STATE REGISTRATION NO. V-802

Department of the Treasury

# 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.

Open to Public

2021 A For the 2020 calendar year, or tax year beginning OCT 1, 2020 and ending SEP Check if applicable C Name of organization D Employer identification number Address change LOAVES AND FISHES TOO Name 41-1421522 Doing business as change Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 612-377-9810 721 KASOTA AVE SE 16,380,709. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended 55414 MINNEAPOLIS, MN H(a) Is this a group return Applica-tion pending F Name and address of principal officer: CATHY MAES 」Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: ► WWW.LOAVESANDFISHESMN.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Other > L Year of formation: 1982 M State of legal domicile: MN Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: LOAVES AND FISHES SERVES OVER **Activities & Governance** FOUR MILLION FREE, HEALTHY MEALS ANNUALLY TO ANYONE IN NEED IN 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) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 12000 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 10,667,431.16,173,638. Contributions and grants (Part VIII, line 1h) 8 49,978. 59,731. Program service revenue (Part VIII, line 2g) 13.564. 58.487. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 7,043. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 10,730,973. 16,298,899. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,279,853. 1,550,665. 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 8,547,233. 13,412,096. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 9,827,086. 14,962,761. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 903,887. 1,336,138. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 2,257,277. 3,481,660. Total assets (Part X, line 16) 413,062. 158,159. 21 Total liabilities (Part X, line 26) 三年 844,215. 323,501 22 Net assets or fund balances. Subtract line 21 from line 20 ...... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign EMILY CARPENTER, CHAIR Here Type or print name and title Date PTIN Check X Preparer's signature Print/Type preparer's name LAWRENCE H. MOHR, CP 05/04/22 self-employed P00447603 LAWRENCE H. MOHR, CPA Paid Firm's EIN > 39-0859910 Firm's name BAKER TILLY US, LLPPreparer Firm's address ▶ 225 S 6TH ST #2300 Use Only Phone no. 612.876.4500 MINNEAPOLIS, MN 55402 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

Pai	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:
	LOAVES & FISHES IS A LONG-ESTABLISHED, VOLUNTEER-DRIVEN, NONPROFIT
	ORGANIZATION WITH AN IMPACT THAT IS INCREASING STEADILY AND
	STRATEGICALLY. TODAY OUR MEALS ARE SERVED ACROSS MINNESOTA (YEAR-ROUND
	IN AITKIN, ANOKA, CARLTON, CASS, DAKOTA, HENNEPIN, LAKE, LYON, RAMSEY,
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 X 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 \$ 14,142,041. including grants of \$) (Revenue \$ 59,731. )  LOAVES AND FISHES' FREE MEAL PROGRAMMING PROVIDED OVER 4 MILLION
	HEALTHY MEALS IN CALENDAR YEAR 2021. WE OPERATED IN 12 COUNTIES THROUGH
	OUR PUBLIC DINING SITE LOCATIONS, STREET OUTREACH LOCATIONS, SUMMER
	MEAL SITES FOR STUDENTS, AFTER-SCHOOL MEAL AND SNACK PROGRAM LOCATIONS,
	PRODUCE MARKET, AND OUR PARTNER PROGRAM CALLED THE HUB WHICH PROVIDES
	FOOD TO SMALL GROUPS AND NONPROFITS. IN ALL, WE SERVE FOOD THROUGH OVER
	100 OUTLETS. A COMBINATION OF STAFF, PARTNERS AND VOLUNTEERS COOK AND
	SERVE MEALS EVERY DAY OF THE WEEK, YEAR-ROUND.
	DERVE MEADS EVERT DAT OF THE WEEK, TEAR ROOMD:
4b	(Code:) (Expenses \$) (Revenue \$)
	/ Livinition / Indicating grants of #
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
−u	(Expenses \$ including grants of \$ ) (Revenue \$ )
 4е	Total program service expenses 14,142,041.
	Form <b>990</b> (2020)

# Form 990 (2020) LOAVES AND FISHES TOO 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
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		Х
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	۰		
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b> '-		
8	, ,			x
_	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		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZU		
D	•	12b		l x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
				X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<del>  ^</del>
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			
		445		x
45	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			<sub>V</sub>
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			\ <b>.</b> ,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
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	17		<u> </u>
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		<u> X</u>
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Form 990 (2020) LOAVES AND FISHES TOO 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	l		77
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
d	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		х
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			77
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
35.2	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			<del></del> -
-	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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			1
Da	Note: All Form 990 filers are required to complete Schedule 0	38	Х	Щ_
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			L Na
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0		Yes	No
ıa b				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
J	(gambling) winnings to prize winners?	1c		
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#### 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 Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **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)? Х 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). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х 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? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? 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). Х 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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. Did the sponsoring organization make any taxable distributions under section 4966? 9a 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 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 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? 13a Note: See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Х Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16

