILL, SC 29918	57-0808861	501(C)(3)		44,192	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(69) FAVOR MINISTRIES OUTREACH 1116 OLD GILLIARD ROAD, RIDGEVILLE, SC 29472	46-1253975	501(C)(3)		45,597	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(70) LINE STREET CHURCH OF GOD 192 LINE STREET, CHARLESTON, SC 29403	30-0290464	501(C)(3)		46,650	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(71) THE JOSHUA GROUP/CHRIST TEMPLE N. CHS 1309 SUMNER AVENUE, NORTH CHARLESTON, SC 29406	57-1101351	501(C)(3)		46,823	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(72) A LONGER TABLE 2106 MOUNT PLEASANT STREET, CHARLESTON, SC 29403	86-2546808	501(C)(3)		46,918	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(73) TRIDENT TECH GROCERY VAULT 66 COLUMBUS STREET, CHARLESTON, SC 29423	N/A	501(C)(3)		48,011	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(74) SEACOAST MCCLELLANVILLE 1064 PINCKNEY ST, MCCLELLANVILLE, SC 29458	57-1045195	501(C)(3)		48,649	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(75) PROJECT RESTORING HOPE 290 DUNN SHORTCUT ROAD, CONWAY, SC 29527	82-2629221	501(C)(3)		48,758	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(76) NEW LIFE DELIVERANCE TEMPLE 112 HALIFAX ROAD, ST. HELENA ISLAND, SC 29920	23-7002419	501(C)(3)		51,291	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(77) ST. BARNABAS LUTHERAN CHURCH 45 MOULTRIE STREET, CHARLESTON, SC 29403	41-1568278	501(C)(3)		51,441	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(78) HOPEWELL A.M.E. CHURCH 30704 COUNTY LINE ROAD, HEMINGWAY, SC 29554	57-0726226	501(C)(3)		51,930	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(79) ST. JAMES BETHEL A.M.E. 5305 MAYBANK HWY, WADMALAW ISLAND, SC 29487	53-0204696	501(C)(3)		53,164	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
(80) MORRIS CHAPEL UMC 115 MORRIS CHAPEL ROAD, DORCHESTER, SC 29437	N/A	501(C)(3)		53,412	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(81) HEALING WATERS MISSION AND WELLNESS CENTER 606 LEVY ROAD, HARDEEVILLE, SC 29927	57-1145815	501(C)(3)		55,373	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(82) JUNIPER BAY BAPTIST CHURCH 5265 JUNIPER BAY RD, CONWAY, SC 29527	57-0360087	501(C)(3)		57,934	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(83) SALVATION ARMY OF HORRY 1415 2ND AVENUE, CONWAY, SC 29526	58-0660607	501(C)(3)		59,112	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(84) OUR LADY OF MERCY COMMUNITY OUTREACH 1684 BROWNSWOOD ROAD, JOHNS ISLAND, SC 29455	57-0984895	501(C)(3)		59,179	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(85) NEW FRANCIS BROWN U.M.C. 2517 CORONA STREET, NORTH CHARLESTON, SC 29405	31-1813333	501(C)(3)		64,156	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(86) TRI-COUNTY VETERANS SUPPORT NETWORK 4870 PIEDMONT AVENUE, NORTH CHARLESTON, SC 29406	90-0959126	501(C)(3)		64,440	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(87) HELP OF BEAUFORT 502 CHARLES STREET, BEAUFORT, SC 29902	57-0721545	501(C)(3)		65,218	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(88) DORCHESTER SENIORS INC. 312 NORTH LAUREL STREET, SUMMERVILLE, SC 29483	57-0703785	501(C)(3)		65,843	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(89) FATHER'S CUP COMMUNITY PANTRY 2357 WATERTOWER ROAD, LONGS, SC 29568	57-1095053	501(C)(3)		65,870	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(90) HOPEWELL CME CHURCH 3200 DALEY RD., GARNETT, SC 29922	58-1381196	501(C)(3)		67,770	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(91) CRC-ELEM BAPTIST 225 2 CHURCHES ROAD, HARLEYVILLE, SC 29448	82-4620148	501(C)(3)		67,882	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(92) MT. OLIVE BAPTIST CHS 2416 MEETING STREET ROAD, CHARLESTON, SC 29405	57-0735269	501(C)(3)		68,554	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(93) FAITH IN ACTION 2730 GORDON STREET, CHARLESTON, SC 29405	N/A	501(C)(3)		69,663	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(94) CHURCH HOUSE OF MINISTRIES 9659 JAMISON ROAD, LADSON, SC 29456	46-2516634	501(C)(3)		70,226	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(95) OLD FORT BAPTIST CHURCH 10505 DORCHESTER ROAD, SUMMERVILLE, SC 29485	N/A	501(C)(3)		71,186	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(96) LIFE MINISTRIES CHRISTIAN ACADEMY 75 CAPEHART CIRCLE, BEAUFORT, SC 29906	90-0815796	501(C)(3)		71,604	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(97) FREE BORN DELIVERANCE TEMPLE 113 BROAD RIVER BLVD., BEAUFORT, SC 29906	20-4169465	501(C)(3)		71,889	