PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

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.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning , 2025, and ending , 20

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization LOWCOUNTRY FOOD BANK INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 2864 AZALEA DRIVE

Room/suite

City or town, state or province, country, and ZIP or foreign postal code CHARLESTON, SC 29405

D Employer identification number 57-0751835

E Telephone number (843) 747-8146

G Gross receipts $ 90,958,653

F Name and address of principal officer: NICHOLAS OSBORNE
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions.

H(c) Group exemption number

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.LOWCOUNTRYFOODBANK.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1983

M State of legal domicile: SC

Part I Summary

Activities & Governance

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

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	109
6	Total number of volunteers (estimate if necessary)	6	8,000
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	84,159,949	85,205,742
9	Program service revenue (Part VIII, line 2g)	4,286,651	3,966,688
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	595,452	549,571
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,067,944	1,117,087
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	90,109,996	90,839,088

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	76,755,572	76,209,165
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	6,330,256	6,591,146
16a	Professional fundraising fees (Part IX, column (A), line 11e)	379,648	435,111
b	Total fundraising expenses (Part IX, column (D), line 25) 1,731,154		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,667,948	5,020,493
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	88,133,424	88,255,915
19	Revenue less expenses. Subtract line 18 from line 12	1,976,572	2,583,173

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	35,068,597	43,771,135
21	Total liabilities (Part X, line 26)	1,982,591	8,219,618
22	Net assets or fund balances. Subtract line 21 from line 20	33,086,006	35,551,517

Part II Signature Block

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

Sign Here

Signature of officer — Date

NICHOLAS OSBORNE, PRESIDENT/CEO
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
AMY BIBBY	AMY BIBBY	10/19/2026		P00445891

Firm's name FORVIS MAZARS, LLP — Firm's EIN 44-0160260

Firm's address ONE OAK ST. SUITE 300, ASHEVILLE, NC 28801 — Phone no. (828) 254-2254

May the IRS discuss this return with the preparer shown above? See instructions ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

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 $ 83,532,398 including grants of $ 75,339,704) (Revenue $ 2,835,901)

FOOD DISTRIBUTION: THE LOWCOUNTRY FOOD BANK'S (LCFB) MISSION IS TO 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 2025, THE LCFB DISTRIBUTED, IN PARTNERSHIP WITH APPROXIMATELY 240 PARTNERS, OVER 42.4 MILLION POUNDS, INCLUDING OVER 19.4 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 3,128 SENIORS MONTHLY.

4b (Code:) (Expenses $ 869,461 including grants of $ 869,461) (Revenue $ 1,130,787)

CHILD AND SENIOR HUNGER-RELIEF PROGRAMS: LOWCOUNTRY FOOD BANK REACHES CHILDREN AND SENIORS THROUGH MULTIPLE PROGRAMS. THROUGH OUR BACKPACK BUDDIES PROGRAM, WE REACHED APPROXIMATELY 3,000 CHILDREN A WEEK DURING THE SCHOOL YEAR, DISTRIBUTING MORE THAN 89,586 BACKPACK BUDDIES BAGS. WE PARTNERED WITH 38 SCHOOLS TO REACH STUDENTS AND THEIR FAMILIES THROUGH EITHER PRE-PACKED BOXES OR AN ONSITE MARKET, DISTRIBUTING OVER 284,716 POUNDS OF FOOD. THROUGH OUR KIDS CAFE PROGRAM, WE WORK WITH AFTERSCHOOL PROGRAM PARTNERS TO PROVIDE CHILDREN DAILY SUPPER MEALS AND/OR SNACKS AT 35 SITES. A TOTAL OF 129,601 MEALS AND SNACKS WERE PROVIDED DURING THE YEAR. DURING THE SUMMER MONTHS, WE WORKED WITH SUMMER CAMPS TO DISTRIBUTE OVER 39,781 MEALS TO 23 SITES. OUR FRESH FOR KIDS PROGRAM DISTRIBUTED MORE THAN 41,294 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 145,775 PREPARED MEALS DELIVERED TO SENIORS AND 1,475 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 84,401,859

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)? *If "Yes," complete Schedule A*	1	✔	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	✔	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		✔
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? *If "Yes," complete Schedule C, Part II*	4		✔
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? *If "Yes," complete Schedule C, Part III*	5		✔
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? *If "Yes," complete Schedule D, Part I*	6		✔
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		✔
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		✔
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? *If "Yes," complete Schedule D, Part IV*	9		✔
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	✔	
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? *If "Yes," complete Schedule D, Part VI*	11a	✔	
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? *If "Yes," complete Schedule D, Part VII*	11b		✔
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? *If "Yes," complete Schedule D, Part VIII*	11c		✔
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? *If "Yes," complete Schedule D, Part IX*	11d		✔
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	✔	
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)? *If "Yes," complete Schedule D, Part X*	11f	✔	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	✔	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		✔
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		✔
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✔
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? *If "Yes," complete Schedule F, Parts I and IV*	14b		✔
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? *If "Yes," complete Schedule F, Parts II and IV*	15		✔
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? *If "Yes," complete Schedule F, Parts III and IV*	16		✔
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? *If "Yes," complete Schedule G, Part I.* See instructions	17	✔	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	✔	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		✔
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		✔
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	✔	

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? *If "Yes," complete Schedule I, Parts I and III*	22		✔
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? *If "Yes," complete Schedule J*	23	✔	
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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		✔
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? *If "Yes," complete Schedule L, Part I*	25a		✔
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? *If "Yes," complete Schedule L, Part I*	25b		✔
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? *If "Yes," complete Schedule L, Part II*	26		✔
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? *If "Yes," complete Schedule L, Part III*	27		✔
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? *If "Yes," complete Schedule L, Part IV*	28a		✔
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		✔
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		✔
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	✔	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		✔
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		✔
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		✔
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? *If "Yes," complete Schedule R, Part I*	33		✔
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	✔	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✔	
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)? *If "Yes," complete Schedule R, Part V, line 2*	35b	✔	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		✔
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? *If "Yes," complete Schedule R, Part VI*	37		✔
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	38	✔	

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	1a	33		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		✔	

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	109		
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	16		
b	Enter the number of voting members included on line 1a, above, who are independent .	1b	16		
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?	2			✔
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? .	3			✔
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			✔
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5			✔
6	Did the organization have members or stockholders?	6			✔
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?	7a			✔
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			✔
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		✔	
b	Each committee with authority to act on behalf of the governing body?	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*	9			✔

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed SC

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☑ Own website ☑ Another's website ☑ Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

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	38.0									
PRESIDENT & CEO	2.0			✔				281,608	0	23,507
(2) BRENDA SHAW	38.0									
CDO	2.0			✔				171,286	0	17,081
(3) JODY RUSSO	40.0									
COO				✔				166,720	0	16,961
(4) DENISE HINES	38.0									
CFO	2.0			✔				149,292	0	16,027
(5) JENNIFER DEWITT	40.0									
CPO				✔				124,205	0	14,711
(6) MARGARET BURN	40.0									
VP OF STRATEGIC INITIATIVES						✔		108,524	0	13,921
(7) JOANNA BRUNO	40.0									
VP OF AGENCY RELATIONS						✔		105,171	0	14,118
(8) DR. KIMBERLY BUTLER WILLIS	2.0									
VICE CHAIR		✔		✔				0	0	0
(9) JIM CHILTON	2.0									
TREASURER		✔		✔				0	0	0
(10) RICH WHITE	2.0									
CHAIR		✔		✔				0	0	0
(11) STACY STARLING	2.0									
SECRETARY		✔		✔				0	0	0
(12) CHRIS BEEKER	2.0									
MEMBER		✔						0	0	0
(13) DAN BAILEY	2.0									
MEMBER		✔						0	0	0
(14) KELLY HOSACK	2.0									
MEMBER		✔						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	2.0									
MEMBER		✔						0	0	0
(16) KEVIN ROURK	2.0									
MEMBER		✔						0	0	0
(17) LINDSEY DOUGLAS	2.0									
MEMBER		✔						0	0	0
(18) MARIA MUNGO	2.0									
MEMBER		✔						0	0	0
(19) MARK CROCKER	2.0									
MEMBER		✔						0	0	0
(20) MAVIS HUGER	2.0									
MEMBER		✔						0	0	0
(21) POOH GEPHART	2.0									
MEMBER		✔						0	0	0
(22) REV. DR. BYRON BENTON	2.0									
MEMBER		✔						0	0	0
(23) STEVE GRUIDL	2.0									
MEMBER		✔						0	0	0
(24)										
(25)										
1b Subtotal								1,106,806	0	116,326
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								1,106,806	0	116,326

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 7

		Yes	No
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* **3**		✔
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? *If "Yes," complete Schedule J for such individual* **4**	✔	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* **5**		✔

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	360,477
SBT PARTNERS, 1619 PROVIDENCE RD S, MARVIN, NC 28173	IT SUPPORT	129,450

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	38,285				
	b	Membership dues	1b					
	c	Fundraising events	1c	552,720				
	d	Related organizations	1d	53,000				
	e	Government grants (contributions)	1e	12,444,348				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	72,117,389				
	g	Noncash contributions included in lines 1a–1f	1g	$ 68,933,025				
	h	**Total.** Add lines 1a–1f			85,205,742			
Program Service Revenue			Business Code					
	2a	SHARED MAINTENANCE REVENUE	900099		2,205,115	2,205,115		
	b	KIDS CAFÉ	900099		612,710	612,710		
	c	SNAP EDUCATION	900099		570,441	570,441		
	d	SENIOR MEALS	900099		518,077	518,077		
	e	OTHER PROGRAM REVENUE	900099		60,345	60,345		
	f	All other program service revenue			0	0	0	0
	g	**Total.** Add lines 2a–2f			3,966,688			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			583,849			583,849
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
			(i) Real	(ii) Personal				
	6a	Gross rents 6a	204,503					
	b	Less: rental expenses 6b						
	c	Rental income or (loss) 6c	204,503	0				
	d	Net rental income or (loss)			204,503			204,503
			(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory 7a						
	b	Less: cost or other basis and sales expenses 7b		34,278				
	c	Gain or (loss) 7c	0	(34,278)				
	d	Net gain or (loss)			(34,278)			(34,278)
	8a	Gross income from fundraising events (not including $ 552,720 of contributions reported on line 1c). See Part IV, line 18	8a	40,600				
	b	Less: direct expenses	8b	85,287				
	c	Net income or (loss) from fundraising events			(44,687)			(44,687)
	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		957,271			957,271
	b							
	c							
	d	All other revenue			0	0	0	0
	e	**Total.** Add lines 11a–11d			957,271			
	12	**Total revenue.** See instructions			90,839,088	3,966,688	0	1,666,658

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	76,209,165	76,209,165		
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	923,292	634,716	109,291	179,285
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	4,535,662	2,851,506	993,387	690,769
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	199,613	137,224	23,628	38,761
9 Other employee benefits	509,694	398,020	22,690	88,984
10 Payroll taxes	422,885	278,622	76,601	67,662
11 Fees for services (nonemployees):				
a Management				
b Legal	4,553		4,553	
c Accounting	81,813	9,131	72,682	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	435,111			435,111
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	769,758	638,692	42,446	88,620
12 Advertising and promotion	95,478	1,702		93,776
13 Office expenses	236,302	168,160	43,311	24,831
14 Information technology	460,543	151,798	302,520	6,225
15 Royalties				
16 Occupancy	596,769	572,922	23,847	
17 Travel	54,818	41,944	9,034	3,840
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,043,166	719,784	312,950	10,432
23 Insurance	364,495	275,951	85,688	2,856
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 11g expenses on Schedule O.)				
a DIRECT PROGRAM EXPENSE	770,215	770,215		
b MISCELLANEOUS EXPENSES	272,396	272,120	274	2
c FOOD DISTRIBUTION	258,343	258,343		
d BAD DEBT	11,844	11,844		
e All other expenses	0	0	0	0
25 **Total functional expenses.** Add lines 1 through 24e	88,255,915	84,401,859	2,122,902	1,731,154
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		6,265,054	1	9,424,060
	2	Savings and temporary cash investments		9,612,479	2	9,947,850
	3	Pledges and grants receivable, net		3,868,353	3	9,303,520
	4	Accounts receivable, net		161,611	4	258,416
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0
	7	Notes and loans receivable, net		5,832,800	7	5,832,800
	8	Inventories for sale or use		2,106,082	8	1,539,465
	9	Prepaid expenses and deferred charges		168,588	9	364,821
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 15,214,281			
	b	Less: accumulated depreciation	10b 8,134,674	6,750,723	10c	7,079,607
	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		302,907	15	20,596
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		35,068,597	16	43,771,135
Liabilities	17	Accounts payable and accrued expenses		1,162,698	17	2,095,576
	18	Grants payable			18	
	19	Deferred revenue		135,958	19	116,084
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			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		683,935	25	6,007,958
	26	**Total liabilities.** Add lines 17 through 25		1,982,591	26	8,219,618
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		32,326,692	27	35,243,985
	28	Net assets with donor restrictions		759,314	28	307,532
		Organizations that do not follow FASB ASC 958, check here ☐ 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		33,086,006	32	35,551,517
	33	Total liabilities and net assets/fund balances		35,068,597	33	43,771,135

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	90,839,088
2	Total expenses (must equal Part IX, column (A), line 25)	2	88,255,915
3	Revenue less expenses. Subtract line 2 from line 1	3	2,583,173
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	33,086,006
5	Net unrealized gains (losses) on investments	5	(118,406)
6	Donated services and use of facilities	6	33,832
7	Investment expenses	7	(33,088)
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	35,551,517

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: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✔
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	✔	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	✔	
	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?	3a	✔	
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	3b	✔	

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

2025

Open to Public Inspection

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

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.