Form 990 (2020)

If "Yes," complete Form 4720, Schedule O.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sect	ion 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 1.									
	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.									
	Enter the number of voting members included on line 1a, above, who are independent 1b	,								
	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		Х						
	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		X						
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
	Did the organization have members or stockholders?	6		X						
	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		x						
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		x						
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
	The governing body?	8a	Х							
	Each committee with authority to act on behalf of the governing body?	8b	Х							
	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		x						
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
	(The desired brequeste information about policies not required by the internal resente dead.)		Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х						
	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								
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	in Schedule O how this was done	12c	Х							
	Did the organization have a written whistleblower policy?	13	Х							
	Did the organization have a written document retention and destruction policy?	14	Х							
	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?									
	The organization's CEO, Executive Director, or top management official	15a	Х							
	Other officers or key employees of the organization	15b		Х						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
	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		Х						
	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								
_	ion C. Disclosure									
	List the states with which a copy of this Form 990 is required to be filed ▶MN									
	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 onlv)	availa	.ble						
	for public inspection. Indicate how you made these available. Check all that apply.			-						
	X Own website Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial							
	statements available to the public during the tax year.									
	State the name, address, and telephone number of the person who possesses the organization's books and records									
	CHRISTIAN BOURDO - 612-377-9810									

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

(A)	(B)			(( Pos	C)	,		(D)	(E)	(F)
Name and title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
	hours per					is botl or/trus		compensation	compensation	amount of
	week	_	<u> </u>			Π	,	from	from related	other
	(list any hours for	direct				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or (	stee			satec		(W-2/1099-MISC)	(** 27 1033 141100)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	in per		(** =/ *********************************		and related
	below	idual	ution	 	Key employee	est co	er			organizations
	line)	Indiv	Instit	Officer	Key 6	Highest compensated employee	Former			
(1) EMILY CARPENTER	1.00									
BOARD CHAIRMAN		Х		Х				0.	0.	0
(2) JOHN LARSON	1.00									
VICE CHAIRMAN		Х		Х				0.	0.	0
(3) PAULA GRAFF	1.00									
TREASURER		Х		Х				0.	0.	0
(4) LEAH TOMASETTI	1.00									
SECRETARY		Х		Х				0.	0.	0
(5) MICHAEL DEGAN	1.00									
DIRECTOR		Х						0.	0.	0
(6) JAY GERCZAK	1.00									
DIRECTOR		Х						0.	0.	0
(7) MARK HOILAND	1.00									
DIRECTOR		Х						0.	0.	0
(8) AUDREY JOHNSON	1.00									
DIRECTOR		Х						0.	0.	0
(9) CHARANJEET GILL	1.00									
DIRECTOR		Х						0.	0.	0
(10) CHARLIE GITS	1.00									
DIRECTOR - LEFT AUG 21		Х						0.	0.	0
(11) CATHERINE HOLMGREN	1.00									
DIRECTOR - JOINED FEB 21		Х						0.	0.	0
(12) KARTHIK VISWANATHAN	1.00									
DIRECTOR - JOINED FEB 21		Х						0.	0.	0
(13) TWILA JOHNSON	1.00									
DIRECTOR - JOINED APR 21		Х						0.	0.	0
(14) MIKE JONIKAS	1.00									
DIRECTOR - JOINED APR 21		Х	L	L	L			0.	0.	0
(15) BILL SMITH	1.00									
DIRECTOR - JOINED APR 21		Х	L	L	L			0.	0.	0
(16) SCOTT SMITH	1.00									
DIRECTOR - JOINED APR 21		Х						0.	0.	0
(17) KURT SWIECICHOWSKI	1.00									
DIRECTOR - JOINED APR 21		Х	1	l		1		0.	0.	0

