EXTENDED TO AUGUST 15, 2023

Return of Organization Exempt From Income Tax

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

Department of the Treasury

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.

A For the 2021 calendar year, or tax year beginning OCT 1 2021 and ending SEP 30, 2022 C Name of organization D Employer identification number Check if applicable 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 721 KASOTA AVE SE 612-377-9810 17,645,942. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended MINNEAPOLIS, MN 55414 H(a) Is this a group return return
Application
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 No 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 Trust Association Other > . Year of formation: 1982 M State of legal domicile: MN 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. 16 Number of voting members of the governing body (Part VI, line 1a) 16 Number of independent voting members of the governing body (Part VI, line 1b) 4 49 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 5000 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Prior Year Current Year** 16,173,638. 16,705,383. Contributions and grants (Part VIII, line 1h) 8 Revenue 59,423. 59,731 Program service revenue (Part VIII, line 2g) 58,487 108,101. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 7,043 41,200. 11 16,298,899 16,914,107. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 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) 1,550,665, 1,829,997. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 13,412,096. 14,917,419. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 14,962,761. 16,747,416. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,336,138. 166,691. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 3,115,256. 3,481,660 Total assets (Part X, line 16) 158,159 174,865. 21 Total liabilities (Part X, line 26) 三年 3,323,501. 2,940,391. 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 Print/Type preparer's name Preparer's signature KAREN A. GRIES KAREN A. GRIES 04/27/23 P00078514 Paid Firm's name BAKER TILLY US, LLP 39-0859910 Preparer Firm's EIN ▶ Firm's address > 225 S 6TH ST #2300 Use Only Phone no.612.876.4500 MINNEAPOLIS, MN 55402

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

No

X Yes

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Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	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?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	, , , , , , , , , , , , , , , , , , ,	Yes X No
Ū	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 exp	oneoe
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exper	
		ises, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$15,811,337. including grants of \$) (Revenue \$)	59,423.)
4a	(Code:) (Expenses \$15,811,337. including grants of \$) (Revenue \$) (Revenue \$) LOAVES AND FISHES' FREE MEAL PROGRAMMING PROVIDED OVER 4.2 MILLION	
	HEALTHY MEALS IN CALENDAR YEAR 2022. 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.	
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
TU	(Expenses \$ including grants of \$) (Revenue \$)	
4e	15 011 225	
-10		Form 990 (2021)

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Form 990 (2021) 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? See instructions	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		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	 		
3	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6		<u> </u>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
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		Х
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	Х	
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		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
А	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f		116		
'	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445	х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	21	\vdash
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	х	
	Schedule D, Parts XI and XII	12a		\vdash
р	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			l
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
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		Х
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		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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		x
				-

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	· /		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		Х
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	Х	
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	04-		х
h	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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%			l
	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	07		х
28	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
20	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
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		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
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
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
35a	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			
	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		Х
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 on Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
rai	Check if Schedule O contains a response or note to any line in this Part V			
	Shook it Soliedule O contains a response of flote to any line in this Fart V		Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		169	140
	Enter the number reported in 50x 5 of 10fm 1050. Enter 40 in not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

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Form 990 (2021) LOAVES AND FISHES TOO

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 41-1421522 Page 5

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 49			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
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).			
а	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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	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 11a			
a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them.)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
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.	iou		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
-	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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Form 990 (2021)

LOAVES AND FISHES TOO

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 16 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 16 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 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 Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section 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 only) available 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) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

Form **990** (2021)

55414

CHRISTIAN BOURDO - 612-377-9810 721 KASOTA AVE SE, MINNEAPOLIS, Form 990 (2021) LOAVES AND FISHES TOO 41-1421522 Page **7**

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and title	(B) Average hours per	box	not cl	ss per	ition more rson i	than o	n an	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	In stitutio nal tru stee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) CATHY MAES	40.00	-								
EXECUTIVE DIRECTOR				Х				144,534.	0.	6,031.
(2) EMILY CARPENTER	0.00	-							_	_
BOARD CHAIR		Х		Х				0.	0.	0.
(3) JOHN LARSON	0.00	-							_	_
VICE CHAIR		Х		Х				0.	0.	0.
(4) MICHAEL JONIKAS	0.00	-							_	_
TREASURER		Х		Х				0.	0.	0.
(5) CATHERINE HOLMGREN	0.00	-							_	_
SECRETARY		Х		Х				0.	0.	0.
(6) MICHAEL DEGAN	0.00									
DIRECTOR		Х						0.	0.	0.
(7) JAY GERCZAK	0.00	-								
DIRECTOR		Х						0.	0.	0.
(8) MARK HOILAND	0.00									
DIRECTOR		Х						0.	0.	0.
(9) AUDREY JOHNSON	0.00									
DIRECTOR		Х						0.	0.	0.
(10) CHARANJEET GILL	0.00	-								
DIRECTOR		Х						0.	0.	0.
(11) KARTHIK VISWANATHAN	0.00	1								
DIRECTOR		Х						0.	0.	0.
(12) TWILA JOHNSON	0.00	-								
DIRECTOR		Х						0.	0.	0.
(13) BILL SMITH	0.00	1								
DIRECTOR		Х						0.	0.	0.
(14) SCOTT SMITH	0.00									
DIRECTOR		Х						0.	0.	0.
(15) KURT SWIECICHOWSKI	0.00	1								
DIRECTOR		Х						0.	0.	0.
(16) BOB CHENEY	0.00	1								
DIRECTOR		Х						0.	0.	0.
(17) JJ SCHLANGEN	0.00	1								
DIRECTOR		Х						0.	0.	0. Form 990 (2021)