2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 ☑ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization must generally 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f)) **14** %

15 Public support percentage from 2024 Schedule A, Part II, line 14 **15** %

16a **33 1/3% support test—2025.** 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 ☐

b **33 1/3% support test—2024.** 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 ☐

17a **10%-facts-and-circumstances test—2025.** 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 ☐

b **10%-facts-and-circumstances test—2024.** 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 ☐

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 ☐

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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	78,163,946	75,110,066	82,368,552	84,159,949	85,205,742	405,008,255
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	2,296,818	2,914,481	3,918,509	4,286,651	3,966,688	17,383,147
3 Gross receipts from activities that are not an unrelated trade or business under section 513	800,976	115,255	0	0	0	916,231
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge					0	0
6 **Total.** Add lines 1 through 5	81,261,740	78,139,802	86,287,061	88,446,600	89,172,430	423,307,633
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	258,364	146,798	201,800	150,000	165,155	922,117
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	258,364	146,798	201,800	150,000	165,155	922,117
8 **Public support.** (Subtract line 7c from line 6.)						422,385,516

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6	81,261,740	78,139,802	86,287,061	88,446,600	89,172,430	423,307,633
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	242,503	290,584	628,630	810,254	754,074	2,726,045
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	-31,934	-19,090	0	0	0	-51,024
c Add lines 10a and 10b	210,569	271,494	628,630	810,254	754,074	2,675,021
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on					0	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.)	81,472,309	78,411,296	86,915,691	89,256,854	89,926,504	425,982,654

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	99.16 %
16	Public support percentage from 2024 Schedule A, Part III, line 15	16	99.32 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	1 %
18	Investment income percentage from **2024** Schedule A, Part III, line 17	18	0 %

19a **33 1/3% support tests—2025.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☑

b **33 1/3% support tests—2024.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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? *If "Yes," provide detail in* ***Part VI****.*	6		
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? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
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))? *If "Yes," provide detail in* ***Part VI****.*	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI****.*	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI****.*	9c		
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)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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 ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental supported organization. *Describe in* ***Part VI*** *how you supported a governmental supported organization (see instructions).*

			Yes	No
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 its supported organization(s)? *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 each of its 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, 3b, and 3c below.***			
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* ***Part VI****.*	3a		
b	Did the organization direct 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		
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* ***Part VI****.*	3c		

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

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

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

Section B—Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	**1a**		
b	Average monthly cash balances	**1b**		
c	Fair market value of other non-exempt-use assets	**1c**		
d	**Total** (add lines 1a, 1b, and 1c)	**1d**		
e	**Discount** claimed for blockage or other factors *(explain in detail in* ***Part VI****)*:			
2	Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3	Subtract line 2 from line 1d.	**3**		
4	Cash deemed held for exempt use. Enter 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 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D—Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4	Amounts paid to acquire exempt-use assets	**4**	
5	Qualified set-aside amounts (prior IRS approval required—*provide details in* ***Part VI***)	**5**	
6	**Total annual distributions.** Add lines 1 through 5.	**6**	
7	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions.	**7**	
8	Distributable amount for 2025 from Section C, line 6	**8**	
9	Line 7 amount divided by line 8 amount	**9**	

Section E—Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2025**	**(iii) Distributable Amount for 2025**
1	Distributable amount for 2025 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2025 (reasonable cause required—*explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2025			
a	From 2020			
b	From 2021			
c	From 2022			
d	From 2023			
e	From 2024			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2025 distributable amount			
i	Carryover from 2020 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2025 from Section D, line 6: $			
a	Applied to underdistributions of prior years			
b	Applied to 2025 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* ***Part VI***. See instructions.			
6	Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI***. See instructions.			
7	**Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2021 . . .			
b	Excess from 2022 . . .			
c	Excess from 2023 . . .			
d	Excess from 2024 . . .			
e	Excess from 2025 . . .			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (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	Employer identification number
LOWCOUNTRY FOOD BANK INC	57-0751835

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	☑ 501(c)(3) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

Part I **Contributors** (see instructions). Use duplicate 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		$ 7,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3		$ 30,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6		$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		$ 70,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
8		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
9		$ 5,950	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
10		$ 15,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
11		$ 5,155	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
12		$ 31,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		$ 5,040	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
14		$ 9,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
15		$ 10,309	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
16		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
17		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
18		$ 7,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		$ 5,400	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
20		$ 8,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
21		$ 5,155	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
22		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
23		$ 10,100	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
24		$ 11,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		$ 9,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
26		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
27		$ 100,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
28		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
29		$ 11,287	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
30		$ 5,050	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		$ 20,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
32		$ 12,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
33		$ 20,365	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
34		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
35		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
36		$ 8,093	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		$ 61,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
38		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
39		$ 100,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
40		$ 7,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
41		$ 35,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
42		$ 14,031	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		$ 11,250	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
44		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
45		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
46		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
47		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
48		$ 40,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
50		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
51		$ 75,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
52		$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
53		$ 49,800	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
54		$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		$ 19,227	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
56		$ 21,141	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
57		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
58		$ 6,522	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
59		$ 6,522	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
60		$ 13,015	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		$ 9,260	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
62		$ 135,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
63		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
64		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
65		$ 5,036	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
66		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		$ 109,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
68		$ 25,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
69		$ 10,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
70		$ 10,309	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
71		$ 9,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
72		$ 15,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
74		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
75		$ 150,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
76		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
77		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
78		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
80		$ 13,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
81		$ 6,400	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
82		$ 30,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
83		$ 13,750	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
84		$ 5,155	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
86		$ 100,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
87		$ 9,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
88		$ 8,400	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
89		$ 5,045	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
90		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		$ 20,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
92		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
93		$ 13,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
94		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
95		$ 15,465	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
96		$ 8,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
98		$ 6,060	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
99		$ 8,366	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
100		$ 7,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
101		$ 69,750	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
102		$ 11,128	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103		$ 7,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
104		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
105		$ 25,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
106		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
107		$ 40,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
108		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109		$ 32,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
110		$ 10,309	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
111		$ 20,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
112		$ 8,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
113		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
114		$ 5,155	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115		$ 13,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
116		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
117		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
118		$ 16,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
119		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
120		$ 5,077	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121		$ 15,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
122		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
123		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
124		$ 6,701	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
125		$ 100,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
126		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
128		$ 50,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
129		$ 10,309	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
130		$ 25,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
131		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
132		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133		$ 6,470	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
134		$ 10,050	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
135		$ 7,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
136		$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
137		$ 5,600	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
138		$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139		$ 20,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
140		$ 8,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
141		$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
142		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
143		$ 5,155	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
144		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145		$ 5,155	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
146		$ 8,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
147		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
148		$ 5,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
149		$ 10,155	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
150		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151		$ 25,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
152		$ 20,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
153		$ 50,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
154		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
155		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
156		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
157		$ 8,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
158		$ 7,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
159		$ 35,155	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
160		$ 18,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
161		$ 6,805	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
162		$ 8,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
163		$ 10,309	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
164		$ 5,155	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
165		$ 28,170	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
166		$ 7,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
167		$ 5,227	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
168		$ 7,732	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
169		$ 13,250	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
170		$ 6,345	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
171		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
172		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
173		$ 7,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
174		$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
175		$ 12,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
176		$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
177		$ 7,600	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
178		$ 14,015	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
179		$ 25,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
180		$ 25,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
181		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
182		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
183		$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
184		$ 7,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
185		$ 10,300	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
186		$ 38,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
187		$ 30,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
188		$ 20,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
189		$ 50,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
190		$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
191		$ 20,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
192		$ 36,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
193		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
194		$ 5,155	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
195		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
196		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
197		$ 25,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
198		$ 11,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
199		$ 25,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
200		$ 24,375	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
201		$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
202		$ 5,820	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
203		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
204		$ 8,763	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
205		$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
206		$ 5,062	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
207		$ 669,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
208		$ 25,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
209		$ 7,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
210		$ 7,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
211		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
212		$ 7,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
213		$ 5,155	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
214		$ 15,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
215		$ 50,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
216		$ 8,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
217		$ 10,309	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
218		$ 5,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
219		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
220		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
221		$ 40,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
222		$ 165,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223		$ 6,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
224		$ 12,371	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
225		$ 50,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
226		$ 5,155	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
227		$ 135,019	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
228		$ 25,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
229		$ 8,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
230		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
231		$ 7,217	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
232		$ 7,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
233		$ 12,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
234		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: LOWCOUNTRY FOOD BANK INC

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
235		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
236		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
237		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
238		$ 5,868	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
239		$ 5,060	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
240		$ 9,986	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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Employer identification number: 57-0751835

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
241		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
242		$ 14,329	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
243		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
244		$ 7,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
245		$ 6,126	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
246		$ 9,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
247		$ 30,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
248		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
249		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
250		$ 14,797	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
251		$ 95,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
252		$ 15,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
253		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
254		$ 25,773	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
255		$ 25,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
256		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
257		$ 24,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
258		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: LOWCOUNTRY FOOD BANK INC

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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		$ 15,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
260		$ 120,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
261		$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
262		$ 21,600	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
263		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
264		$ 5,155	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: LOWCOUNTRY FOOD BANK INC

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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		$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
266		$ 61,704	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
267		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
268		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
269		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
270		$ 25,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
271		$ 12,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
272		$ 7,042	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
273		$ 5,131	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
274		$ 60,856	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
275		$ 15,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
276		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
277		$ 35,607	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
278		$ 10,309	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
279		$ 14,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
280		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
281		$ 10,800	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
282		$ 8,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
283		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
284		$ 25,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
285		$ 20,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
286		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
287		$ 20,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
288		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
289		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
290		$ 30,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
291		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
292		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
293		$ 30,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
294		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
295		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
296		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
297		$ 28,640	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
298		$ 25,541	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
299		$ 25,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
300		$ 25,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
301		$ 25,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
302		$ 22,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
303		$ 20,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
304		$ 20,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
305		$ 15,816	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
306		$ 5,062	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
307		$ 15,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
308		$ 11,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
309		$ 11,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
310		$ 10,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
311		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
312		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: LOWCOUNTRY FOOD BANK INC

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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		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
314		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
315		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
316		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
317		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
318		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
319		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
320		$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
321		$ 6,045	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
322		$ 6,031	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
323		$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
324		$ 5,928	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: LOWCOUNTRY FOOD BANK INC

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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		$ 5,258	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
326		$ 5,155	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
327		$ 5,155	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
328		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
329		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
330		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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Employer identification number: 57-0751835

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
331		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
332		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
333		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
334		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
335		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
336		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
337		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
338		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
339		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
340		$ 98,220	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
341		$ 80,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
342		$ 53,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
343		$ 48,178	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
344		$ 20,788	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
345		$ 18,076	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
346		$ 31,739	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
347		$ 25,454	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
348		$ 33,840	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
349		$ 24,080	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
350		$ 22,137	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
351		$ 56,392	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
352		$ 27,064	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
353		$ 55,845	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
354		$ 27,449	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
355		$ 13,224	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
356		$ 9,221	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
357		$ 27,580	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
358		$ 62,095	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
359		$ 265,369	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
360		$ 200,193	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
361		$ 374,827	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
362		$ 541,686	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
363		$ 11,895	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
364		$ 175,147	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
365		$ 464,518	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
366		$ 18,567	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
367		$ 9,965,163	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
368		$ 23,216	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
369		$ 227,147	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
370		$ 56,884	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
371		$ 19,224	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
372		$ 15,553	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