41-1421522

(A) Name and title	(B) (C)  Average hours per week (do not check more than one box, unless person is both an officer and a director/trustee)					than dis both	n an	(D)  Reportable compensation from	(E) Reportable compensation from related		(F) Estima amour othe	ated nt of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	)	ompen from organiz and rel organiza	sation the ation ated
(18) BOB CHENEY	1.00	.,							_	T		^
DIRECTOR - JOINED APR 21 (1) CATHY MAES	40.00	Х						0.	L C	).		0.
EXECUTIVE DIRECTOR				Х				134,164.	С	).	5,	722.
										+		
										+		
										$\perp$		
										+		
										_		
										$\perp$		
								124 164		$\perp$		700
1b Subtotal c Total from continuation sheets to Part VI							<b>&gt;</b>	134,164.		).	5,	722. 0.
d Total (add lines 1b and 1c)							<u> </u>	134,164.	С	).	5,	722.
<ul> <li>Total number of individuals (including but no compensation from the organization</li> </ul>	ot limited to th	ose	liste	d at	ove	e) wh	o re	eceived more than \$100,	000 of reportable			1
3 Did the organization list any <b>former</b> officer,	director trust	مم لا	(AV C	mnl	OVA	e or	hia	sheet compensated emp	lovee on		Ye	s No
line 1a? If "Yes," complete Schedule J for si										. [:	3	Х
4 For any individual listed on line 1a, is the su												v
<ul><li>and related organizations greater than \$150</li><li>Did any person listed on line 1a receive or a</li></ul>											4	X
rendered to the organization? If "Yes." com										!	5	Х
Section B. Independent Contractors  1 Complete this table for your five highest contractors	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than §	S100.000 of comper	 nsatior	n from	
the organization. Report compensation for t	•	•							•			
(A) Name and business	address	NO	ONE	3				(B) Description of s	services	Com	(C) pensat	ion
							1					
2 Total number of independent contractors (in \$100,000 of compensation from the organize	•	ot lin	nited	d to	thos	_	ted	above) who received mo	ore than			
Too,ooo or compensation from the organiz	Lation 1					<u>-                                      </u>				Fo	rm <b>99</b> 0	(2020)

		Chook if Schodulo O	contains a reanance	or note to any line	o in this Dort VIII			
		Check if Schedule O	contains a response	or note to any line	e in this Part VIII (A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
					Total Tovolido	function revenue	business revenue	from tax under
								sections 512 - 514
ts s	1 a	Federated campaigns	1a	64,034.				
rar	b	Membership dues	1b					
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events	1c	5,854.				
ifts ar A	d		1d					
nis G	6	Government grants (contri		886,107.				
Sir	f	All other contributions, gifts,		,				
uti Je	•			15,217,643.				
ē		similar amounts not included						
ont	9	Noncash contributions included in		12,143,181.	16 152 620			
<u>0</u> 6	h	Total. Add lines 1a-1f	<u></u>		16,173,638.			
				Business Code				
ė	2 a	HUB FEES		900099	59,731.	59,731.		
r e <u>v</u> i	b							
Se	С	:						
an e	d	1						
Be	е							
Program Service Revenue	f	All other program service	revenue					
		Total. Add lines 2a-2f			59,731.			
					05,702.			
	3	Investment income (includ			20 122			20 122
		other similar amounts)			28,123.			28,123.
	4	Income from investment of						
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents	6a					
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)	·)					
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	7a 112,174.					
	h	Less: cost or other basis	74 ,					
ø	L		7b 81,575.	235.				
Revenue	_	and sales expenses						
eve		, ,		-	20 264			20 264
		Net gain or (loss)		<b></b>	30,364.			30,364.
ther	8 a	Gross income from fundraisin						
₽		including \$	5,854. of					
		contributions reported on	, I					
		Part IV, line 18		0.				
	b	Less: direct expenses	8b	0.				
	С	Net income or (loss) from	fundraising events	<b>&gt;</b>	0.			
	9 a	Gross income from gamin	ıg activities. See					
		Part IV, line 19	9a	1				
	b	Less: direct expenses		,				
		Net income or (loss) from		<b>•</b>				
		Gross sales of inventory, I						
	.0 0	and allowances		9				
		Less: cost of goods sold						
	С	Net income or (loss) from	sales of inventory					
<u>s</u>		WT 6 6 77 T 1 1 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7		Business Code	- 045			- 0.10
90 n	11 a	MISCELLANEOUS		900099	7,043.			7,043.
Miscellaneous Revenue	b							
e el	С							
Alsc B	d	All other revenue						
2	е	Total. Add lines 11a-11d		<b>&gt;</b>	7,043.			
		Total revenue. See instruction		<b>•</b>	16,298,899.	59,731.	0.	65,530.

032009 12-23-20

Section 501(c)(3) and 501(c)(4) o	rganizations must comi	olete all columns. All othe	er organizations must com	inlete column (A)
00011011001(0)(0) 4114 001(0)(4) 0	garnzanono masi comp	sicio dii coldiffilis. 7 ili oti ic	or organizations mast com	picto coluini (r.y.