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Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			_ (0				(D)	(E)			(F)	
Name and title	Average	(do		Posi		າ than ເ	nne	Reportable	Reportable		Es	timat	ed
	hours per	box	, unle	ss per	rson i	is both	n an	compensation	compensation		am	nount	of
	week	offi	cer ar	id a di	irecto	or/trus	tee)	from	from related			other	r
	(list any	ector						the	organizations		com	pensa	ation
	hours for	or dir	a.			ted		organization	(W-2/1099-MISC	/	fr	om th	ne
	related	stee (ruste			eusa		(W-2/1099-MISC/	1099-NEC)		•	aniza	
	organizations	altrus	nal t		loyee	comp		1099-NEC)				d rela	
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizat	ions
	line)	lnd	l su	#0	Ke	훈흡	윤			\rightarrow			
(18) LEAH TOMASETTI	0.00												
DIRECTOR (OUTGOING)		Х						0.		0.			0.
(19) PAULA GRAFF	0.00												
DIRECTOR (OUTGOING)		Х						0.		0.			0.
										\neg			
		1											
	 				\vdash	\vdash				+			
		1											
	-					\vdash				\dashv			
		-											
						<u> </u>				\dashv			
										\neg			
		1											
1h Cubtotal	1				<u> </u>	I		144,534.		0.		6	,031.
1b Subtotal								0.		0.			0.
c Total from continuation sheets to Part VI										0.			
d Total (add lines 1b and 1c)								144,534.		٠٠١			,031.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable				
compensation from the organization													1
										_		Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	сеу е	empl	oye	e, or	hig	hest compensated empl	oyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual									[3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	0.000? <i>If</i> "Yes	" co	mnle	ete S	Sche	dule	. <i>I f</i>	or such individual	· ·		4	Х	
5 Did any person listed on line 1a receive or a										"			
rendered to the organization? If "Yes," com	•				•			•			5		х
Section B. Independent Contractors	ipiete Scrieduit	. J 1	or st	ICII Ļ	Jers	OII .							-
·	mnonostad inc	lono	مامه	ot oo		t - ·	+h	and received mare than C	100 000 of compo		ion fre		
1 Complete this table for your five highest co										เรสไ	IOII ITC	л 1 1	
the organization. Report compensation for	the calendar ye	ear e	enair	ıg w	ith C	or wi	tnin		ear.	—			
(A) Name and business	addraga	370						(B)	oniooo	C.	(C omper	;) aaatic	20
Ivalle and business	auuress	NO	NE				_	Description of s	ervices		Jilipei		ווכ
							_						
				•		_	\exists						
							\dashv						
							J						
2 Total number of independent contractors (in		ot IIr	nited	to t			ted	above) who received mo	ore than				
\$100,000 of compensation from the organization	zation >				(0						202	
										- 1	Form	990	(2021)

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Form 990 (2021) LOAVES AND
Part VIII Statement of Revenue

		Check if Cahadula O			or note to ony lin	o in this Dort VIII			
		Check if Schedule O	contains a res	sponse	or note to any iin	e in this Part VIII (A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
						Total Toveride	function revenue	business revenue	from tax under
									sections 512 - 514
ts ts	1 a	Federated campaigns	<u>1</u>	а					
ran	b	Membership dues	1	b					
Ω,E	c	Fundraising events	1	С	7,346.				
ifts Ir A	c			d					
Contributions, Gifts, Grants and Other Similar Amounts	-	Government grants (contr		e	287,438.				
Sir	f	All other contributions, gifts,		1	,				
utic	•			_	16,410,599.				
ē₽		similar amounts not included		f					
ont	Q.	Noncash contributions included in	_	g \$	13,812,212.	16 705 202			
<u>S</u> <u>E</u>	h	Total. Add lines 1a-1f				16,705,383.			
					Business Code				
e	2 a	HUB FEES			900099	59,423.	59,423.		
e vi	b								
Se	c	;							
am	c	l							
Program Service Revenue	e	•							
Pro	f	All other program service	revenue						
		Total. Add lines 2a-2f			•	59,423.			
	3	Investment income (include				,			
	·	other similar amounts)				52,835.			52,835.
	4					02,000.			
	4	Income from investment of	=	-					
	5	Royalties							
			(1) F	Real	(ii) Personal				
		Gross rents	6a						
	b	Less: rental expenses	6b						
	c	Rental income or (loss)	6c						
	c	Net rental income or (loss) <u> </u>						
	7 a	Gross amount from sales of	(i) Sec	urities	(ii) Other				
		assets other than inventory	7a 78	7,101.					
	b	Less: cost or other basis							
e		and sales expenses	7b 733	1,629.	206.				
enı	c	Gain or (loss)	-	5,472.					
Revenue		Net gain or (loss)			•	55,266.			55,266.
erF		Gross income from fundraisi				,			,
Oth			7,346. c						
O		contributions reported on							
		•	•	I	0.				
		Part IV, line 18							
		Less: direct expenses			<u> </u>	0.			
		Net income or (loss) from	_			٥.			
	9 a	Gross income from gamin		I					
		Part IV, line 19							
		Less: direct expenses							
	C	Net income or (loss) from	gaming activ	ities					
	10 a	Gross sales of inventory, I	ess returns						
		and allowances		10a					
	b	Less: cost of goods sold							
		Net income or (loss) from							
		, , =			Business Code				
Sno	11 =	MISCELLANEOUS			900099	41,200.			41,200.
neo	b					.,=			,=
Miscellaneous Revenue									
Sce	C								
Ĭ	C	All other revenue				41 200			
		Total. Add lines 11a-11d			·····	41,200. 16,914,107.	59,423.		149,301.
	12	Total revenue. See instruction	nns			TO . D T 4 . T U / .	ı 59.423.	0.	, 149.3UL.