Name of organization: LOWCOUNTRY FOOD BANK INC

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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		$ 505,352	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
374		$ 11,102,979	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
375		$ 138,305	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
376		$ 77,286	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
377		$ 80,017	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
378		$ 125,138	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
379		$ 147,871	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
380		$ 112,989	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
381		$ 130,717	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
382		$ 175,768	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
383		$ 125,532	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
384		$ 35,988	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
385		$ 63,529	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
386		$ 145,763	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
387		$ 158,582	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
388		$ 132,569	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
389		$ 188,124	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
390		$ 190,408	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
391		$ 91,090	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
392		$ 83,497	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
393		$ 149,482	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
394		$ 158,806	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
395		$ 97,898	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
396		$ 86,614	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
397		$ 56,710	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
398		$ 87,302	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
399		$ 73,237	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
400		$ 239,685	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
401		$ 171,102	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
402		$ 98,654	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
403		$ 203,774	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
404		$ 156,493	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
405		$ 154,546	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
406		$ 148,235	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
407		$ 210,798	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
408		$ 146,334	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
409		$ 163,642	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
410		$ 172,564	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
411		$ 100,927	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
412		$ 71,133	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
413		$ 97,813	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
414		$ 58,551	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
415		$ 220,634	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
416		$ 111,051	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
417		$ 59,938	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
418		$ 129,197	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
419		$ 101,191	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
420		$ 276,573	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
421		$ 142,248	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
422		$ 145,785	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
423		$ 160,546	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
424		$ 109,883	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
425		$ 120,360	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
426		$ 103,297	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
427		$ 129,310	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
428		$ 174,474	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
429		$ 182,925	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
430		$ 155,724	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
431		$ 118,526	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
432		$ 230,523	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
433		$ 95,447	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
434		$ 87,661	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
435		$ 69,172	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
436		$ 66,306	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
437		$ 33,316	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
438		$ 296,658	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
439		$ 71,607	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
440		$ 47,962	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
441		$ 14,600	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
442		$ 12,551	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
443		$ 9,204	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
444		$ 378,232	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
445		$ 20,435	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
446		$ 1,227,717	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
447		$ 87,943	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
448		$ 108,362	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
449		$ 66,843	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
450		$ 45,324	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
451		$ 55,591	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
452		$ 47,767	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
453		$ 32,023	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
454		$ 51,788	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
455		$ 64,742	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
456		$ 18,898	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
457		$ 49,425	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
458		$ 80,770	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
459		$ 33,914	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
460		$ 75,896	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
461		$ 116,271	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
462		$ 33,059	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
463		$ 18,038	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
464		$ 54,504	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
465		$ 52,908	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
466		$ 22,467	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
467		$ 17,356	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
468		$ 70,125	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
469		$ 102,602	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
470		$ 37,978	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
471		$ 83,968	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
472		$ 55,598	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
473		$ 136,873	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
474		$ 122,586	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
475		$ 113,485	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
476		$ 22,681	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
477		$ 154,001	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
478		$ 33,505	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
479		$ 15,876	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
480		$ 87,925	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
481		$ 5,207	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
482		$ 46,872	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
483		$ 66,050	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
484		$ 121,953	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
485		$ 103,939	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
486		$ 98,875	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
487		$ 125,199	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
488		$ 185,478	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
489		$ 153,254	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
490		$ 1,040,342	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
491		$ 64,600	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
492		$ 703,283	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
493		$ 33,072	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
494		$ 70,990	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
495		$ 51,896	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
496		$ 76,000	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
497		$ 70,155	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
498		$ 9,539	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
499		$ 687,985	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
500		$ 65,305	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
501		$ 711,617	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
502		$ 6,694	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
503		$ 3,322,704	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
504		$ 2,090,401	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
505		$ 273,027	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
506		$ 218,129	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
507		$ 183,687	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
508		$ 258,090	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
509		$ 156,240	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
510		$ 142,358	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

Name of organization: LOWCOUNTRY FOOD BANK INC

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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
511		$ 249,695	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
512		$ 162,602	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
513		$ 196,010	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
514		$ 171,382	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
515		$ 178,580	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
516		$ 176,831	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
517		$ 150,932	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
518		$ 214,491	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
519		$ 145,530	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
520		$ 23,693	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
521		$ 21,221	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
522		$ 18,680	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
523		$ 16,241	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
524		$ 12,068	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
525		$ 11,044	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
526		$ 26,455	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
527		$ 19,923	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
528		$ 14,194	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
529		$ 22,893	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
530		$ 24,647	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
531		$ 18,016	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
532		$ 12,762	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
533		$ 32,844	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
534		$ 14,925	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
535		$ 48,862	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
536		$ 165,480	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
537		$ 95,486	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
538		$ 130,552	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
539		$ 78,800	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
540		$ 12,580	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
541		$ 29,682	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
542		$ 15,490	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
543		$ 19,574	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
544		$ 15,575	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
545		$ 10,250	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
546		$ 14,017	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
547		$ 36,348	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
548		$ 49,993	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
549		$ 8,940	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
550		$ 5,264	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
551		$ 25,192	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
552		$ 11,430	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
553		$ 22,495	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
554		$ 20,839	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
555		$ 15,880	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
556		$ 39,367	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
557		$ 14,056	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
558		$ 22,296	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
559		$ 29,292	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
560		$ 6,643	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
561		$ 18,699	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
562		$ 13,522	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
563		$ 17,675	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
564		$ 11,741	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
565		$ 6,548	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
566		$ 8,518	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
567		$ 35,354	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
568		$ 20,510	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
569		$ 18,067	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
570		$ 14,395	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
571		$ 21,611	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
572		$ 7,041	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
573		$ 9,903	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
574		$ 8,128	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
575		$ 23,140	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
576		$ 16,511	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
577		$ 20,141	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
578		$ 7,204	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
579		$ 17,815	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
580		$ 26,692	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
581		$ 20,001	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
582		$ 8,816	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
583		$ 24,871	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
584		$ 13,853	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
585		$ 8,668	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
586		$ 7,874	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
587		$ 31,425	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: LOWCOUNTRY FOOD BANK INC

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
343	GOODS	$ 48,178	12/31/2025
344	GOODS	$ 20,788	12/31/2025
345	GOODS	$ 18,076	12/31/2025
346	GOODS	$ 31,739	12/31/2025
347	GOODS	$ 25,454	12/31/2025
348	GOODS	$ 33,840	12/31/2025

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
349	GOODS	$ 24,080	12/31/2025
350	GOODS	$ 22,137	12/31/2025
351	GOODS	$ 56,392	12/31/2025
352	GOODS	$ 27,064	12/31/2025
353	GOODS	$ 55,845	12/31/2025
354	GOODS	$ 27,449	12/31/2025

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
355	GOODS	$ 13,224	12/31/2025
356	GOODS	$ 9,221	12/31/2025
357	GOODS	$ 27,580	12/31/2025
358	GOODS	$ 62,095	12/31/2025
359	GOODS	$ 265,369	12/31/2025
360	GOODS	$ 200,193	12/31/2025

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Employer identification number: 57-0751835

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
361	GOODS	$ 374,827	12/31/2025
362	GOODS	$ 541,686	12/31/2025
363	GOODS	$ 11,895	12/31/2025
364	GOODS	$ 175,147	12/31/2025
365	GOODS	$ 464,518	12/31/2025
366	GOODS	$ 18,567	12/31/2025

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
367	GOODS	$ 9,965,163	12/31/2025
368	GOODS	$ 23,216	12/31/2025
369	GOODS	$ 227,147	12/31/2025
370	GOODS	$ 56,884	12/31/2025
371	GOODS	$ 19,224	12/31/2025
372	GOODS	$ 15,553	12/31/2025

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
373	GOODS	$ 505,352	12/31/2025
374	GOODS	$ 11,102,979	12/31/2025
375	GOODS	$ 138,305	12/31/2025
376	GOODS	$ 77,286	12/31/2025
377	GOODS	$ 80,017	12/31/2025
378	GOODS	$ 125,138	12/31/2025

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
379	GOODS	$ 147,871	12/31/2025
380	GOODS	$ 112,989	12/31/2025
381	GOODS	$ 130,717	12/31/2025
382	GOODS	$ 175,768	12/31/2025
383	GOODS	$ 125,532	12/31/2025
384	GOODS	$ 35,988	12/31/2025

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Employer identification number: 57-0751835

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
385	GOODS	$ 63,529	12/31/2025
386	GOODS	$ 145,763	12/31/2025
387	GOODS	$ 158,582	12/31/2025
388	GOODS	$ 132,569	12/31/2025
389	GOODS	$ 188,124	12/31/2025
390	GOODS	$ 190,408	12/31/2025

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Employer identification number: 57-0751835

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
391	GOODS	$ 91,090	12/31/2025
392	GOODS	$ 83,497	12/31/2025
393	GOODS	$ 149,482	12/31/2025
394	GOODS	$ 158,806	12/31/2025
395	GOODS	$ 97,898	12/31/2025
396	GOODS	$ 86,614	12/31/2025

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
397	GOODS	$ 56,710	12/31/2025
398	GOODS	$ 87,302	12/31/2025
399	GOODS	$ 73,237	12/31/2025
400	GOODS	$ 239,685	12/31/2025
401	GOODS	$ 171,102	12/31/2025
402	GOODS	$ 98,654	12/31/2025

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
403	GOODS	$ 203,774	12/31/2025
404	GOODS	$ 156,493	12/31/2025
405	GOODS	$ 154,546	12/31/2025
406	GOODS	$ 148,235	12/31/2025
407	GOODS	$ 210,798	12/31/2025
408	GOODS	$ 146,334	12/31/2025

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
409	GOODS	$ 163,642	12/31/2025
410	GOODS	$ 172,564	12/31/2025
411	GOODS	$ 100,927	12/31/2025
412	GOODS	$ 71,133	12/31/2025
413	GOODS	$ 97,813	12/31/2025
414	GOODS	$ 58,551	12/31/2025

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
415	GOODS	$ 220,634	12/31/2025
416	GOODS	$ 111,051	12/31/2025
417	GOODS	$ 59,938	12/31/2025
418	GOODS	$ 129,197	12/31/2025
419	GOODS	$ 101,191	12/31/2025
420	GOODS	$ 276,573	12/31/2025

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
421	GOODS	$ 142,248	12/31/2025
422	GOODS	$ 145,785	12/31/2025
423	GOODS	$ 160,546	12/31/2025
424	GOODS	$ 109,883	12/31/2025
425	GOODS	$ 120,360	12/31/2025
426	GOODS	$ 103,297	12/31/2025

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
427	GOODS	$ 129,310	12/31/2025
428	GOODS	$ 174,474	12/31/2025
429	GOODS	$ 182,925	12/31/2025
430	GOODS	$ 155,724	12/31/2025
431	GOODS	$ 118,526	12/31/2025
432	GOODS	$ 230,523	12/31/2025

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
433	GOODS	$ 95,447	12/31/2025
434	GOODS	$ 87,661	12/31/2025
435	GOODS	$ 69,172	12/31/2025
436	GOODS	$ 66,306	12/31/2025
437	GOODS	$ 33,316	12/31/2025
438	GOODS	$ 296,658	12/31/2025

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
439	GOODS	$ 71,607	12/31/2025
440	GOODS	$ 47,962	12/31/2025
441	GOODS	$ 14,600	12/31/2025
442	GOODS	$ 12,551	12/31/2025
443	GOODS	$ 9,204	12/31/2025
444	GOODS	$ 378,232	12/31/2025

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
445	GOODS	$ 20,435	12/31/2025
446	GOODS	$ 1,227,717	12/31/2025
447	GOODS	$ 87,943	12/31/2025
448	GOODS	$ 108,362	12/31/2025
449	GOODS	$ 66,843	12/31/2025
450	GOODS	$ 45,324	12/31/2025

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
451	GOODS	$ 55,591	12/31/2025
452	GOODS	$ 47,767	12/31/2025
453	GOODS	$ 32,023	12/31/2025
454	GOODS	$ 51,788	12/31/2025
455	GOODS	$ 64,742	12/31/2025
456	GOODS	$ 18,898	12/31/2025

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
457	GOODS	$ 49,425	12/31/2025
458	GOODS	$ 80,770	12/31/2025
459	GOODS	$ 33,914	12/31/2025
460	GOODS	$ 75,896	12/31/2025
461	GOODS	$ 116,271	12/31/2025
462	GOODS	$ 33,059	12/31/2025