Do	Check if Schedule O contains a response	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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,	122 225	100 504	00 405	46.00
	trustees, and key employees	139,886.	102,584.	20,497.	16,805
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 160 504	056 104	181 656	140 524
7	Other salaries and wages	1,168,584.	856,194.	171,656.	140,734
8	Pension plan accruals and contributions (include	17 074	10 042	2 200	1 051
_	section 401(k) and 403(b) employer contributions)	17,274. 150,497.	12,943. 112,756.	2,380.	1,951 17,001
9	Other employee benefits	150,49/	112,/50.		17,001
0	Payroll taxes	74,424.	55,761.	10,256.	8,407
1	Fees for services (nonemployees):				
a	Management	2 620		2 620	
b	Legal	2,620. 14,234.		2,620.	
C	Accounting	14,234.		14,234.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	10,143.		10,143.	
f	Investment management fees	10,143.		10,143.	
g	Other. (If line 11g amount exceeds 10% of line 25,	40,146.	9,000.	31,146.	
10	column (A) amount, list line 11g expenses on Sch 0.)	40,140.	5,000.	31,140.	
12 13	Advertising and promotion	172,299.	92,710.	43,735.	35,854
13 14	Office expenses	114,255.	22,710.	45,755	33,033
1 <del>4</del> 15					
16	Royalties	195,254.	142,050.	29,237.	23,967
7	Occupancy Travel	133,628.	65,683.	37,338.	30,607
_	Payments of travel or entertainment expenses	13370201	0370031	3773301	30,007
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	160,427.	96,256.	64,171.	
3	Insurance	35,189.	15,191.	10,990.	9,008
.5 24	Other expenses. Itemize expenses not covered		==,===	==,,,,,,,	- , - 3 -
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	DONATED FOOD	12,089,425.	12,089,425.		
b	PURCHASED FOOD/SUPPLIES	376,071.	375,811.	143.	117
c	PROMOTION	81,528.	57,070.	8,153.	16,305
d	REPAIRS AND MAINTENANCE	26,685.	26,685.	,	, - , -
-	All other expenses	74,447.	31,922.	23,093.	19,432
25	Total functional expenses. Add lines 1 through 24e	14,962,761.	14,142,041.	500,532.	320,188
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)				

Form 990 (2020)

Part X | Balance Sheet

Par	tΧ	Balance Sheet					
		Check if Schedule O contains a response or	note to ar	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		719,252.	1	646,158.	
	2	Savings and temporary cash investments			8,999.	2	22,436.
	3	Pledges and grants receivable, net		138,768.	3	39,860.	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial (	contributor, or 35%			
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu	rsons (as defined				
		under section 4958(f)(1)), and persons describ	etion 4958(c)(3)(B)		6		
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			8		
ĕ	9	Prepaid expenses and deferred charges			19,159.	9	28,543.
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation	10b	456,518.	403,244.	10c	500,695
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, lin	967,855.	12	2,243,968.		
	13	Investments - program-related. See Part IV, lin	ne 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			0 055 055	15	2 404 550
	16	Total assets. Add lines 1 through 15 (must e			2,257,277.	16	3,481,660.
	17	Accounts payable and accrued expenses			170,199.	17	151,396.
	18	Grants payable	C 7C2	18	6 762		
	19	Deferred revenue			6,763.	19	6,763.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, su				-00	
Liat		controlled entity or family member of any of t	•			22	
_	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li of Schedule D			236,100.	25	0.
	26	Total liabilities. Add lines 17 through 25			413,062.	25 26	158,159.
	20	Organizations that follow FASB ASC 958, or	heck her	a N X	113,0020	20	130/1330
es		and complete lines 27, 28, 32, and 33.	oncon no				
nc Suc	27				1,839,781.	27	3,314,067.
3ala	28				4,434.	28	3,314,067. 9,434.
Jd E		Organizations that do not follow FASB ASG			, -		
Fur		and complete lines 29 through 33.					
þ	29	Capital stock or trust principal, or current fun	ds			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated		Г		31	
Net Assets or Fund Balances	32			or ourself farings	1,844,215.	32	3,323,501.
~	33	Total liabilities and net assets/fund balances		2,257,277.	33	3,481,660.	

Pa	t 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	16	, 29	8,8	99.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	14	,96	2,7	61.	
3	Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	L,844,215			
5						48.	
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
						01.	
Pa	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					X	
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х	
	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	Х		
	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:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	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	X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule C	<b>)</b> .				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	gle Au	dit				
	Act and OMB Circular A-133?			За		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	dit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			

#### SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

# **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

2020

Open to Public Inspection

**Employer identification number** Name of the organization LOAVES AND FISHES TOO 41-1421522 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