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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(98) NEW WEBSTER JIP FOOD PANTRY 4755 BEARS BLUFF RD., WADMALAW ISLAND, SC 29487	53-0196617	501(C)(3)		74,307	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(99) JASPER COUNTY HUNGER FREE ZONE 1506 GRAYS HWY., RIDGELAND, SC 29936	80-0200666	501(C)(3)		75,365	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(100) MARY MAGEDALINE OUTREACH CENTER 128 BROOMSTRAW RD, LANE, SC 29564	30-0408938	501(C)(3)		75,614	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(101) GREATER MT. ARARAT A.M.E. CHURCH 1105 NESMITH ROAD, NESMITH, SC 29580	53-0204696	501(C)(3)		77,111	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(102) SEA ISLANDS BLESSING BASKET 2389 BOHICKET RD, JOHNS ISLAND, SC 29455	47-2730495	501(C)(3)		77,828	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(103) GETHSEMANE CATHEDRAL OF PRAISE 4937 DURANT AVE, NORTH CHARLESTON, SC 29405	26-0182543	501(C)(3)		78,889	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(104) MT. NEBO BAPTIST CHURCH II 22 JONESVILLE AVE., YEMASSEE, SC 29945	33-1073541	501(C)(3)		81,844	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(105) GREATER ST. MARK AME KINGSTREE 300 W MAIN ST, KINGSTREE, SC 29556	53-0204696	501(C)(3)		81,853	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(106) MT. CARMEL UNITED BAPTIST CHURCH 3279 EXODUS DRIVE, GEORGETOWN, SC 29440	54-2110052	501(C)(3)		83,091	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(107) HEALING WATERS-ST. HELENA 14 MARTIN LUTHER KING DRIVE, ST. HELENA ISLAND, SC 29920	57-1145815	501(C)(3)		83,374	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(108) HELPING HANDS OF GEORGETOWN 1813 HIGHMARKET ST, GEORGETOWN, SC 29440	57-0883461	501(C)(3)		85,186	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(109) CRC-LOVELY HILL 5905 W JIM BILTON BLVD., ST. GEORGE, SC 29477	82-4620148	501(C)(3)		87,269	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(110) DOGWOOD HILL BAPTIST CHURCH 1040 MT ZION ROAD, LORIS, SC 29569	56-1095397	501(C)(3)		88,090	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(111) JERUSALEM HELPING HAND FOOD BANK 135 JERUSALEM LOOP, ST. GEORGE, SC 29477	38-3928591	501(C)(3)		89,015	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(112) IMMANUEL REFORMED EPISCOPAL CHURCH 2513 RANGER DRIVE, CROSS, SC 29436	23-6424640	501(C)(3)		89,780	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(113) GREATER CHERRY GROVE CHURCH 80 CHERRY GROVE ROAD, BRUNSON, SC 29911	N/A	501(C)(3)		90,105	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(114) HIGHER GROUND BAPTIST MINISTRIES 5548 MOSELLE ROAD, ISLANDTON, SC 29929	N/A	501(C)(3)		92,232	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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(115) HEART TO HEART BERKELEY 104 BEHRMAN ST., MONCKS CORNER, SC 29461	58-2457855	501(C)(3)		93,043	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(116) PALMETTO RECOVERY OF CHARLESTON 7019 OLD JACKSONBORO RD, RAVENEL, SC 29470	92-2034529	501(C)(3)		93,116	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(117) WACCAMAW BAPTIST CHURCH 7160 HIGHWAY 905, CONWAY, SC 29526	57-0735269	501(C)(3)		94,310	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(118) CAP- REHOBOTH CHURCH 2775 BARNHILL RD, GALIVANTS FERRY, SC 29544	57-0865901	501(C)(3)		95,146	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(119) MERCY MISSION/CATHOLIC CHARITIES 19869 WHYTE HARDEE BLVD., HARDEEVILLE, SC 29927	53-0196617	501(C)(3)		96,441	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(120) VANDERHORST KOINONIA MINISTRIES 66 HANOVER STREET, CHARLESTON, SC 29403	43-2067926	501(C)(3)		97,970	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(121) HOPEWELL SENIOR DAY CARE CENTER 1277 BLAKELY RD., SALTERS, SC 29590	57-0726226	501(C)(3)		99,181	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(122) ST. ANTHONY'S CATHOLIC CHURCH 925 S. JEFFERIES BLVD, WALTERBORO, SC 29488	53-0196617	501(C)(3)		102,147	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(123) GREEN SEA BAPTIST CHURCH 1241 GREEN SEA ROAD, GREEN SEA, SC 29545	56-1641316	501(C)(3)		103,798	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(124) WESLEY UM SUMMERVILLE 125 PRESSLEY AVE., SUMMERVILLE, SC 29483	31-1813333	501(C)(3)		104,467	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(125) DIVINE FAITH MINISTRIES 1735 N GRIMBALL RD, CHARLESTON, SC 29412	14-1973073	501(C)(3)		105,617	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(126) MT. OLIVE