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
463	GOODS	$ 18,038	12/31/2025
464	GOODS	$ 54,504	12/31/2025
465	GOODS	$ 52,908	12/31/2025
466	GOODS	$ 22,467	12/31/2025
467	GOODS	$ 17,356	12/31/2025
468	GOODS	$ 70,125	12/31/2025

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
469	GOODS	$ 102,602	12/31/2025
470	GOODS	$ 37,978	12/31/2025
471	GOODS	$ 83,968	12/31/2025
472	GOODS	$ 55,598	12/31/2025
473	GOODS	$ 136,873	12/31/2025
474	GOODS	$ 122,586	12/31/2025

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
475	GOODS	$ 113,485	12/31/2025
476	GOODS	$ 22,681	12/31/2025
477	GOODS	$ 154,001	12/31/2025
478	GOODS	$ 33,505	12/31/2025
479	GOODS	$ 15,876	12/31/2025
480	GOODS	$ 87,925	12/31/2025

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
481	GOODS	$ 5,207	12/31/2025
482	GOODS	$ 46,872	12/31/2025
483	GOODS	$ 66,050	12/31/2025
484	GOODS	$ 121,953	12/31/2025
485	GOODS	$ 103,939	12/31/2025
486	GOODS	$ 98,875	12/31/2025

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
487	GOODS	$ 125,199	12/31/2025
488	GOODS	$ 185,478	12/31/2025
489	GOODS	$ 153,254	12/31/2025
490	GOODS	$ 1,040,342	12/31/2025
491	GOODS	$ 64,600	12/31/2025
492	GOODS	$ 703,283	12/31/2025

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
493	GOODS	$ 33,072	12/31/2025
494	GOODS	$ 70,990	12/31/2025
495	GOODS	$ 51,896	12/31/2025
496	GOODS	$ 76,000	12/31/2025
497	GOODS	$ 70,155	12/31/2025
498	GOODS	$ 9,539	12/31/2025

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
499	GOODS	$ 687,985	12/31/2025
500	GOODS	$ 65,305	12/31/2025
501	GOODS	$ 711,617	12/31/2025
502	GOODS	$ 6,694	12/31/2025
503	GOODS	$ 3,322,704	12/31/2025
504	GOODS	$ 2,090,401	12/31/2025

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
505	GOODS	$ 273,027	12/31/2025
506	GOODS	$ 218,129	12/31/2025
507	GOODS	$ 183,687	12/31/2025
508	GOODS	$ 258,090	12/31/2025
509	GOODS	$ 156,240	12/31/2025
510	GOODS	$ 142,358	12/31/2025

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
511	GOODS	$ 249,695	12/31/2025
512	GOODS	$ 162,602	12/31/2025
513	GOODS	$ 196,010	12/31/2025
514	GOODS	$ 171,382	12/31/2025
515	GOODS	$ 178,580	12/31/2025
516	GOODS	$ 176,831	12/31/2025

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
517	GOODS	$ 150,932	12/31/2025
518	GOODS	$ 214,491	12/31/2025
519	GOODS	$ 145,530	12/31/2025
520	GOODS	$ 23,693	12/31/2025
521	GOODS	$ 21,221	12/31/2025
522	GOODS	$ 18,680	12/31/2025

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
523	GOODS	$ 16,241	12/31/2025
524	GOODS	$ 12,068	12/31/2025
525	GOODS	$ 11,044	12/31/2025
526	GOODS	$ 26,455	12/31/2025
527	GOODS	$ 19,923	12/31/2025
528	GOODS	$ 14,194	12/31/2025

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
529	GOODS	$ 22,893	12/31/2025
530	GOODS	$ 24,647	12/31/2025
531	GOODS	$ 18,016	12/31/2025
532	GOODS	$ 12,762	12/31/2025
533	GOODS	$ 32,844	12/31/2025
534	GOODS	$ 14,925	12/31/2025

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
535	GOODS	$ 48,862	12/31/2025
536	GOODS	$ 165,480	12/31/2025
537	GOODS	$ 95,486	12/31/2025
538	GOODS	$ 130,552	12/31/2025
539	GOODS	$ 78,800	12/31/2025
540	GOODS	$ 12,580	12/31/2025

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
541	GOODS	$ 29,682	12/31/2025
542	GOODS	$ 15,490	12/31/2025
543	GOODS	$ 19,574	12/31/2025
544	GOODS	$ 15,575	12/31/2025
545	GOODS	$ 10,250	12/31/2025
546	GOODS	$ 14,017	12/31/2025

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
547	GOODS	$ 36,348	12/31/2025
548	GOODS	$ 49,993	12/31/2025
549	GOODS	$ 8,940	12/31/2025
550	GOODS	$ 5,264	12/31/2025
551	GOODS	$ 25,192	12/31/2025
552	GOODS	$ 11,430	12/31/2025

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
553	GOODS	$ 22,495	12/31/2025
554	GOODS	$ 20,839	12/31/2025
555	GOODS	$ 15,880	12/31/2025
556	GOODS	$ 39,367	12/31/2025
557	GOODS	$ 14,056	12/31/2025
558	GOODS	$ 22,296	12/31/2025

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
559	GOODS	$ 29,292	12/31/2025
560	GOODS	$ 6,643	12/31/2025
561	GOODS	$ 18,699	12/31/2025
562	GOODS	$ 13,522	12/31/2025
563	GOODS	$ 17,675	12/31/2025
564	GOODS	$ 11,741	12/31/2025

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
565	GOODS	$ 6,548	12/31/2025
566	GOODS	$ 8,518	12/31/2025
567	GOODS	$ 35,354	12/31/2025
568	GOODS	$ 20,510	12/31/2025
569	GOODS	$ 18,067	12/31/2025
570	GOODS	$ 14,395	12/31/2025

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
571	GOODS	$ 21,611	12/31/2025
572	GOODS	$ 7,041	12/31/2025
573	GOODS	$ 9,903	12/31/2025
574	GOODS	$ 8,128	12/31/2025
575	GOODS	$ 23,140	12/31/2025
576	GOODS	$ 16,511	12/31/2025

Name of organization: LOWCOUNTRY FOOD BANK INC

Employer identification number: 57-0751835

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
577	GOODS	$ 20,141	12/31/2025
578	GOODS	$ 7,204	12/31/2025
579	GOODS	$ 17,815	12/31/2025
580	GOODS	$ 26,692	12/31/2025
581	GOODS	$ 20,001	12/31/2025
582	GOODS	$ 8,816	12/31/2025

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
583	GOODS	$ 24,871	12/31/2025
584	GOODS	$ 13,853	12/31/2025
585	GOODS	$ 8,668	12/31/2025
586	GOODS	$ 7,874	12/31/2025
587	HVAC SYSTEM	$ 31,425	12/31/2025
		$	

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)
(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

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (for example, recreation or education)
- ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 $

(ii) Assets included in Form 990, Part X $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

a Revenue included on Form 990, Part VIII, line 1 $

b Assets included in Form 990, Part X $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange program
- e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	2,396,758	1,781,976	1,193,421	1,110,926	0
b Contributions	727,273	459,598	477,457	242,046	1,111,757
c Net investment earnings, gains, and losses	327,052	231,608	162,648	(136,916)	27,447
d Grants or scholarships	53,000	38,006	30,000	8,547	0
e Other expenditures for facilities and programs	14,950	16,187	4,746	3,039	23,224
f Administrative expenses	27,319	22,231	16,804	11,049	5,054
g End of year balance	3,355,814	2,396,758	1,781,976	1,193,421	1,110,926

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

- a Board designated or quasi-endowment 94.00 %
- b Permanent endowment 0.00 %
- c Term endowment 6.00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations? 3a(i)		✔
(ii) Related organizations? 3a(ii)	✔	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b	✔	

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

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,570,000		1,570,000
b Buildings		4,102,132	2,447,279	1,654,853
c Leasehold improvements		2,209,977	1,318,444	891,533
d Equipment		7,212,435	4,302,845	2,909,590
e Other		119,737	66,106	53,631
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				7,079,607

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	6,007,958
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	6,007,958

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	90,840,991
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	(118,406)		
b	Donated services and use of facilities	2b	33,832		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	119,565		
e	Add lines **2a** through **2d**			2e	34,991
3	Subtract line **2e** from line **1**			3	90,806,000
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	33,088		
b	Other (Describe in Part XIII.)	4b	0		
c	Add lines **4a** and **4b**			4c	33,088
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	90,839,088

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	88,375,480
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	119,565		
e	Add lines **2a** through **2d**			2e	119,565
3	Subtract line **2e** from line **1**			3	88,255,915
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	0		
c	Add lines **4a** and **4b**			4c	0
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	88,255,915

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.

SEE STATEMENT

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 — 85,287 LOSSES ON SALES AND DISPOSALS — 34,278
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 — 85,287 LOSSES ON SALES AND DISPOSALS — 34,278

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
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	THE ENDOWMENT FUNDS ARE HELD BY A RELATED ORGANIZATION, LOWCOUNTRY FOOD BANK ENDOWMENT FUND, AND ARE USED TO SUPPORT LOWCOUNTRY FOOD BANK INC. ALL OF ITS ASSETS ARE TREATED IN A MANNER CONSISTENT AS A QUASI-ENDOWMENT.
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	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, 2025.

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? Yes	(iii) No	(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
1	TRUESENSE, 502 KEYSTONE DR, WARRENDALE, PA 15086	DIRECT MAIL CAMPAIGN		✔	1,808,976	435,111	1,373,865
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total					1,808,976	435,111	1,373,865

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.

SC

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 CHEF'S FEAST (event type)	(b) Event #2 WALK TO FIGHT HUNGER (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	394,393	198,926		593,319
	2 Less: Contributions	354,043	198,676		552,719
	3 Gross income (line 1 minus line 2)	40,350	250	0	40,600
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes				0
	6 Rent/facility costs	16,139	320		16,459
	7 Food and beverages	9,646			9,646
	8 Entertainment				0
	9 Other direct expenses	54,512	4,670		59,182
	10 Direct expense summary. Add lines 4 through 9 in column (d)				85,287
	11 Net income summary. Subtract line 10 from line 3, column (d)				(44,687)

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	☐ Yes ☐ No %	☐ Yes ☐ No %	☐ Yes ☐ No %	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

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

b If "No," explain:

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

b If "Yes," explain:

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

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

Name _____

Address _____

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

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

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

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation $ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year . . . . . $

Part IV Supplemental Information.

Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE 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) (SEE STATEMENT)	86-2546808	501(C)(3)		56,039	FMV	FOOD	(SEE STATEMENT)
(2) ACTIVATE CHURCH 705 OLD TROLLEY RD, SUMMERVILLE, SC 29485	31-1813333	501(C)(3)		15,443	FMV	FOOD	(SEE STATEMENT)
(3) AGAPE FAMILY LIFE CENTER 5855 S. OKATIE HWY, HARDEEVILLE, SC 29927	57-1106874	501(C)(3)		112,254	FMV	FOOD	(SEE STATEMENT)
(4) ALLEN AME CHURCH (EDISTO) 8060 BOTANY BAY RD., EDISTO ISLAND, SC 29438	53-0204696	501(C)(3)		172,506	FMV	FOOD	(SEE STATEMENT)
(5) ANSONBOROUGH HOUSE 71 SOCIETY STREET, CHARLESTON, SC 29401	57-0729489	501(C)(3)		8,735	FMV	FOOD	(SEE STATEMENT)
(6) ASHLEYVILLE MARYVILLE FOOD MINISTRY 1057 5TH AVE, CHARLESTON, SC 29407	53-0204696	501(C)(3)		116,511	FMV	FOOD	(SEE STATEMENT)
(7) BERKELEY CHURCH OF CHRIST 1483 HWY 52 SOUTH, MONCKS CORNER, SC 29461	N/A	501(C)(3)		109,842	FMV	FOOD	(SEE STATEMENT)
(8) BETHEL AME CHURCH (RIDGEVILLE) 165 SOUTH RAILROAD AVE, RIDGEVILLE, SC 29472	53-0204696	501(C)(3)		211,214	FMV	FOOD	(SEE STATEMENT)
(9) BETHEL AME RAVENEL 4595 SAVANNAH HWY., RAVENEL, SC 29470	53-0204696	501(C)(3)		6,428	FMV	FOOD	(SEE STATEMENT)
(10) BETHEL OUTREACH MINISTRIES 5585 MEMORIAL BLVD., ST. GEORGE, SC 29477	53-0204696	501(C)(3)		526,019	FMV	FOOD	(SEE STATEMENT)
(11) BETHEL UNITED METHODIST CHURCH 57 PITT STREET, CHARLESTON, SC 29401	31-1813333	501(C)(3)		313,234	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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1						
2						
3						
4						
5						
6						
7						