### 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3161739.	4341468.	4999608.	10667431.	16233369.	39403615.
2	Tax revenues levied for the organ-						
	ization'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	3161739.	4341468.	4999608.	10667431.	16233369.	39403615.
	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.						39403615.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	3161739.	4341468.		10667431.	16233369.	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	11,988.	12,258.	12,882.	13,632.	28,123.	78,883.
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	<b>Total support.</b> Add lines 7 through 10						39482498.
	Gross receipts from related activities,	etc. (see instructio	ns)		•	12	
	First 5 years. If the Form 990 is for th					01(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Public						
14	Public support percentage for 2020 (li	ne 6, column (f), di	vided by line 11, c	olumn (f))		14	99.80 %
15	Public support percentage from 2019	Schedule A, Part I	I, line 14			15	99.76 %
16a	33 1/3% support test - 2020. If the o	organization did no	t check the box or	line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				<b>▶</b> X
b	33 1/3% support test - 2019. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali	fies as a publicly s	upported organiza	tion			▶□
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pul	blicly supported o	rganization		▶□
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	e facts-and-circum	stances test, chec	k this box and st	t <b>op here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	lifies as a publicly	supported organiz	zation	▶□
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s <b>&gt;</b>
							000 EZ\ 0000

Schedule A (Form 990 or 990-EZ) 2020

#### 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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						
•	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						<u> </u>
	ction B. Total Support	Τ	1	Τ	_		
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
,	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
-							
	Add lines 10a and 10b  Net income from unrelated business						
••	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
12	assets (Explain in Part VI.)						
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.) <b>First 5 years.</b> If the Form 990 is for the	L organization's fi	rot accord third	fourth or fifth toy	l	[01(a)(2) organization	
14	check this box and stop here	· ·		•	•	.,.,	. —
Se	ction C. Computation of Publi						
	Public support percentage for 2020 (I			column (fl)		15	%
16	Public support percentage from 2019					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20	<b>)20</b> (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from					18	%
	a 33 1/3% support tests - 2020. If the					3 1/3%, and line 1	
	more than 33 1/3%, check this box ar						`
ŀ	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	t <b>op here.</b> The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization						

### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- 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.
- 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).
- **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.
- **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.
- 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.
- **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.
- **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.
- 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.
- 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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.
  - **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.)

	Yes	No
1		
2		
3a		
3b		
- GE		
3с		
4a		
4b		
_		
4c		
5a		
5b		
5c		
6		
7		
7		
8		
9a		
9b		
9c		
40		
10a		
10h		
10b		

Га	Gontinued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	detail in Part VI. tion B. Type I Supporting Organizations	11c		
Sec	tion 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 <b>Part VI</b> 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	4		
_	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,	_		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
	tion of type it cupperting organizations		Yes	No
4	Were a majority of the erganization's directors or trustees during the tay year also a majority of the directors		res	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	1		
Sec	the supported organization(s). tion 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		103	140
•	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 in 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		
Sec	tion 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).			
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ing Organi	zations			
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 mu		·			
Sect	ion 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				
Sect	ion 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):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	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				
Sect	ion 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-function	ally integrated	d Type III supporting orga	anization (see		
	inetructions)					

Schedule A (Form 990 or 990-EZ) 2020

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations <sub>(continued)</sub>	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2020 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020	
_1_	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
<u>a</u>	From 2015			
b	From 2016			
с	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i_	Carryover from 2015 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
с	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2016			
b	Excess from 2017			
С	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2020