BAPTIST WALTERBORO 329 SAVAGE ST., WALTERBORO, SC 29488	57-0735269	501(C)(3)		111,095	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(127) DEER PARK BAPTIST CHURCH 8875 OLD UNIVERSITY BLVD., NORTH CHARLESTON, SC 29406	57-0360087	501(C)(3)		112,401	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(128) CRC - HOLLYWOOD 5151 TOWN COUNCIL DRIVE, HOLLYWOOD, SC 29449	82-4620148	501(C)(3)		116,577	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(129) ST. PETER MISSIONARY BAPTIST CHURCH 3462 SOUTH ISLAND RD., GEORGETOWN, SC 29440	54-2110052	501(C)(3)		116,973	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(130) HUSPAH BAPTIST CHURCH 18 HUSPAH BAPTIST CHURCH ROAD, SEABROOK, SC 29940	86-2610674	501(C)(3)		117,272	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(131) BLUFFTON SELF HELP 39 SHERIDAN PARK CIRCLE, UNIT #10, BLUFFTON, SC 29910	57-0862658	501(C)(3)		120,061	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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(132) NEIGHBORS TOGETHER 2105 COSGROVE AVE., NORTH CHARLESTON, SC 29405	57-0794782	501(C)(3)		120,960	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(133) THE CHURCH OF THE CROSS 15A CENTRE DRIVE, BLUFFTON, SC 29910	57-0684046	501(C)(3)		121,436	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(134) MT. SINAI BAPTIST - HAMPTON 455 MT. SINAI RD., VARNVILLE, SC 29944	57-0735269	501(C)(3)		122,888	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(135) CRC-ADAMS RUN 5495 PARKERS FERRY ROAD, ADAMS RUN, SC 29426	82-4620148	501(C)(3)		125,336	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(136) PRAISE ASSEMBLY OF GOD 800 PARRIS ISLAND GATEWAY, BEAUFORT, SC 29906	44-0577787	501(C)(3)		125,477	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(137) BERKELEY CHURCH OF CHRIST 1483 HWY 52 SOUTH, MONCK'S CORNER, SC 29461	N/A	501(C)(3)		127,964	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(138) LOWCOUNTRY CARES 306 OLD FORT DRIVE, LADSON, SC 29456	52-2378589	501(C)(3)		131,963	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(139) CRC-MYB-SANDY GROVE 1008 CARVER STREET, MYRTLE BEACH, SC 29577	82-4620148	501(C)(3)		132,236	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(140) HEBRON ZION PRESBYTERIAN 2915 BOHICKET ROAD, JOHNS ISLAND, SC 29455	23-6393377	501(C)(3)		133,426	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(141) HEALING WATERS-BEAUFORT-CHURCH OF THE NAZARENE 279 BROAD RIVER ROAD, BEAUFORT, SC 29906	57-1145815	501(C)(3)		134,282	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(142) THE SHEPHERD'S TABLE 1412 A GAMECOCK AVE, CONWAY, SC 29526	20-8725196	501(C)(3)		136,115	FMV	EQUIPMENT	EQUIPMENT FOR DISTRIBUTION
(143) JEHOVAH UM 1473 MATILDA CIRCLE, PINEVILLE, SC 29468	31-1813333	501(C)(3)		137,571	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(144) ST. MARK BLOOMINGVALE CDC, INC. 8292 THURGOOD MARSHALL HWY, ANDREWS, SC 29510	46-1594364	501(C)(3)		145,731	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(145) ST. JUDE APOSTOLIC FAITH CHURCH 286 BING STREET, YEMASSEE, SC 29945	57-0785037	501(C)(3)		147,489	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(146) GREATER SAINT PAUL AME 633 THOMAS KATE ROAD, DORCHESTER, SC 29437	53-0204696	501(C)(3)		148,121	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(147) FAITH OUTREACH MINISTRIES-CONWAY 1519 MILL POND RD, CONWAY, SC 29527	82-3645227	501(C)(3)		150,063	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(148) MT. SINAI MISSIONARY BAPTIST CHURCH 7275 BROWN'S FERRY ROAD, GEORGETOWN, SC 29440	57-0735269	501(C)(3)		152,327	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(149) ZION AME FOOD DISTRIBUTION CENTER 62 RITTER ROAD, YEMASSEE, SC 29945	52-0643036	501(C)(3)		152,846	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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(150) SEACOAST - SUMMERVILLE 301 E. 5TH NORTH STREET, SUMMERVILLE, SC 29483	57-1045195	501(C)(3)		154,951	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(151) UPPER DORCHESTER COMMUNITY MINISTRIES 101 RIDGE ST, ST. GEORGE, SC 29477	45-2899355	501(C)(3)		155,882	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(152) PRESBYTERIAN CHURCH OF EDISTO ISLAND 2164 HWY 174, EDISTO ISLAND, SC 29438	23-6393377	501(C)(3)		158,391	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(153) CRC-EDISTO INDIAN RES. 1125 RIDGE ROAD, RIDGEVILLE, SC 29472	82-4620148	501(C)(3)		162,328	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(154) AGAPE FAMILY LIFE CENTER 5855 S. OKATIE HWY, HARDEEVILLE, SC 