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

(SEE STATEMENT)

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) BETHEL ZION CHURCH 935 GREEN SEA ROAD, GREEN SEA, SC 29545	N/A	501(C)(3)		8,419	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(13) BLESSED HANDS FOOD PANTRY 931 OLD BACK RIVER ROAD, GOOSE CREEK, SC 29445	80-0753053	501(C)(3)		439,288	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(14) BLUFFTON SELF HELP 39 SHERIDAN PARK CIRCLE, UNIT #10, BLUFFTON, SC 29910	57-0862658	501(C)(3)		155,625	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(15) BUCK CREEK BAPTIST CHURCH 11483 HWY 905 N, LONGS, SC 29568	57-0360087	501(C)(3)		237,194	FMV	FOOD AND EQUIPMENT	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS; EQUIPMENT FOR THE DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(16) CANAAN MISSIONARY BAPTIST 908 TRASK PARKWAY, SHELDON, SC 29941	57-0863423	501(C)(3)		83,227	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(17) CAP- REHOBOTH CHURCH 2775 BARNHILL RD, GALIVANTS FERRY, SC 29544	57-0865901	501(C)(3)		71,954	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(18) CARING & SHARING 128 WEST GEORGE STREET, HEMINGWAY, SC 29554	58-2317638	501(C)(3)		195,184	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(19) CATHEDRAL IMPACT CENTER 3626 ASHLEY PHOSPHATE RD., NORTH CHARLESTON, SC 29418	57-0875016	501(C)(3)		567,405	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(20) CATHEDRAL IMPACT CENTER #2 3790 ASHLEY PHOSPHATE ROAD, NORTH CHARLESTON, SC 29418	57-0875016	501(C)(3)		255,414	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(21) CATHOLIC CHARITIES - GEORGETOWN 2294 TECHNOLOGY BLVD., CONWAY, SC 29526	57-0314369	501(C)(3)		27,424	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(22) CATHOLIC CHARITIES - WILLIAMSBURG 2294 TECHNOLOGY BLVD, CONWAY, SC 29526	57-0314369	501(C)(3)		24,273	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(23) CATHOLIC CHARITIES OF THE PEE DEE 2294 TECHNOLOGY BLVD, CONWAY, SC 29526	57-0314369	501(C)(3)		299,491	FMV	FOOD AND EQUIPMENT	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS; EQUIPMENT FOR THE DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(24) CEDAR GROVE MISSIONARY BAPTIST 2384 US HWY 521, ANDREWS, SC 29510	54-2110052	501(C)(3)		221,271	FMV	FOOD AND EQUIPMENT	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS; EQUIPMENT FOR THE DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(25) CHARITY INSPIRATIONAL CHURCH 31 DONALDSON DRIVE, BEAUFORT, SC 29906	57-0964485	501(C)(3)		22,087	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(26) CHARLESTON AREA SENIOR CITIZENS 259 MEETING STREET, CHARLESTON, SC 29401	57-6030048	501(C)(3)		22,987	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) CHARLESTON HISPANIC ASSOCIATION 2176 SAVANNAH HWY #109, CHARLESTON, SC 29414	84-4261079	501(C)(3)		1,130,890	FMV	FOOD AND EQUIPMENT	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS; EQUIPMENT FOR THE DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(28) CHARLESTON JEWISH FEDERATION 176 CROGHAN SPUR RD, SUITE 100, CHARLESTON, SC 29407	57-6000188	501(C)(3)		157,128	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(29) CHARLESTON RECOVERY CENTER GROUP HOME 1903 CLUBHOUSE RD, RAVENEL, SC 29470	26-4420743	501(C)(3)		367,629	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(30) CHERRY HILL MISSIONARY BAPTIST CHURCH 421 SMITH STREET, CONWAY, SC 29526	57-0807394	501(C)(3)		1,389,421	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(31) CHESTERFIELD MISSIONARY BAPTIST CHURCH 8591 HIGHWAY 90, LONGS, SC 29568	57-1022773	501(C)(3)		376,034	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(32) CHRIST TEMPLE OF SUMMERVILLE 1815 OLD TROLLEY ROAD SUITE 104, SUMMERVILLE, SC 29485	57-0950671	501(C)(3)		20,286	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(33) CHRISTIAN MISSION OUTREACH 9714 N KINGS HWY UNIT #132, MYRTLE BEACH, SC 29572	31-1813333	501(C)(3)		102,760	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(34) CHURCH HOUSE OF MINISTRIES 9659 JAMISON ROAD, LADSON, SC 29456	46-2516634	501(C)(3)		95,039	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(35) CHURCH OF JESUS CHRIST/ I AM MINISTRIES 5528 RIVERS AVE, NORTH CHARLESTON, SC 29405	34-2011560	501(C)(3)		6,150	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(36) CHURCH OF THE HOLY COMMUNION 218 ASHLEY AVE., CHARLESTON, SC 29403	32-0295374	501(C)(3)		7,983	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(37) CHURCHES ASSISTING PEOPLE 307 WRIGHT BOULEVARD, CONWAY, SC 29526	57-0865901	501(C)(3)		911,490	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(38) CHURCHES ASSISTING PEOPLE-CEDAR CREEK 9375 STATE RD S-26-266, NICHOLS, SC 29581	57-0865901	501(C)(3)		42,766	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(39) CLOSET OF HOPE 125 ESSEX DRIVE, SUMMERVILLE, SC 29485	84-4388491	501(C)(3)		102,496	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(40) CMD'S PANTRY 2229 SUMTER HWY, KINGSTREE, SC 29556	85-0702401	501(C)(3)		230,156	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(41) COASTAL CATHOLIC CHARITIES 1662 INGRAM RD, CHARLESTON, SC 29407	53-0196617	501(C)(3)		36,912	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(42) COMMUNITY BIBLE CHURCH OF BEAUFORT 638 PARRIS ISLAND GATEWAY, BEAUFORT, SC 29906	57-0747191	501(C)(3)		66,955	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(43) COMMUNITY IMPACT OF NCCOG AT MIDLAND PARK 2429 MIDLAND PARK ROAD, NORTH CHARLESTON, SC 29406	57-0674092	501(C)(3)		458,851	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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(44) COMMUNITY KITCHEN OF MYRTLE BEACH 1411 MR. JOE WHITE AVE., MYRTLE BEACH, SC 29577	57-0965358	501(C)(3)		747,250	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(45) CRC - HOLLYWOOD 5151 TOWN COUNCIL DRIVE, HOLLYWOOD, SC 29449	82-4620148	501(C)(3)		89,294	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(46) CRC - NORTH CHARLESTON 3947 WHIPPER BARONY LANE, NORTH CHARLESTON, SC 29406	82-4620148	501(C)(3)		927,933	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(47) CRC - SUMMERVILLE 116 W 2ND NORTH ST., SUMMERVILLE, SC 29483	82-4620148	501(C)(3)		134,220	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(48) CRC-ADAMS RUN 5495 PARKERS FERRY ROAD, ADAMS RUN, SC 29426	82-4620148	501(C)(3)		89,498	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(49) CRC-EDISTO INDIAN RES. 1125 RIDGE ROAD, RIDGEVILLE, SC 29472	82-4620148	501(C)(3)		143,346	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(50) CRC-ELEM BAPTIST 225 2 CHURCHES ROAD, HARLEYVILLE, SC 29448	82-4620148	501(C)(3)		124,299	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(51) CRC-LOVELY HILL 5905 W JIM BILTON BLVD., ST. GEORGE, SC 29477	82-4620148	501(C)(3)		22,608	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(52) CRC-MYB-SANDY GROVE 1008 CARVER STREET, MYRTLE BEACH, SC 29577	82-4620148	501(C)(3)		98,517	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(53) CRC-ST. JAMES SANTEE ELEMEN. 8900 US HWY 17, MCCLELLANVILLE, SC 29458	82-4620148	501(C)(3)		79,314	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(54) CREATIVE CHURCH FOOD PANTRY 1293 PLANTATION DR., HARDEEVILLE, SC 29927	27-4463475	501(C)(3)		11,908	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(55) CROSS COMMUNITY CHURCH 1025 SEA ISLAND PARKWAY, ST. HELENA ISLAND, SC 29920	32-0490833	501(C)(3)		7,589	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(56) DEER PARK BAPTIST CHURCH 8875 OLD UNIVERSITY BLVD., NORTH CHARLESTON, SC 29406	57-0360087	501(C)(3)		101,247	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(57) DELANCEY STREET SOUTH CAROLINA 2510 N. HOBSON AVE., NORTH CHARLESTON, SC 29405	77-0661828	501(C)(3)		954,306	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(58) DIVINE FAITH MINISTRIES 1735 N GRIMBALL RD, CHARLESTON, SC 29412	14-1973073	501(C)(3)		174,803	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(59) DOGWOOD HILL BAPTIST CHURCH 1040 MT ZION ROAD, LORIS, SC 29569	56-1095397	501(C)(3)		93,717	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(60) DORCHESTER SENIORS INC. 312 NORTH LAUREL STREET, SUMMERVILLE, SC 29483	57-0703785	501(C)(3)		90,306	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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(61) EAST COOPER COMMUNITY OUTREACH 1145 SIX MILE RD., MOUNT PLEASANT, SC 29466	57-0939280	501(C)(3)		921,417	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(62) EBENEZER AME CHURCH 44 NASSAU STREET, CHARLESTON, SC 29403	53-0204696	501(C)(3)		39,572	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(63) EBENEZER AME CHURCH - LINCOLNVILLE 124 EAST PINCKNEY ST, LINCOLNVILLE, SC 29485	53-0204696	501(C)(3)		5,272	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(64) EBENEZER MISSIONARY BAPTIST CHURCH 1207 MARTIN LUTHER KING DR., ANDREWS, SC 29510	57-0735269	501(C)(3)		179,648	FMV	FOOD AND EQUIPMENT	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS; EQUIPMENT FOR THE DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(65) EDGEWOOD BAPTIST CHURCH 138 WILDWOOD DRIVE, WALTERBORO, SC 29488	57-0360087	501(C)(3)		198,006	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(66) EL SHADDAI MISSIONARY BAPTIST 4708 DURANT AVENUE, NORTH CHARLESTON, SC 29405	57-0735269	501(C)(3)		5,066	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(67) FAITH ASSEMBLY MONCKS CORNER 1286 N. HWY 52, MONCKS CORNER, SC 29461	44-0577787	501(C)(3)		217,960	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(68) FAITH ASSEMBLY- REVIVE 1527 REMOUNT RD, NORTH CHARLESTON, SC 29406	44-0577787	501(C)(3)		364,052	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(69) FAITH IN ACTION 2730 GORDON STREET, CHARLESTON, SC 29405	N/A	501(C)(3)		109,419	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(70) FAITH OUTREACH MINISTRIES LATINX BEACH CHURCH 557 GEORGE BISHOP PKWY, MYRTLE BEACH, SC 29579	82-3645227	501(C)(3)		238,653	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(71) FAITH OUTREACH MINISTRIES OF THE GRAND STRAND 8901 HWY 17 BYPASS SOUTH, SURFSIDE BEACH, SC 29575	82-3645227	501(C)(3)		863,044	FMV	FOOD AND EQUIPMENT	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS; EQUIPMENT FOR THE DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(72) FAITH OUTREACH MINISTRIES-CONWAY 1519 MILL POND RD, CONWAY, SC 29527	82-3645227	501(C)(3)		14,554	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(73) FAITH OUTREACH MINISTRIES-FINKLEA 3501 HWY 917, LORIS, SC 29569	82-3645227	501(C)(3)		384,540	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(74) FAITH OUTREACH MINISTRIES-SOCASTEE 4900 SOCASTEE BLVD, MYRTLE BEACH, SC 29588	82-3645227	501(C)(3)		28,756	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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(75) FAITH VICTORY CHURCH 1737 N MAIN STREET, SUMMERVILLE, SC 29483	82-2946031	501(C)(3)		113,315	FMV	FOOD AND EQUIPMENT	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS; EQUIPMENT FOR THE DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(76) FATHER'S CUP COMMUNITY PANTRY 2357 WATERTOWER ROAD, LONGS, SC 29568	57-1095053	501(C)(3)		96,521	FMV	FOOD AND EQUIPMENT	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS; EQUIPMENT FOR THE DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(77) FAVOR MINISTRIES OUTREACH 1116 OLD GILLIARD ROAD, RIDGEVILLE, SC 29472	46-1253975	501(C)(3)		75,121	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(78) FEED BERKELEY 500 S. LIVE OAK DRIVE, MONCKS CORNER, SC 29461	92-1559638	501(C)(3)		280,616	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(79) FEEDING OF THE MULTITUDES 2130 CAINHOY ROAD, SUITE D, HUGER, SC 29450	81-1035485	501(C)(3)		667,203	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(80) FELLOWSHIP FOOD BANK 1639 DUNN SHORTCUT ROAD, CONWAY, SC 29527	26-0177805	501(C)(3)		305,648	FMV	FOOD AND EQUIPMENT	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS; EQUIPMENT FOR THE DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(81) FIRST ESTILL BAPTIST CHURCH 416 LAWTON AVE, ESTILL, SC 29918	57-0808861	501(C)(3)		33,286	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(82) FREE BORN DELIVERANCE TEMPLE 113 BROAD RIVER BLVD., BEAUFORT, SC 29906	20-4169465	501(C)(3)		160,802	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(83) FYREBIRD RECOVERY 4924 HWY 17 BYP S, MYRTLE BEACH, SC 29588	88-2070517	501(C)(3)		34,882	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(84) GATEWAY OPEN ARMS 3537 S LIVE OAK DRIVE, MONCKS CORNER, SC 29461	20-5890840	501(C)(3)		1,663,793	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(85) GETHSEMANE CATHEDRAL OF PRAISE 4937 DURANT AVE, NORTH CHARLESTON, SC 29405	26-0182543	501(C)(3)		57,422	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(86) GRACE IMPACT DEVELOPMENT CENTER 212 COOPER ST, MONCKS CORNER, SC 29461	81-5401824	501(C)(3)		248,367	FMV	FOOD AND EQUIPMENT	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS; EQUIPMENT FOR THE DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(87) GRACE UNITED METHODIST CHURCH 1601 SAM RITTENBERG ROAD, CHARLESTON, SC 29407	N/A	501(C)(3)		62,386	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(88) GRAYS HILL BAPTIST CHURCH 2749 TRASK PKWY, BEAUFORT, SC 29906	57-0360087	501(C)(3)		12,304	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(89) GREAT PRESENT AME 3260 US HWY. 521, ANDREWS, SC 29510	53-0204696	501(C)(3)		231,924	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(90) GREATER BETHEL AME 308 W. MAIN STREET, KINGSTREE, SC 29556	56-2104895	501(C)(3)		61,503	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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(91) GREATER CHERRY GROVE CHURCH 80 CHERRY GROVE ROAD, BRUNSON, SC 29911	N/A	501(C)(3)		49,390	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(92) GREATER GOODWILL AME 2818 HIGHWAY 17 NORTH, MOUNT PLEASANT, SC 29466	53-0204696	501(C)(3)		27,399	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(93) GREATER GORDON CHAPEL A.M.E. CHURCH 4581 OLD RIVER ROAD, MURRELLS INLET, SC 29576	53-0204696	501(C)(3)		204,953	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(94) GREATER MT. ARARAT A.M.E. CHURCH 1105 NESMITH ROAD, NESMITH, SC 29580	53-0204696	501(C)(3)		175,062	FMV	FOOD AND EQUIPMENT	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS; EQUIPMENT FOR THE DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(95) GREATER NEW HOPE A.M.E. 1461 GIVHANS ROAD, RIDGEVILLE, SC 29472	53-0204696	501(C)(3)		217,337	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(96) GREATER SAINT PAUL AME 633 THOMAS KATE ROAD, DORCHESTER, SC 29437	53-0204696	501(C)(3)		77,251	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(97) GREATER ST. MARK AME CHURCH 1297 OLD GEORGETOWN ROAD, HEMINGWAY, SC 29554	53-0204696	501(C)(3)		269,187	FMV	FOOD AND EQUIPMENT	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS; EQUIPMENT FOR THE DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(98) GREATER ST. MARK AME KINGSTREE 300 W MAIN ST, KINGSTREE, SC 29556	53-0204696	501(C)(3)		80,778	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(99) GREEN SEA BAPTIST CHURCH 1241 GREEN SEA ROAD, GREEN SEA, SC 29545	56-1641316	501(C)(3)		70,077	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(100) HAMPTON UNITED METHODIST CHURCH 204 MULBERRY STREET, HAMPTON, SC 29924	N/A	501(C)(3)		174,205	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(101) HEALING AND BLESSING MINISTRIES 2401 DELAWARE AVENUE, NORTH CHARLESTON, SC 29405	93-4020813	501(C)(3)		200,933	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(102) HEALING WATERS - OAK TRUE HOLINESS 548 SEA ISLAND PKWY, ST. HELENA ISLAND, SC 29920	57-1145815	501(C)(3)		61,377	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(103) HEALING WATERS - ST. PAUL BAPTIST 22 SAINT PAULS CHURCH ROAD, BEAUFORT, SC 29906	57-1145815	501(C)(3)		161,049	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(104) HEALING WATERS MISSION AND WELLNESS CENTER 606 LEVY ROAD, HARDEEVILLE, SC 29927	57-1145815	501(C)(3)		21,785	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(105) HEALING WATERS- BEAUFORT SDA 1505 SALEM RD, BEAUFORT, SC 29902	57-1145815	501(C)(3)		48,162	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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(106) HEALING WATERS-BEAUFORT-CHURCH OF THE NAZARENE 279 BROAD RIVER ROAD, BEAUFORT, SC 29906	57-1145815	501(C)(3)		23,971	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)		11,800	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(108) HEART FOR HUMANITY, INC. 117 N CONGDON ST, GEORGETOWN, SC 29440	45-4253949	501(C)(3)		315,895	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(109) HEART OF GOLD FOUNDATION 134 HEMPHILL CT., SUMMERVILLE, SC 29483	02-0718107	501(C)(3)		169,858	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(110) HEART TO HEART BERKELEY 104 BEHRMAN ST., MONCKS CORNER, SC 29461	58-2457855	501(C)(3)		87,584	FMV	FOOD AND EQUIPMENT	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS; EQUIPMENT FOR THE DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(111) HEBRON ZION PRESBYTERIAN 2915 BOHICKET ROAD, JOHNS ISLAND, SC 29455	23-6393377	501(C)(3)		103,936	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(112) HELP OF BEAUFORT 502 CHARLES STREET, BEAUFORT, SC 29902	57-0721545	501(C)(3)		104,068	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(113) HELPING HAND OF MYRTLE BEACH 1411 MR. JOE WHITE AVE., MYRTLE BEACH, SC 29577	57-0627993	501(C)(3)		756,421	FMV	FOOD AND EQUIPMENT	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS; EQUIPMENT FOR THE DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(114) HELPING