d Excess from 2019e Excess from 2020

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

LOAVES AND FISHES TOO

**Employer identification number** 41-1421522

Par	t I Organizations Maintaining Donor Advised Fundament	ds or Other Similar I	Funds or Ac	counts. 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 t	hat the assets held in don	or advised fund	ls
	are the organization's property, subject to the organization's exclusive	re legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors	in writing that grant funds	can be used o	nly
	for charitable purposes and not for the benefit of the donor or donor	advisor, or for any other p	urpose conferri	ng
	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the organization	on answered "Yes" on For	m 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization (chec			
	Preservation of land for public use (for example, recreation or example).	education) Preserv	vation of a histo	rically important land area
	Protection of natural habitat	Preserv	vation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified con	servation contribution in t	ne form of a co	
	day of the tax year.			Held at the End of the Tax Year
a	Total number of conservation easements			2a
b				2b
C	Number of conservation easements on a certified historic structure in			2c
d	Number of conservation easements included in (c) acquired after 7/2			
•	listed in the National Register			
3	Number of conservation easements modified, transferred, released,	extinguished, or terminate	d by the organi	zation during the tax
	year >			
4	Number of states where property subject to conservation easement			
5	Does the organization have a written policy regarding the periodic m			Yes No
6	violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handlin			
U	Stan and volunteer nours devoted to monitoring, inspecting, nandim	g of violations, and emore	ing conservatio	n easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of	violations and enforcing c	onservation eas	sements during the year
•	► \$	noidtions, and emoroting e	onservation ca	sements daming the year
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of sect	ion 170(h)(4)(B)	i)
_	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation ease			
	balance sheet, and include, if applicable, the text of the footnote to t		•	
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of Art, I	listorical Treasures	, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 990, Page 1	art IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958, not to	report in its revenue stat	ement and bala	nce sheet works
	of art, historical treasures, or other similar assets held for public exhi	bition, education, or resea	rch in furtheran	ce of public
	service, provide in Part XIII the text of the footnote to its financial sta	tements that describes the	ese items.	
b	If the organization elected, as permitted under FASB ASC 958, to repair the organization elected, as permitted under FASB ASC 958, to repair the organization elected as permitted under FASB ASC 958, to repair the organization elected as permitted under FASB ASC 958, to repair the organization elected as permitted under FASB ASC 958, to repair the organization elected as permitted under FASB ASC 958, to repair the organization elected as permitted under FASB ASC 958, to repair the organization elected as permitted under FASB ASC 958, to repair the organization elected as permitted under FASB ASC 958, to repair the organization elected as permitted under FASB ASC 958, to repair the organization elected as permitted under FASB ASC 958, to repair the organization elected as permitted under FASB ASC 958, to repair the organization elected as permitted under FASB ASC 958, to repair the organization elected as permitted under FASB ASC 958, to repair the organization elected as permitted under FASB ASC 958, to repair the organization elected as permitted under FASB ASC 958, to repair the organization elected as permitted under FASB ASC 958, to repair the organization elected as permitted under FASB ASC 958, to repair the organization elected as permitted under FASB ASC 958, to repair the organization elected as permitted under FASB ASC 958, to repair the organization elected as permitted under FASB ASC 958, to repair the organization elected as permitted under FASB ASC 958, to repair the organization elected as permitted under FASB ASC 958, to repair the organization elected as permitted under FASB ASC 958, to repair the organization elected as permitted under FASB ASC 958, to repair the organization elected as permitted under FASB ASC 958, to repair the organization elected as permitted under FASB ASC 958, to repair the organization elected as permitted under FASB ASC 958, to repair the organization elected as permitted under FASB ASC 958, to repair the organization elected as permitted under FASB ASC 958, to repair t	oort in its revenue stateme	ent and balance	sheet works of
	art, historical treasures, or other similar assets held for public exhibit	ion, education, or research	n in furtherance	of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X			<b>&gt;</b> \$
2	If the organization received or held works of art, historical treasures, $% \left( 1\right) =\left( 1\right) \left( 1\right) \left$	or other similar assets for	financial gain, p	provide
	the following amounts required to be reported under FASB ASC 958	relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions for Fo	rm 990.		Schedule D (Form 990) 2020

Par	rt III Organizations Maintaining Co	llections of Art	, Historical Tre	asures, or (	Other S	Similar Asse	ets (contin	ued)
3	Using the organization's acquisition, accession						•	
	collection items (check all that apply):							
а	Public exhibition	d	Loan or excl	nange program	า			
b	Scholarly research	е	Other					
С	c Preservation for future generations							
4	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	f art, historical treas	ures, or other:	similar as	sets		
	to be sold to raise funds rather than to be main	ntained as part of th	e organization's col	lection?			Yes	☐ No
Par	rt IV Escrow and Custodial Arrang	ements. Complet	te if the organization	n answered "Y	es" on Fo	orm 990, Part I	/, line 9, or	
	reported an amount on Form 990, Part							
1a	Is the organization an agent, trustee, custodian	n or other intermedia	ary for contributions	or other asset	ts not inc	luded		
	on Form 990, Part X?					[	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII ar							
							Amount	
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on For					? [	Yes	□ No
	If "Yes," explain the arrangement in Part XIII. C				•			
	rt V Endowment Funds. Complete if							
		(a) Current year	(b) Prior year	(c) Two years		) Three years bad	ck (e) Four	years back
1a	Beginning of year balance	976,854.	553,031.	537,		509,851		508,299.
b	Contributions	1,100,000.	400,000.					
С	Net investment earnings, gains, and losses	199,692.	27,909.	19,	547.	33,673	١.	57,294.
d	Grants or scholarships							
	Other expenditures for facilities							
·	and programs							50,000.
f	Administrative expenses	10,143.	4,086.	4.	293.	5,74	5.	5,741.
g g	End of year balance	2,266,404.	976,854.	553,		537,77		509,851.
2	Provide the estimated percentage of the curre		· · · · · · · · · · · · · · · · · · ·			,		
a	Board designated or quasi-endowment	4 0 0	%	Tiola as.				
b	Permanent endowment	%						
	Term endowment							
·	The percentages on lines 2a, 2b, and 2c shoul	-						
32	Are there endowment funds not in the possess	•	ion that are held an	d administered	d for the	organization		
oa		sion of the organizat	ion that are neid an	a administeree		organization	Γ	Yes No
	by: (i) Unrelated organizations						3a(i)	X
	(ii) Related organizations							<u> </u>
h	If "Yes" on line 3a(ii), are the related organizati	one lieted as require	d on Schedule R2				3b	<del></del>
4	Describe in Part XIII the intended uses of the co						[00]	
	rt VI Land, Buildings, and Equipme		mioni idildo.					
	Complete if the organization answered		Part IV line 11a So	ee Form 990 F	Part X lin	e 10		
	Description of property	(a) Cost or ot				umulated	(d) Book	C Value
	bescription of property	basis (investm				eciation	( <b>a</b> ) <b>B</b> 001	Value
12	Land	<del>-   ` `                                </del>	,	, ,				
b		I						
C	Buildings			4,720.		4,720.		0.
d	Equipment	I		2,493.	4 5	1,798.	500	0,695.
	Other			_, _, _,			300	.,000
	I. Add lines 1a through 1e. (Column (d) must ea		Cookumn (D) line 10	)			500	0,695.
, old	n 7 GG III GG TA HII GUYH TE. [COIUMN (A) MUSI EA	uai FUIIII 990. Pärt X	. colultiti (b). line 10	/し./			500	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 LOAVES AND	FISHES TOO	41	-1421522 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. 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	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) EQUITIES	891,500.	END-OF-YEAR MARKET	VALUE
(B) FIXED INCOME INSTRUMENTS	1,352,468.	END-OF-YEAR MARKET	VALUE
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	2,243,968.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		1d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) lin  Part X Other Liabilities.	e 15.)	<b>&gt;</b>	
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