29927	57-1106874	501(C)(3)		162,359	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(155) HOLY CROSS FAITH MEMORIAL EPISCOPAL CHURCH 99 BASKERVILL DRIVE, PAWLEYS ISLAND, SC 29585	31-1629166	501(C)(3)		162,413	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(156) EBENEZER MISSIONARY BAPTIST CHURCH 1207 MARTIN LUTHER KING DRIVE, ANDREWS, SC 29510	57-0735269	501(C)(3)		164,631	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(157) CHARLESTON JEWISH FEDERATION 176 CROGHAN SPUR RD, SUITE 100, CHARLESTON, SC 29407	57-6000188	501(C)(3)		165,178	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(158) HAMPTON UNITED METHODIST CHURCH 204 MULBERRY STREET, HAMPTON, SC 29924	N/A	501(C)(3)		166,132	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(159) MT. MORIAH MISSIONARY BAPTIST 7396 RIVERS AVE., NORTH CHARLESTON, SC 29406	51-0611169	501(C)(3)		171,048	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(160) ST. STEPHEN UM OUTREACH 3524 SMITHS CROSSING RD, RIDGELAND, SC 29936	31-1813333	501(C)(3)		172,729	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(161) REFUGE TEMPLE ST. STEPHEN 3674 NORTH HIGHWAY 52, ST. STEPHEN, SC 29479	13-2942986	501(C)(3)		173,974	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(162) PARK CIRCLE CARES 1087 EAST MONTAGUE AVENUE, NORTH CHARLESTON, SC 29405	81-3344149	501(C)(3)		175,794	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(163) GREATER ST. MARK AME CHURCH 1297 OLD GEORGETOWN ROAD, HEMINGWAY, SC 29554	53-0204696	501(C)(3)		176,247	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(164) CHARLESTON HISPANIC ASSOCIATION 2176 SAVANNAH HWY #109, CHARLESTON, SC 29414	84-4261079	501(C)(3)		180,354	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(165) RESURRECTED CHURCH OF JESUS 2345 ELDER AVE, NORTH CHARLESTON, SC 29406	N/A	501(C)(3)		185,731	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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(166) ST. STEPHEN SEVENTH DAY ADVENT 1167 FORTY-ONE RD, ST. STEPHEN, SC 29479	52-0643036	501(C)(3)		188,012	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(167) PRECIOUS BLOOD OF CHRIST 1633 WAVERLY ROAD, PAWLEYS ISLAND, SC 29585	53-0196617	501(C)(3)		192,843	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(168) CHRISTIAN MISSION OUTREACH 9714 N KINGS HWY UNIT #132, MYRTLE BEACH, SC 29572	31-1813333	501(C)(3)		195,138	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(169) METROPOLITAN COMMUNITY CHURCH 7860 DORCHESTER ROAD SUITE A, NORTH CHARLESTON, SC 29418	23-7094543	501(C)(3)		196,060	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(170) COASTAL CATHOLIC CHARITIES 1662 INGRAM RD, CHARLESTON, SC 29407	53-0196617	501(C)(3)		197,394	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(171) BETHEL AME CHURCH (RIDGEVILLE) 165 SOUTH RAILROAD AVE, RIDGEVILLE, SC 29472	53-0204696	501(C)(3)		209,317	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(172) HOUSE OF HOPE 3629 AZALEA DRIVE, NORTH CHARLESTON, SC 29405	86-1283557	501(C)(3)		215,041	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(173) HEART OF GOLD FOUNDATION 134 HEMPHILL CT., SUMMERVILLE, SC 29483	02-0718107	501(C)(3)		219,065	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(174) MARGARET F. CURTIS FOOD PANTRY 2676 BEES CREEK RD., RIDGELAND, SC 29936	32-0295374	501(C)(3)		221,418	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(175) HOLY CITY MISSIONS AT ALDERSGATE METHODIST CHURCH 1444 REMOUNT ROAD, NORTH CHARLESTON, SC 29406	85-4257531	501(C)(3)		223,365	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(176) GREATER GORDON CHAPEL A.M.E. CHURCH 4581 OLD RIVER ROAD, MURRELLS INLET, SC 29576	53-0204696	501(C)(3)		224,018	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(177) MURRAY UNITED METHODIST CHURCH 1216 ORANGEBURG RD, SUMMERVILLE, SC 29483	31-1813333	501(C)(3)		228,402	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(178) CARING & SHARING 128 WEST GEORGE STREET, HEMINGWAY, SC 29554	58-2317638	501(C)(3)		229,094	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(179) ST. VINCENT DEPAUL SOCIETY GARDEN CITY 542 CYPRESS AVENUE, MURRELLS INLET, SC 29576	13-5562362	501(C)(3)		234,012	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(180) JOSHUA UNITED METHODIST CHURCH 3097 OLD HIGHWAY 52, MONCK'S CORNER, SC 29461	31-1813333	501(C)(3)		234,645	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(181) BUCK CREEK BAPTIST CHURCH 11483 HWY 905 N, LONGS, SC 29568	57-0360087	501(C)(3)		236,098	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