HANDS OF GEORGETOWN 1813 HIGHMARKET ST, GEORGETOWN, SC 29440	57-0883461	501(C)(3)		63,568	FMV	FOOD AND EQUIPMENT	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS; EQUIPMENT FOR THE DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(115) HELPING HANDS OF GOOSE CREEK 104B COMMERCE PLACE, GOOSE CREEK, SC 29445	57-0891298	501(C)(3)		431,971	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(116) HIGHER GROUND BAPTIST MINISTRIES 5548 MOSELLE ROAD, ISLANDTON, SC 29929	N/A	501(C)(3)		114,265	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(117) HOLLYWOOD -DORCHESTER COUNTY 108 TERRY AVENUE, SUMMERVILLE, SC 29485	31-1813333	501(C)(3)		727,835	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(118) HOLLYWOOD COAL./NEW GRACE CHAPEL BAP. MISS. CHURCH 5830 HIGHWAY 174, ADAMS RUN, SC 29426	31-1813333	501(C)(3)		130,620	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(119) HOLY CITY MISSIONS AT ALDERSGATE METHODIST CHURCH 1444 REMOUNT ROAD, NORTH CHARLESTON, SC 29406	85-4257531	501(C)(3)		290,762	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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(120) HOLY CROSS FAITH MEMORIAL EPISCOPAL CHURCH 99 BASKERVILL DRIVE, PAWLEYS ISLAND, SC 29585	31-1629166	501(C)(3)		202,133	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(121) HOPEWELL CME CHURCH 3200 DALEY RD., GARNETT, SC 29922	58-1381196	501(C)(3)		39,974	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(122) HOPEWELL SENIOR DAY CARE CENTER 1277 BLAKELY RD., SALTERS, SC 29590	57-0726226	501(C)(3)		76,757	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(123) HOUSE OF PRAYER AND PRAISE 104 EAST MAIN STREET, HARLEYVILLE, SC 29448	57-1133642	501(C)(3)		358,167	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(124) HUMANITIES FOUNDATION WEST ASHLEY 1850 MAGWOOD DRIVE, CHARLESTON, SC 29414	57-0952289	501(C)(3)		556,238	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(125) HUSPAH BAPTIST CHURCH 18 HUSPAH BAPTIST CHURCH ROAD, SEABROOK, SC 29940	86-2610674	501(C)(3)		74,590	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(126) IMMANUEL REFORMED EPISCOPAL CHURCH 2513 RANGER DRIVE, CROSS, SC 29436	23-6424640	501(C)(3)		115,319	FMV	FOOD AND EQUIPMENT	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS; EQUIPMENT FOR THE DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(127) JAMES ISLAND OUTREACH 1860 CAMP ROAD, CHARLESTON, SC 29412	57-0907554	501(C)(3)		478,206	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(128) JASPER COUNTY HUNGER FREE ZONE 1506 GRAYS HWY., RIDGELAND, SC 29936	80-0200666	501(C)(3)		85,782	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(129) JCAN FAMILY MINISTRIES (NAN) 109 PRESTON AVE, NORTH CHARLESTON, SC 29420	47-1704603	501(C)(3)		433,886	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(130) JCHFZ-BEAUFORT 2 TRASK PARKWAY, YEMASSEE, SC 29945	80-0200666	501(C)(3)		34,381	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(131) JEHOVAH AME CHURCH 1565 OLD HIGHWAY 6, CROSS, SC 29436	53-0204696	501(C)(3)		56,055	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(132) JEHOVAH TABERNACLE CHURCH 2001 COMSTOCK AVENUE, CHARLESTON, SC 29405	11-3843447	501(C)(3)		978,132	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(133) JEHOVAH TABERNACLE-FREEMONT MBC 541 FREEMONT RD., LORIS, SC 29569	11-3843447	501(C)(3)		12,799	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(134) JEHOVAH UM 1473 MATILDA CIRCLE, PINEVILLE, SC 29468	31-1813333	501(C)(3)		211,295	FMV	FOOD AND EQUIPMENT	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS; EQUIPMENT FOR THE DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(135) JERUSALEM HELPING HAND FOOD BANK 135 JERUSALEM LOOP, ST. GEORGE, SC 29477	38-3928591	501(C)(3)		74,165	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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(136) JOSHUA UNITED METHODIST CHURCH 3097 OLD HIGHWAY 52, MONCKS CORNER, SC 29461	31-1813333	501(C)(3)		290,148	FMV	FOOD AND EQUIPMENT	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS; EQUIPMENT FOR THE DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(137) JUNIPER BAY BAPTIST CHURCH 5265 JUNIPER BAY RD, CONWAY, SC 29527	57-0360087	501(C)(3)		60,459	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(138) KIWANIS CLUB OF NMB LITTLE RIVER-NMB FARMER'S MARKET 925 1ST AVENUE SOUTH, NORTH MYRTLE BEACH, SC 29582	41-4020628	501(C)(3)		45,085	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(139) KIWANIS CLUB OF NORTH MYRTLE BEACH LITTLE RIVER 1629 US 17, LITTLE RIVER, SC 29566	41-4020628	501(C)(3)		68,454	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(140) KNIGHTSVILLE METHODIST CHURCH 1505 CENTRAL AVE, SUMMERVILLE, SC 29483	31-1813333	501(C)(3)		22,858	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(141) LANDMARKS FOR FAMILIES - CHARLESTON 5055 LACKAWANNA BLVD, CHARLESTON, SC 29405	57-0669877	501(C)(3)		9,343	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(142) LIFE MINISTRIES CHRISTIAN ACADEMY 75 CAPEHART CIRCLE, BEAUFORT, SC 29906	90-0815796	501(C)(3)		120,273	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(143) LIGHT MINISTRIES 321 N. WALTER STREET, WALTERBORO, SC 29488	74-3104064	501(C)(3)		23,608	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(144) LINE STREET CHURCH OF GOD 192 LINE STREET, CHARLESTON, SC 29403	30-0290464	501(C)(3)		14,085	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(145) LONG BRANCH MISSIONARY BAPTIST CHURCH 922 HOPEWELL RD., GIFFORD, SC 29923	N/A	501(C)(3)		185,901	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(146) LOWCOUNTRY CARES 306 OLD FORT DRIVE, LADSON, SC 29456	52-2378589	501(C)(3)		128,266	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(147) MARGARET F. CURTIS FOOD PANTRY 2676 BEES CREEK RD., RIDGELAND, SC 29936	32-0295374	501(C)(3)		142,939	FMV	FOOD AND EQUIPMENT	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS; EQUIPMENT FOR THE DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(148) MARY MAGEDALINE OUTREACH CENTER 128 BROOMSTRAW RD, LANE, SC 29564	30-0408938	501(C)(3)		92,680	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(149) MERCY MISSION/CATHOLIC CHARITIES 19869 WHYTE HARDEE BLVD., HARDEEVILLE, SC 29927	53-0196617	501(C)(3)		96,427	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(150) METROPOLITAN COMMUNITY CHURCH 7860 DORCHESTER ROAD SUITE A, NORTH CHARLESTON, SC 29418	23-7094543	501(C)(3)		185,976	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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(151) MIRACLES ARE HAPPENING NOW 234 PEPPER STREET, VARNVILLE, SC 29944	56-2241762	501(C)(3)		17,041	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(152) MONCKS CORNER COMMUNITY SK 496 EAST MAIN STREET, MONCKS CORNER, SC 29461	57-0956220	501(C)(3)		36,134	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(153) MONCKS CORNER SEVENTH DAY ADVENTIST 1243 HWY 402, MONCKS CORNER, SC 29461	52-0643036	501(C)(3)		19,914	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(154) MORRIS CHAPEL UMC 115 MORRIS CHAPEL ROAD, DORCHESTER, SC 29437	N/A	501(C)(3)		48,587	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(155) MORRIS STREET BAPTIST CHURCH 25 MORRIS ST., CHARLESTON, SC 29403	57-0735269	501(C)(3)		32,738	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(156) MT. MORIAH MISSIONARY BAPTIST 7396 RIVERS AVE., NORTH CHARLESTON, SC 29406	51-0611169	501(C)(3)		141,510	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(157) MT. NEBO BAPTIST CHURCH II 22 JONESVILLE AVE., YEMASSEE, SC 29945	33-1073541	501(C)(3)		82,950	FMV	FOOD AND EQUIPMENT	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS; EQUIPMENT FOR THE DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(158) MT. OLIVE BAPTIST CHS 2416 MEETING STREET ROAD, CHARLESTON, SC 29405	57-0735269	501(C)(3)		30,560	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(159) MT. OLIVE BAPTIST CHURCH 2011 DUNBAR ROAD, GEORGETOWN, SC 29440	30-0349138	501(C)(3)		1,146,474	FMV	FOOD AND EQUIPMENT	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS; EQUIPMENT FOR THE DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(160) MT. OLIVE BAPTIST WALTERBORO 329 SAVAGE ST., WALTERBORO, SC 29488	57-0735269	501(C)(3)		98,179	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(161) MT. SINAI BAPTIST - HAMPTON 455 MT. SINAI RD., VARNVILLE, SC 29944	57-0735269	501(C)(3)		119,077	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(162) MT. SINAI MISSIONARY BAPTIST CHURCH 7275 BROWN'S FERRY ROAD, GEORGETOWN, SC 29440	57-0735269	501(C)(3)		81,297	FMV	FOOD AND EQUIPMENT	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS; EQUIPMENT FOR THE DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(163) MT. VERNON MISSIONARY BAPTIST CHURCH 5791 HWY 9, NICHOLS, SC 29581	57-0873870	501(C)(3)		696,375	FMV	FOOD AND EQUIPMENT	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS; EQUIPMENT FOR THE DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(164) MURRAY UNITED METHODIST CHURCH 1216 ORANGEBURG RD, SUMMERVILLE, SC 29483	31-1813333	501(C)(3)		185,021	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(165) MURRELLS INLET CHURCH OF GOD 608 GIBSON AVE, MURRELLS INLET, SC 29576	62-0484177	501(C)(3)		1,247,343	FMV	FOOD AND EQUIPMENT	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS; EQUIPMENT FOR THE DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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(166) MYRTLE BEACH COMMUNITY CHURCH 557 GEORGE BISHOP PARKWAY, MYRTLE BEACH, SC 29579	57-0360087	501(C)(3)		40,951	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(167) NEIGHBORHOOD HOUSE 77 AMERICA ST., CHARLESTON, SC 29403	53-0196617	501(C)(3)		11,090	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(168) NEIGHBORS HELPING NEIGHBORS 159 PINE NEEDLE DRIVE, LONGS, SC 29588	87-4053666	501(C)(3)		14,203	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(169) NEIGHBORS HELPING NEIGHBORS-MT. CALVARY#2 - 2625 SC-111, LITTLE RIVER, SC 29566	87-4053666	501(C)(3)		17,832	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(170) NEIGHBORS TOGETHER 2105 COSGROVE AVE., NORTH CHARLESTON, SC 29405	57-0794782	501(C)(3)		119,780	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(171) NEW ABUNDANT LIFE CHURCH 115 FOSTER ROAD, VARNVILLE, SC 29944	27-2194505	501(C)(3)		239,188	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(172) NEW BEGINNING OUTREACH (DOC) 600 BEACH ROAD, WALTERBORO, SC 29488	35-0868116	501(C)(3)		8,118	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(173) NEW BEGINNINGS OF CHARLESTON 112 OSBURN AVE, NORTH CHARLESTON, SC 29420	56-2075108	501(C)(3)		7,275	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(174) NEW BETHEL SOUNDS OF PRAISE 351 GREYBACK ROAD, SUMMERVILLE, SC 29483	57-1080203	501(C)(3)		12,259	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(175) NEW DIRECTIONS OF HORRY COUNTY 1005 OSCEOLA ST, MYRTLE BEACH, SC 29577	20-1831970	501(C)(3)		245,883	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(176) NEW FRANCIS BROWN U.M.C. 2517 CORONA STREET, NORTH CHARLESTON, SC 29405	31-1813333	501(C)(3)		56,257	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(177) NEW HOPE UME CHURCH 11 GOLDFINCH ROAD, GEORGETOWN, SC 29440	31-1813333	501(C)(3)		314,913	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(178) NEW LIFE DELIVERANCE TEMPLE 112 HALIFAX ROAD, ST. HELENA ISLAND, SC 29920	23-7002419	501(C)(3)		99,049	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(179) NEW LIGHT UMC 1037 RUSSELLVILLE RD, ST. STEPHEN, SC 29479	62-0484177	501(C)(3)		33,633	FMV	FOOD AND EQUIPMENT	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS; EQUIPMENT FOR THE DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(180) NEW WEBSTER JIP FOOD PANTRY 4755 BEARS BLUFF RD., WADMALAW ISLAND, SC 29487	53-0196617	501(C)(3)		119,612	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(181) NORTH STRAND HELPING HANDS 2501 LONG BAY ROAD, LONGS, SC 29568	57-0647026	501(C)(3)		1,638,702	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(182) NORTH STRAND/LORIS 3410 CHURCH STREET, LORIS, SC 29569	57-0914250	501(C)(3)		180,517	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(183) OLD FORT BAPTIST CHURCH 10505 DORCHESTER ROAD, SUMMERVILLE, SC 29485	57-0519935	501(C)(3)		111,561	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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(184) OLIVE BRANCH AME 1734 HIGHWAY 17 NORTH, MOUNT PLEASANT, SC 29464	82-2199187	501(C)(3)		554,608	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(185) ONE80 PLACE 35 WALNUT STREET, CHARLESTON, SC 29403	57-0789483	501(C)(3)		242,245	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(186) OUR LADY OF MERCY COMMUNITY OUTREACH 1684 BROWNSWOOD ROAD, JOHNS ISLAND, SC 29455	57-0984895	501(C)(3)		72,853	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(187) PALMETTO RECOVERY OF CHARLESTON 7019 OLD JACKSONBORO RD, RAVENEL, SC 29470	92-2034529	501(C)(3)		198,517	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(188) PARK CIRCLE CARES 1087 EAST MONTAGUE AVENUE, NORTH CHARLESTON, SC 29405	81-3344149	501(C)(3)		144,572	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(189) PHOENIX RENAISSANCE INC 1690 RACEPATH STREET, MYRTLE BEACH, SC 29577	57-0994296	501(C)(3)		43,591	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(190) PINE GROVE BAPTIST CHURCH 73 PINE GROVE RD., BEAUFORT, SC 29906	57-1114264	501(C)(3)		5,453	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(191) POWER IN THE WORD WORSHIP CENTER 2819 S LIVE OAK DRIVE, MONCKS CORNER, SC 29461	N/A	501(C)(3)		46,515	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(192) PRAISE ASSEMBLY OF GOD 800 PARRIS ISLAND GATEWAY, BEAUFORT, SC 29906	44-0577787	501(C)(3)		178,022	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(193) PRECIOUS BLOOD OF CHRIST 1633 WAVERLY ROAD, PAWLEYS ISLAND, SC 29585	53-0196617	501(C)(3)		128,696	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(194) PRESBYTERIAN CHURCH OF EDISTO ISLAND 2164 HWY 174, EDISTO ISLAND, SC 29438	23-6393377	501(C)(3)		142,791	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(195) PRINGLETOWN COMMUNITY MT. PISGAH CHURCH 220 OLD GILLIARD, RIDGEVILLE, SC 29472	47-5293107	501(C)(3)		11,706	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(196) PROJECT RESTORING HOPE 290 DUNN SHORTCUT ROAD, CONWAY, SC 29527	82-2629221	501(C)(3)		44,385	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(197) REDEEMER R.E. CHURCH 2173 HWY 45, PINEVILLE, SC 29468	76-0754677	501(C)(3)		227,110	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(198) REFRESH OUR HEROES MYB SDA-BUCKSPORT 1370 BUCKSPORT RD, CONWAY, SC 29527	52-0643036	501(C)(3)		21,013	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(199) REFRESH OUR HEROES MYB SDA-MYRTLE BEACH 2351 CAROLINA FOREST BLVD, MYRTLE BEACH, SC 29579	52-0643036	501(C)(3)		16,485	FMV	FOOD AND EQUIPMENT	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS; EQUIPMENT FOR THE DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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(200) REFRESH OUR HEROES MYB SDA-ATLANTIC BEACH 200 ATLANTIC ST, ATLANTIC BEACH, SC 29582	52-0643036	501(C)(3)		18,301	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(201) REFRESH OUR HEROES MYB SDA-FINKLEA 3501 SC-917, LORIS, SC 29569	52-0643036	501(C)(3)		12,248	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(202) REFUGE TEMPLE ST. STEPHEN 3674 NORTH HIGHWAY 52, ST. STEPHEN, SC 29479	13-2942986	501(C)(3)		114,568	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(203) REHOBOTH FULL GOSPEL MINISTRY 2121 CAPTAIN AVE., NORTH CHARLESTON, SC 29405	27-2119059	501(C)(3)		54,329	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(204) RESURRECTED CHURCH OF JESUS 2345 ELDER AVE, NORTH CHARLESTON, SC 29406	N/A	501(C)(3)		259,640	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(205) ROPER ST. FRANCIS GREER TRANSITIONS CLINIC 5133 RIVERS AVE, NORTH CHARLESTON, SC 29406	26-2946628	501(C)(3)		19,958	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(206) RSF HEALTH SERVICES CENTER (RYAN WHITE) 1481 TOBIAS GADSON BLVD, SUITE 1, CHARLESTON, SC 29407	57-0831165	501(C)(3)		14,921	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(207) SALEM BAPTIST CHURCH 321 OLD SUMMERVILLE RD., SUMMERVILLE, SC 29486	57-0360087	501(C)(3)		481,144	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(208) SALVATION ARMY OF BEAUFORT 2505 NORTH STREET, BEAUFORT, SC 29902	58-0660607	501(C)(3)		232,605	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(209) SALVATION ARMY OF GEORGETOWN 2401 ANTHUAN MAYBANK DRIVE, GEORGETOWN, SC 29440	58-0660607	501(C)(3)		54,816	FMV	FOOD AND EQUIPMENT	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS; EQUIPMENT FOR THE DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(210) SALVATION ARMY OF HORRY 1415 2ND AVENUE, CONWAY, SC 29526	58-0660607	501(C)(3)		67,529	FMV	FOOD AND EQUIPMENT	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS; EQUIPMENT FOR THE DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(211) SALVATION ARMY/N. CHARLESTON 1551 REMOUNT ROAD, NORTH CHARLESTON, SC 29406	58-0660607	501(C)(3)		16,612	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(212) SANDALWOOD COMMUNITY FOOD PANTRY 114 BEACH CITY ROAD, HILTON HEAD ISLAND, SC 29926	27-2766571	501(C)(3)		16,551	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(213) SEA ISLANDS BLESSING BASKET 2389 BOHICKET RD, JOHNS ISLAND, SC 29455	47-2730495	501(C)(3)		84,383	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(214) SEACOAST - SUMMERVILLE 301 E. 5TH NORTH STREET, SUMMERVILLE, SC 29483	57-1045195	501(C)(3)		149,161	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