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 ... X

Schedule D (Form 990) 2020

(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Schedule D (Form 990) 2020

IS NOT SUBJECT TO FEDERAL OR STATE INCOME TAXES. HOWEVER, ANY UNRELATED

INCOME MAYBE SUBJECT TO TAXATION.

Part XIII   Supplemental Information (continued)
THE ORGANIZATION FOLLOWS THE ACCOUNTING STANDARDS FOR CONTINGENCIES IN
EVALUATING UNCERTAIN TAX POSITIONS. THIS GUIDANCE PRESCRIBES RECOGNITION
THRESHOLD PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION OF TAX
POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT
CERTAIN TO BE REALIZED. NO LIABILITY HAS BEEN RECOGNIZED BY THE
ORGANIZATION FOR UNCERTAIN TAX POSITIONS AS OF SEPTEMBER 30, 2020 AND
2019. THE ORGANIZATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION
BY FEDERAL AND STATE AUTHORITIES.

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ 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.

LOAVES AND FISHES TOO

Employer identification number 41-1421522

Par	t 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 deter noncash contributio	•	ts
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	X	9	53,756.	FAIR MARKET V	<b>JALUE</b>	
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 $_{\dots}$						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory	X	600	12,089,425.	FAIR MARKET V	<b>JALUE</b>	
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other • ()						
26	Other • ()						
27	Other • ()						
28	Other (						
29	Number of Forms 8283 received by the organization	•	,				
	for which the organization completed Form 82	83, Part V, D	Oonee Acknowledg	ement <b>29</b>		0	
					_	Yes	No
30a	During the year, did the organization receive by	-					
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be u	sed for		
	exempt purposes for the entire holding period'	?				0a	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	•	•	•	tions?	31	X
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash			
	contributions?					2a	X
b	If "Yes," describe in Part II.						
22	If the organization didn't report an amount in c	olumn (c) for	r a type of property	for which column (a) is che	cked,		
33	describe in Part II.		*	` '	, , , , , , , , , , , , , , , , , , ,		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

032142 11-23-20

#### **SCHEDULE O**

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2020
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

LOAVES AND FISHES TOO

Employer identification number 41-1421522

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MINNESOTA. OUR MULTI-FACETED MEAL PROGRAMMING INCLUDES: PUBLIC DINING,

STREET OUTREACH, STUDENT MEALS AND SNACKS, FREE PRODUCE MARKETS, AND

THE HUB - A PROGRAM THAT ENABLES SMALL GROUPS AND NONPROFITS TO SOURCE

OUR FRESH FOODS AFFORDABLY. OUR PROGRAMS ARE SUPPORTED BY CREATIVE FOOD

SOURCING THAT INCLUDES RESCUING VALUABLE FOOD THAT WOULD OTHERWISE GO

TO LANDFILLS AND GROWING FRESH PRODUCE AT OUR OWN LOCAL FARM AND

GARDENS. WE BELIEVE FOOD IS MEDICINE AND THE PEOPLE WE SERVE RECEIVE A

HEALTHY MEAL PRESCRIPTION EVERY TIME WE NOURISH THEM.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SCOTT AND WASHINGTON COUNTIES; SUMMERTIME IN SHERBURNE AND ST. CROIX