(182) LONG BRANCH MISSIONARY BAPTIST CHURCH 922 HOPEWELL RD., GIFFORD, SC 29923	N/A	501(C)(3)		238,790	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(183) GRACE IMPACT DEVELOPMENT CENTER 212 COOPER ST, MONCKS CORNER, SC 29461	81-5401824	501(C)(3)		239,921	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(184) SOLDIERS' ANGELS 1113 SAM RITTENBERG BLVD., CHARLESTON, SC 29405	20-0583415	501(C)(3)		242,434	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(185) ONE80 PLACE 35 WALNUT STREET, CHARLESTON, SC 29403	57-0789483	501(C)(3)		243,011	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(186) NEW ABUNDANT LIFE CHURCH 115 FOSTER ROAD, VARNVILLE, SC 29944	27-2194505	501(C)(3)		245,926	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(187) SALVATION ARMY OF BEAUFORT 2505 NORTH STREET, BEAUFORT, SC 29902	58-0660607	501(C)(3)		245,986	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(188) WESLEY AME/JEHOVAH HOLINESS 2741 FRENCH SANTEE RD., JAMESTOWN, SC 29453	57-1034730	501(C)(3)		248,284	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(189) WESLEY UMC/HOLLYWOOD 5100 BAPTIST HILL ROAD, HOLLYWOOD, SC 29449	31-1813333	501(C)(3)		248,539	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(190) SECOND HELPINGS - HAMPTON PO BOX 23621, HILTON HEAD ISLAND, SC 29925	57-0938469	501(C)(3)		253,121	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(191) ALLEN AME CHURCH (EDISTO) 8060 BOTANY BAY RD., EDISTO ISLAND, SC 29438	53-0204696	501(C)(3)		267,790	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(192) REDEEMER R.E. CHURCH 2173 HWY 45, PINEVILLE, SC 29468	76-0754677	501(C)(3)		273,924	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(193) CATHOLIC CHARITIES OF THE PEE DEE 2294 TECHNOLOGY BLVD, CONWAY, SC 29526	57-0314369	501(C)(3)		277,343	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(194) FAITH OUTREACH MINISTRIES-FINKLEA 3501 HWY 917, LORIS, SC 29569	82-3645227	501(C)(3)		279,796	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(195) GREAT PRESENT AME 3260 US HWY. 521, ANDREWS, SC 29510	53-0204696	501(C)(3)		288,960	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(196) CHURCH OF JESUS CHRIST/ I AM MINISTRIES 5528 RIVERS AVE, NORTH CHARLESTON, SC 29405	34-2011560	501(C)(3)		289,540	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(197) FAITH ASSEMBLY MONCKS CORNER 1286 N. HWY 52, MONCKS CORNER, SC 29461	44-0577787	501(C)(3)		292,157	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(198) SOCASTEE PANTRY OF FAITH OUTREACH MINISTRIES 4513 HWY 17 BYPASS, MYRTLE BEACH, SC 29577	82-3645227	501(C)(3)		300,135	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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(199) ST. PAULS SUMMERVILLE 111 WARING STREET, SUMMERVILLE, SC 29483	32-0295374	501(C)(3)		304,887	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(200) CHARLESTON RECOVERY CENTER GROUP HOME 1903 CLUBHOUSE RD, RAVENEL, SC 29470	26-4420743	501(C)(3)		307,456	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(201) SOUTH STRAND HELPING HANDS 812 POPLAR DRIVE SOUTH, SURFSIDE BEACH, SC 29575	57-0827131	501(C)(3)		315,807	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(202) ASHLEYVILLE MARYVILLE FOOD MINISTRY 1057 5TH AVE, CHARLESTON, SC 29407	53-0204696	501(C)(3)		319,670	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(203) FEED BERKELEY 500 S. LIVE OAK DRIVE, MONCK'S CORNER, SC 29461	92-1559638	501(C)(3)		323,604	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(204) GREATER NEW HOPE A.M.E. 1461 GIVHANS ROAD, RIDGEVILLE, SC 29472	53-0204696	501(C)(3)		331,670	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(205) CEDAR GROVE MISSIONARY BAPTIST 2384 US HWY 521, ANDREWS, SC 29510	54-2110052	501(C)(3)		331,879	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(206) SEACOAST-NORTH CHARLESTON (DREAM CENTER) 5505 N. RHETT AVE, NORTH CHARLESTON, SC 29406	57-1045195	501(C)(3)		347,514	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(207) NEW DIRECTIONS OF HORRY COUNTY 1005 OSCEOLA ST, MYRTLE BEACH, SC 29577	20-1831970	501(C)(3)		350,606	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(208) BETHEL UNITED METHODIST CHURCH 57 PITT STREET, CHARLESTON, SC 29401	31-1813333	501(C)(3)		351,755	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(209) FELLOWSHIP FOOD BANK 1639 DUNN SHORTCUT ROAD, CONWAY, SC 29527	26-0177805	501(C)(3)		355,636	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(210) SPRINGTOWN UNITED METHODIST 8807 AUGUSTA HWY, SMOAKS, SC 29481	20-0308122	501(C)(3)		