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(215) SEACOAST - WEST ASHLEY 2049 SAVANNAH HIGHWAY, CHARLESTON, SC 29407	57-1045195	501(C)(3)		292,215	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(216) SEACOAST MCCLELLANVILLE 1064 PINCKNEY ST, MCCLELLANVILLE, SC 29458	57-1045195	501(C)(3)		105,422	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(217) SEACOAST-NORTH CHARLESTON (DREAM CENTER) 5505 N. RHETT AVE, NORTH CHARLESTON, SC 29406	57-1045195	501(C)(3)		281,499	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(218) SECOND CHANCE RECOVERY SPONS. CHURCH OF NAZARENE 541 RED BANK RD, GOOSE CREEK, SC 29445	27-4408204	501(C)(3)		438,858	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(219) SECOND HELPINGS - BEAUFORT PO BOX 23621, HILTON HEAD ISLAND, SC 29925	57-0938469	501(C)(3)		3,582,482	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(220) SECOND HELPINGS - HAMPTON PO BOX 23621, HILTON HEAD ISLAND, SC 29925	57-0938469	501(C)(3)		280,430	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(221) SECOND HELPINGS - JASPER PO BOX 23621, HILTON HEAD ISLAND, SC 29925	57-0938469	501(C)(3)		1,164,012	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(222) SECOND HELPINGS - PORT ROYAL 1602 COLUMBIA AVE, PORT ROYAL, SC 29935	57-0938469	501(C)(3)		150,132	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(223) SHADY GROVE UNITED METHODIST 9221 CHARLESTON HIGHWAY, ST. GEORGE, SC 29477	31-1813333	501(C)(3)		452,850	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(224) SHEPHERD OF THE SEA LUTHERAN CHURCH 2637 HIGHWAY 17 SOUTH, GARDEN CITY, SC 29576	41-1568278	501(C)(3)		1,214,074	FMV	FOOD AND EQUIPMENT	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS; EQUIPMENT FOR THE DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(225) SHIELD MINISTRIES, INC 5519 WOODBINE AVE, NORTH CHARLESTON, SC 29406	20-8885273	501(C)(3)		8,623	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(226) SHIFA CLINIC 668 MARINA DRIVE, CHARLESTON, SC 29492	04-3810161	501(C)(3)		906,726	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(227) SOCASTEE PANTRY OF FAITH OUTREACH MINISTRIES 4513 HWY 17 BYPASS, MYRTLE BEACH, SC 29577	82-3645227	501(C)(3)		408,750	FMV	FOOD AND EQUIPMENT	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS; EQUIPMENT FOR THE DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(228) SOLDIERS' ANGELS 1113 SAM RITTENBERG BLVD., CHARLESTON, SC 29405	20-0583415	501(C)(3)		145,925	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(229) SOUTH STRAND HELPING HANDS 812 POPLAR DRIVE SOUTH, SURFSIDE BEACH, SC 29575	57-0827131	501(C)(3)		280,469	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(230) SPRINGTOWN UNITED METHODIST 8807 AUGUSTA HWY, SMOAKS, SC 29481	20-0308122	501(C)(3)		355,664	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
(231) ST. ANTHONY'S CATHOLIC CHURCH 925 S. JEFFERIES BLVD, WALTERBORO, SC 29488	53-0196617	501(C)(3)		86,633	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(232) ST. BARNABAS LUTHERAN CHURCH 45 MOULTRIE STREET, CHARLESTON, SC 29403	41-1568278	501(C)(3)		34,017	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(233) ST. DELIGHT COMMUNITY OUTREACH 801 ST. DELIGHT RD., LITTLE RIVER, SC 29566	04-3728831	501(C)(3)		407,001	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(234) ST. ELIZABETH MISSIONARY BAPTIST CHURCH 57 CHURCH ST, AYNOR, SC 29511	58-2390293	501(C)(3)		63,470	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(235) ST. JAMES BETHEL A.M.E. 5305 MAYBANK HWY, WADMALAW ISLAND, SC 29487	53-0204696	501(C)(3)		44,514	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(236) ST. JOSEPH MISSIONARY BAPTIST 1005 SANDRIDGE RD, LITTLE RIVER, SC 29566	57-0735269	501(C)(3)		24,853	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(237) ST. JUDE APOSTOLIC FAITH CHURCH 286 BING STREET, YEMASSEE, SC 29945	57-0785037	501(C)(3)		141,995	FMV	FOOD AND EQUIPMENT	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS; EQUIPMENT FOR THE DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(238) ST. MARK BLOOMINGVALE CDC, INC. 8292 THURGOOD MARSHALL HWY, ANDREWS, SC 29510	46-1594364	501(C)(3)		118,885	FMV	FOOD AND EQUIPMENT	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS; EQUIPMENT FOR THE DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(239) ST. PAUL MBC/CONWAY 3449 HIGHWAY 65, CONWAY, SC 29526	03-0544945	501(C)(3)		45,031	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(240) ST. PAULS SUMMERVILLE 111 WARING STREET, SUMMERVILLE, SC 29483	32-0295374	501(C)(3)		97,735	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(241) ST. PETER MISSIONARY BAPTIST CHURCH 3462 SOUTH ISLAND RD., GEORGETOWN, SC 29440	54-2110052	501(C)(3)		72,245	FMV	FOOD AND EQUIPMENT	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS; EQUIPMENT FOR THE DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(242) ST. STEPHEN SEVENTH DAY ADVENT 1167 FORTY-ONE RD, ST. STEPHEN, SC 29479	52-0643036	501(C)(3)		184,020	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(243) ST. STEPHEN UM OUTREACH 3524 SMITHS CROSSING RD, RIDGELAND, SC 29936	31-1813333	501(C)(3)		132,066	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(244) ST. VINCENT DEPAUL SOCIETY GARDEN CITY 542 CYPRESS AVENUE, MURRELLS INLET, SC 29576	13-5562362	501(C)(3)		223,526	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(245) TABERNACLE CHURCH 530 N. AZALEA DRIVE, SURFSIDE BEACH, SC 29575	N/A	501(C)(3)		994,291	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(246) THE CHURCH OF THE CROSS 15A CENTRE DRIVE, BLUFFTON, SC 29910	57-0684046	501(C)(3)		144,418	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
(247) THE CITADEL VETERAN STUDENT SUCCESS CENTER 204 RICHARDSON AVENUE, CHARLESTON, SC 29409	57-6020493	501(C)(3)		5,674	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(248) THE JOSHUA GROUP/CHRIST TEMPLE N. CHS 1309 SUMNER AVENUE, NORTH CHARLESTON, SC 29406	57-1101351	501(C)(3)		71,556	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(249) THE SHEPHERD'S TABLE 1412 A GAMECOCK AVE, CONWAY, SC 29526	20-8725196	501(C)(3)		32,686	FMV	FOOD AND EQUIPMENT	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS; EQUIPMENT FOR THE DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(250) THE SPECIAL GATHERING 858 BELLS HWY., WALTERBORO, SC 29488	59-2266042	501(C)(3)		11,738	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(251) TRI-COUNTY VETERANS SUPPORT NETWORK 4870 PIEDMONT AVENUE, NORTH CHARLESTON, SC 29406	90-0959126	501(C)(3)		57,281	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(252) TRIDENT TECH GROCERY VAULT 66 COLUMBUS STREET, CHARLESTON, SC 29423	57-0699317	501(C)(3)		48,679	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(253) TRUE FAITH HOLINESS CHURCH 2005 REYNOLDS AVENUE, NORTH CHARLESTON, SC 29405	N/A	501(C)(3)		948,391	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(254) UPPER DORCHESTER COMMUNITY MINISTRIES 101 RIDGE ST, ST. GEORGE, SC 29477	45-2899355	501(C)(3)		118,794	FMV	FOOD AND EQUIPMENT	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS; EQUIPMENT FOR THE DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(255) VANDERHORST KOINONIA MINISTRIES 66 HANOVER STREET, CHARLESTON, SC 29403	43-2067926	501(C)(3)		76,584	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(256) WACCAMAW BAPTIST CHURCH 7160 HIGHWAY 905, CONWAY, SC 29526	57-0735269	501(C)(3)		149,874	FMV	FOOD AND EQUIPMENT	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS; EQUIPMENT FOR THE DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(257) WACCAMAW YOUTH CENTER INC. 301 PADGETT LANE, CONWAY, SC 29526	57-0938894	501(C)(3)		50,245	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(258) WESLEY AME/JEHOVAH HOLINESS 2741 FRENCH SANTEE RD., JAMESTOWN, SC 29453	57-1034730	501(C)(3)		112,428	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(259) WESLEY UM SUMMERVILLE 125 PRESSLEY AVE., SUMMERVILLE, SC 29483	31-1813333	501(C)(3)		175,175	FMV	FOOD AND EQUIPMENT	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS; EQUIPMENT FOR THE DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(260) WESLEY UMC/HOLLYWOOD 5100 BAPTIST HILL ROAD, HOLLYWOOD, SC 29449	31-1813333	501(C)(3)		266,671	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
(261) ZION AME FOOD DISTRIBUTION CENTER 62 RITTER ROAD, YEMASSEE, SC 29945	52-0643036	501(C)(3)		202,174	FMV	FOOD	DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	FOOD AND FUNDS ARE DISTRIBUTED TO FULFILL CHARITABLE PURPOSES. THE ORGANIZATION ALSO ENSURES THAT RECIPIENTS MAINTAIN SAFE FOOD HANDLING AND DISTRIBUTION PRACTICES. IF IT IS DETERMINED THAT FOOD OR FUNDS WERE USED FOR UNINTENDED PURPOSES, RECIPIENTS WILL BE RESTRICTED FROM RECEIVING FUTURE FUNDING.
(1) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	A LONGER TABLE 2106 MOUNT PLEASANT STREET, CHARLESTON, SC 29403
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	A LONGER TABLE: DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ACTIVATE CHURCH: DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	AGAPE FAMILY LIFE CENTER: DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ALLEN AME CHURCH (EDISTO): DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ANSONBOROUGH HOUSE: DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ASHLEYVILLE MARYVILLE FOOD MINISTRY: DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BERKELEY CHURCH OF CHRIST: DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BETHEL AME CHURCH (RIDGEVILLE): DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BETHEL AME RAVENEL: DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BETHEL OUTREACH MINISTRIES: DISTRIBUTION OF FOOD AND GROCERY PRODUCTS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BETHEL UNITED METHODIST CHURCH: DISTRIBUTION OF FOOD AND GROCERY PRODUCTS