COUNTIES). OUR HOLISTIC RECIPE FOR SUCCESS IS PREDICATED ON THE BELIEF

THAT FOOD IS MEDICINE AND A BASIC HUMAN RIGHT, SERVING JUST ANY KIND OF

MEAL TO PEOPLE IN NEED IS SHORTSIGHTED AND ULTIMATELY MORE COSTLY, AND

PROPER NUTRITION OPENS THE DOOR TO OPPORTUNITY. WE SERVE WITHOUT REGARD

TO RELIGIOUS PERSPECTIVE AND DO NOT ENGAGE IN ACTIVITIES THAT PROMOTE

ANY RELIGIOUS CAUSE.

FORM 990, PART VI, SECTION A, LINE 1:

EXCEPT FOR THE POWER TO AMEND THE ARTICLES OF INCORPORATION AND THE BYLAWS

OF THIS CORPORATION, THE EXECUTIVE COMMITTEE SHALL HAVE ALL THE POWERS AND

AUTHORITY OF THE BOARD OF DIRECTORS IN THE MANAGEMENT OF THE PROPERTY,

BUSINESS, AND AFFAIRS OF THIS CORPORATION IN THE INTERVALS BETWEEN MEETINGS

OF THE BOARD OF DIRECTORS, SUBJECT ALWAYS TO THE DIRECTION AND CONTROLS OF

THE BOARD OF DIRECTORS.

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

LOAVES AND FISHES TOO

Employer identification number

41-1421522

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

THE FORM 990 IS REVIEWED BY THE EXECUTIVE COMMITTEE ON A DETAILED LEVEL AND THEN PROVIDED TO THE FULL BOARD PRIOR TO ITS FILING WITH THE IRS.

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

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY COVERS DIRECTORS, OFFICERS

AND EMPLOYEES. ANNUALLY, EACH COVERED PERSON COMPLETES A DISCLOSURE FORM

IDENTIFYING RELATIONSHIPS WHERE A CONFLICT COULD ARISE. PRIOR TO BOARD OR

COMMITTEE ACTION ON A CONTRACT OR TRANSACTION INVOLVING A CONFLICT OF

INTEREST, THE INDIVIDUAL WITH THE CONFLICT SHALL DISCLOSE ALL MATERIAL

FACTS. THE INDIVIDUAL WITH THE CONFLICT SHALL NOT PARTICIPATE IN THE BOARD

OR COMMITTEE'S DISCUSSION, SHALL NOT VOTE ON THE MATTER, NOR BE COUNTED IN

DETERMINING THE PRESENCE OF A QUORUM. DETERMINATIONS ARE MADE BY THE

REMAINING BOARD OR COMMITTEE MEMBERS. ALL PROCEEDINGS RESULTING FROM

CONFLICTS OF INTEREST ARE DOCUMENTED IN THE MEETING MINUTES.

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

THE COMPENSATION FOR THE EXECUTIVE DIRECTOR WAS DISCUSSED AT THE FEBRUARY
BOARD MEETING WITH THE FINAL DECISION BEING MADE BY THE BOARD CHAIR. ALL
BOARD MEMBERS ARE INDEPENDENT OF THE EXECUTIVE DIRECTOR. THE BOARD USED
APPROPRIATE COMPARABILITY DATA INCLUDING SALARIES INFORMATION FOR
COMPARABLE POSITIONS IN MINNESOTA AND THE CONSUMER PRICE INDEX FOR
EVALUATION AGAINST THE EXECUTIVE DIRECTOR'S ORIGINAL SALARY AT THE TIME OF
HIRE. THE BOARD REVIEWED THE EXECUTIVE DIRECTOR'S ACHIEVEMENTS AGAINST THE
ESTABLISHED ANNUAL PLAN AND DETERMINED A CHANGE TO COMPENSATION WAS
WARRANTED. THE DISCUSSION IS DOCUMENTED IN BOARD MEETING MINUTES AND IS
CONDUCTED ANNUALLY.

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization  LOAVES AND FISHES TOO	Employer identification number 41-1421522
	-
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE	TO THE PUBLIC
THROUGH THE INTERNET AND THE WEBSITE. THE ORGANIZATION'S G	OVERNING
DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE ON	THE INTERNET.
FORM 990, PART XII, LINE 2C:	
THERE HAS BEEN NO CHANGE FROM PRIOR YEAR TO THE OVERSIGHT	AND SELECTION
PROCESS FOR THE AUDIT OF THE ORGANIZATION'S FINANCIAL STAT	EMENTS.