358,573	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(211) TABERNACLE CHURCH 530 N. AZALEA DRIVE, SURFSIDE BEACH, SC 29575	13-4255772	501(C)(3)		365,955	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(212) HOUSE OF PRAYER AND PRAISE 104 EAST MAIN STREET, HARLEYVILLE, SC 29448	57-1133642	501(C)(3)		368,765	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(213) NEW HOPE UME CHURCH 11 GOLDFINCH ROAD, GEORGETOWN, SC 29440	31-1813333	501(C)(3)		373,033	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(214) HEALING AND BLESSING MINISTRIES 2401 DELAWARE AVENUE, NORTH CHARLESTON, SC 29405	93-4020813	501(C)(3)		386,552	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(215) BLESSED HANDS FOOD PANTRY 931 OLD BACK RIVER ROAD, GOOSE CREEK, SC 29445	80-0753053	501(C)(3)		392,889	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(216) SHADY GROVE UNITED METHODIST 9221 CHARLESTON HIGHWAY, ST. GEORGE, SC 29477	31-1813333	501(C)(3)		402,683	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
(217) EDGEWOOD BAPTIST CHURCH 138 WILDWOOD DRIVE, WALTERBORO, SC 29488	57-0360087	501(C)(3)		405,319	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(218) FAITH ASSEMBLY- REVIVE 1527 REMOUNT RD, NORTH CHARLESTON, SC 29406	44-0577787	501(C)(3)		410,975	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(219) FEEDING OF THE MULTITUDES 2130 CAINHOY ROAD, SUITE D, HUGER, SC 29450	81-1035485	501(C)(3)		417,703	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(220) CMD'S PANTRY 2229 SUMTER HWY, KINGSTREE, SC 29556	85-0702401	501(C)(3)		433,415	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(221) CATHEDRAL IMPACT CENTER 3626 ASHLEY PHOSPHATE RD., NORTH CHARLESTON, SC 29418	57-0875016	501(C)(3)		434,068	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(222) ST. DELIGHT COMMUNITY OUTREACH 801 ST. DELIGHT RD., LITTLE RIVER, SC 29566	04-3728831	501(C)(3)		435,992	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(223) CHESTERFIELD MISSIONARY BAPTIST CHURCH 8591 HIGHWAY 90, LONGS, SC 29568	57-1022773	501(C)(3)		436,539	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(224) NORTH STRAND/LORIS 3410 CHURCH STREET, LORIS, SC 29569	57-0914250	501(C)(3)		444,329	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(225) HELPING HAND OF MYRTLE BEACH 1411 MR. JOE WHITE AVE., MYRTLE BEACH, SC 29577	57-0627993	501(C)(3)		451,810	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(226) JAMES ISLAND OUTREACH 1860 CAMP ROAD, CHARLESTON, SC 29412	57-0907554	501(C)(3)		457,223	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(227) HELPING HANDS OF GOOSE CREEK 104B COMMERCE PLACE, GOOSE CREEK, SC 29445	57-0891298	501(C)(3)		483,730	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(228) COMMUNITY IMPACT OF NCCOG AT MIDLAND PARK 2429 MIDLAND PARK ROAD, NORTH CHARLESTON, SC 29406	57-0674092	501(C)(3)		486,506	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(229) BETHEL OUTREACH MINISTRIES 5585 MEMORIAL BLVD., ST. GEORGE, SC 29477	53-0204696	501(C)(3)		504,316	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(230) SEACOAST - WEST ASHLEY 2049 SAVANNAH HIGHWAY, CHARLESTON, SC 29407	57-1045195	501(C)(3)		531,565	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(231) HEART FOR HUMANITY, INC. 117 N CONGDON ST, GEORGETOWN, SC 29440	45-4253949	501(C)(3)		538,152	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(232) ST. STEPHEN BAPTIST CHURCH 272 CHURCH ROAD, ST. STEPHEN, SC 29479	57-0735269	501(C)(3)		543,713	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(233) CATHEDRAL IMPACT CENTER #2 3790 ASHLEY PHOSPHATE ROAD, NORTH CHARLESTON, SC 29418	57-0875016	501(C)(3)		546,266	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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(234) SECOND CHANCE RECOVERY SPONS. CHURCH OF NAZARENE 541 RED BANK RD, GOOSE CREEK, SC 29445	27-4408204	501(C)(3)		559,116	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(235) OLIVE BRANCH AME 1734 HIGHWAY 17 NORTH, MOUNT PLEASANT, SC 29464	82-2199187	501(C)(3)		576,917	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(236) SALEM BAPTIST CHURCH 321 OLD SUMMERVILLE RD., SUMMERVILLE, SC 29486	57-0360087	501(C)(3)		592,702	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(237) MT. VERNON MISSIONARY BAPTIST CHURCH 5791 HWY 9, NICHOLS, SC 29581	N/A	501(C)(3)		641,428	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(238) CRC - SUMMERVILLE 116 W 2ND NORTH ST., SUMMERVILLE, SC 29483	82-4620148	501(C)(3)		652,630	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(239) FAITH