SCHEDULE 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
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. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
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?	2		
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. ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		✔
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		✔
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		✔
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		✔
b	Any related organization?	5b		✔
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		✔
b	Any related organization?	6b		✔
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		✔
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	8		✔
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	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 PRESIDENT & CEO	(i)	256,140	25,468	0	15,060	8,447	305,115	0
		(ii)	0	0	0	0	0	0	0
2	BRENDA SHAW CDO	(i)	162,203	9,083	0	8,634	8,447	188,367	0
		(ii)	0	0	0	0	0	0	0
3	JODY RUSSO COO	(i)	157,630	9,090	0	8,834	8,127	183,681	0
		(ii)	0	0	0	0	0	0	0
4	DENISE HINES CFO	(i)	141,492	7,800	0	7,580	8,447	165,319	0
		(ii)	0	0	0	0	0	0	0
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)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization
LOWCOUNTRY FOOD BANK INC

Employer identification number
57-0751835

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory	✔	269	68,664,821	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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		✔
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	✔	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		✔
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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
FOOD DISTRIBUTION EQUIPMENT	✓	40	236,779	MARKET VALUE
HVAC	✓	1	31,425	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. 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)							

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? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(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	(i) 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.

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

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)	LOWCOUNTRY FOOD BANK PROPERTY HOLDING COMPANY	A	43,928	FMV
(2)	LOWCOUNTRY FOOD BANK PROPERTY HOLDING COMPANY	K	66,000	FMV
(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)													