OUTREACH MINISTRIES LATINX BEACH CHURCH 557 GEORGE BISHOP PKWY, MYRTLE BEACH, SC 29579	82-3645227	501(C)(3)		712,438	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(240) SHEPHERD OF THE SEA LUTHERAN CHURCH 2637 HIGHWAY 17 SOUTH, GARDEN CITY, SC 29576	41-1568278	501(C)(3)		714,664	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(241) CHURCHES ASSISTING PEOPLE 307 WRIGHT BOULEVARD, CONWAY, SC 29526	57-0865901	501(C)(3)		741,097	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(242) DELANCEY STREET SOUTH CAROLINA 2510 N. HOBSON AVE., NORTH CHARLESTON, SC 29405	77-0661828	501(C)(3)		791,587	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(243) COMMUNITY KITCHEN OF MYRTLE BEACH 1411 MR. JOE WHITE AVE., MYRTLE BEACH, SC 29577	57-0965358	501(C)(3)		802,265	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(244) SHIFA CLINIC 668 MARINA DRIVE, CHARLESTON, SC 29492	04-3810161	501(C)(3)		862,914	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(245) JCAN FAMILY MINISTRIES (NAN) 109 PRESTON AVE, NORTH CHARLESTON, SC 29420	47-1704603	501(C)(3)		876,690	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(246) FAITH OUTREACH MINISTRIES OF THE GRAND STRAND 8901 HWY 17 BYPASS SOUTH, SURFSIDE BEACH, SC 29575	82-3645227	501(C)(3)		955,119	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(247) CRC - NORTH CHARLESTON 3947 WHIPPER BARONY LANE, NORTH CHARLESTON, SC 29406	82-4620148	501(C)(3)		967,547	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(248) SECOND HELPINGS - JASPER PO BOX 23621, HILTON HEAD ISLAND, SC 29925	57-0938469	501(C)(3)		1,009,320	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(249) MT. OLIVE BAPTIST CHURCH 2011 DUNBAR ROAD, GEORGETOWN, SC 29440	30-0349138	501(C)(3)		1,014,840	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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(250) EAST COOPER COMMUNITY OUTREACH 1145 SIX MILE RD., MOUNT PLEASANT, SC 29466	57-0939280	501(C)(3)		1,018,770	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(251) HOLLYWOOD COAL./NEW GRACE CHAPEL BAP. MISS. CHURCH 5830 HIGHWAY 174, ADAMS RUN, SC 29426	31-1813333	501(C)(3)		1,055,396	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(252) JEHOVAH TABERNACLE CHURCH 2001 COMSTOCK AVENUE, CHARLESTON, SC 29405	11-3843447	501(C)(3)		1,056,544	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(253) CHERRY HILL MISSIONARY BAPTIST CHURCH 421 SMITH STREET, CONWAY, SC 29526	57-0807394	501(C)(3)		1,089,733	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(254) MURRELLS INLET CHURCH OF GOD 608 GIBSON AVE, MURRELLS INLET, SC 29576	62-0484177	501(C)(3)		1,239,282	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(255) THE SHEPHERD'S TABLE 1412 A GAMECOCK AVE, CONWAY, SC 29526	20-8725196	501(C)(3)		1,245,331	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(256) TRUE FAITH HOLINESS CHURCH 2005 REYNOLDS AVENUE, NORTH CHARLESTON, SC 29405	N/A	501(C)(3)		1,250,280	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(257) HUMANITIES FOUNDATION WEST ASHLEY 1850 MAGWOOD DRIVE, CHARLESTON, SC 29414	57-0952289	501(C)(3)		1,252,925	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(258) NORTH STRAND HELPING HANDS 2501 LONG BAY ROAD, LONGS, SC 29568	57-0647026	501(C)(3)		1,552,910	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(259) GATEWAY OPEN ARMS 3537 S LIVE OAK DRIVE, MONCKS CORNER, SC 29461	20-5890840	501(C)(3)		2,380,114	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(260) SECOND HELPINGS - BEAUFORT PO BOX 23621, HILTON HEAD ISLAND, SC 29925	57-0938469	501(C)(3)		4,356,257	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(261) PUBLIC 2864 AZALEA DRIVE, CHARLESTON, SC 29405	57-0751835	501(C)(3)		5,198,867	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	N/A
(6) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	COMMUNITY BIBLE CHURCH OF BEAUFORT 638 PARRIS ISLAND GATEWAY, BEAUFORT, SC 29906
(9) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	BLESSED HANDS FOOD PANTRY 931 OLD BACK RIVER ROAD, GOOSE CREEK, SC 29445
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	LIGHT MINISTRIES: DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	WALLINGFORD PRESBYTERIAN CHURCH: DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	GRAYS HILL BAPTIST CHURCH: DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	COMMUNITY BIBLE CHURCH OF BEAUFORT: DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	EBENEZER AME CHURCH - LINCOLNVILLE: DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

**SCHEDULE J
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

LOWCOUNTRY FOOD BANK INC

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	NICK OSBORNE	(i)	238,967	24,306	0	13,748	8,196	285,217	0
	PRESIDENT & CEO	(ii)	0	0	0	0	0	0	0
2	BRENDA SHAW	(i)	150,006	8,703	0	7,933	10,150	176,792	0
	CDO	(ii)	0	0	0	0	0	0	0
3	JODY RUSSO	(i)	140,329	8,248	0	7,863	10,455	166,895	0
	COO	(ii)	0	0	0	0	0	0	0
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

2024

**Open to Public
Inspection**

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

LOWCOUNTRY FOOD BANK INC

Employer identification number

57-0751835

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	✓	1	14,500	MARKET VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	✓	250	68,773,614	VALUATION
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ((SEE STATEMENT))				
26 Other ()				
27 Other ()				
28 Other ()				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	29	0
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	Yes	No
30a		✓
b If "Yes," describe the arrangement in Part II.		
31	✓	
32a		✓
b If "Yes," describe in Part II.		
33		

Part I

Types of Property (continued)

Property Type	(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
ADVERTISEMENT	✓	1	13,032	MARKET VALUE
FREIGHT	✓	1	10,800	MARKET VALUE
LOGO BOXES	✓	1	8,729	MARKET VALUE
FOOD DISTRIBUTION EQUIPMENT	✓	11	213,436	MARKET VALUE

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**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)**

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

LOWCOUNTRY FOOD BANK INC

Employer identification number

57-0751835

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(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/SUPPORTING ORG	SC	501(C)(3)	12 TYPE III-FI	N/A		✓
(2) LOWCOUNTRY FOOD BANK PROPERTY HOLDINGS (99-2826390) 2864 AZALEA DRIVE, CHARLESTON, SC 29405	SUPPORTING ORG	SC	501(C)(3)	12 TYPE I	LOWCOUNTRY FOOD BANK INC	✓	
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Cat. No. 50135Y

Schedule R (Form 990) (Rev. 1-2025)

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)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													