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

_	Check if Schedule O contains a respons	(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				
2					
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,	150,566.	112,211.	22,757.	15,598
6	trustees, and key employees	130,300.	112,211.	22,137.	13,33
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	1,389,036.	1,033,646.	210,862.	144,528
7 8	Other salaries and wages	1,303,030.	1,033,040.	210,002.	144,520
0	Pension plan accruals and contributions (include	26,729.	20,632.	3,617.	2,480
^	section 401(k) and 403(b) employer contributions)	177,955.	137,358.	24,085.	16,51
9	Other employee benefits	85,711.	66,159.	11,600.	7,95
0	Payroll taxes	05,711.	00,133.	11,000.	7,55
1	Fees for services (nonemployees):				
а	Management	1,015.		1,015.	
b	Legal	11,407.		11,407.	
C	Accounting	11,407.		11,407.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	15 007		15 007	
f	Investment management fees	15,907.		15,907.	
g	Other. (If line 11g amount exceeds 10% of line 25,	10.077	0 420	4 420	
	column (A), amount, list line 11g expenses on Sch O.)	12,877.	8,439.	4,438.	
2	Advertising and promotion	140 200	72.216	40.224	27.65
3	Office expenses	140,300.	72,316.	40,334.	27,650
4	Information technology				
15	Royalties	106.051	110 176	07.750	10.00
6	Occupancy	196,254.	149,476.	27,752.	19,020
7	Travel	210,659.	99,534.	65,928.	45,197
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates	100 =10			
2	Depreciation, depletion, and amortization	186,713.	112,028.	74,685.	
3	Insurance	50,705.	22,331.	16,834.	11,54
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	DONATED FOOD	13,565,813.	13,565,813.		
b	PURCHASED FOOD/SUPPLIES	312,358.	312,013.	205.	140
С	PROMOTION	71,581.	31,524.	23,765.	16,29
d	REPAIRS AND MAINTENANCE	10,715.	10,715.		
е	All other expenses	131,115.	57,142.	43,078.	30,89
5	Total functional expenses. Add lines 1 through 24e	16,747,416.	15,811,337.	598,269.	337,81
6	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)				

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Form 990 (2021) Part X Balance Sheet

Par	ιλ	Charle if Cahadula Coantains a response and		urline in Heie Dest V			
		Check if Schedule O contains a response or r	ote to an	y line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			646,158.	1	485,317.
	2	Savings and temporary cash investments			22,436.	2	22,324.
	3	Pledges and grants receivable, net			39,860.	3	91,071.
	4	Accounts receivable, net	,	4	,		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqu					
	_	under section 4958(f)(1)), and persons describ	•	`		6	
G	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Donat and a company of the state of the stat			28,543.	9	69,242.
		Land, buildings, and equipment: cost or other			·		·
		basis. Complete Part VI of Schedule D	1	1,205,250.			
	b				500,695.	10c	562,019.
	11	Investments - publicly traded securities	2,243,968.	11	1,885,283.		
	12	Investments - other securities. See Part IV, lin	, ,	12	, ,		
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must ea	3,481,660.	16	3,115,256.		
	17	Accounts payable and accrued expenses			151,396.	17	149,118.
	18	Grants payable	·	18	•		
	19	Deferred revenue	6,763.	19	25,747.		
	20	Tax-exempt bond liabilities		·	20	·	
	21	Escrow or custodial account liability. Complet				21	
	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sul					
ig		controlled entity or family member of any of the				22	
Lis	23	Secured mortgages and notes payable to unr				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir					
		of Schedule D		, ·		25	
	26	Total liabilities. Add lines 17 through 25			158,159.	26	174,865.
		Organizations that follow FASB ASC 958, c	heck her	e 🕨 🗓			·
es		and complete lines 27, 28, 32, and 33.		,			
auc	27	Net assets without donor restrictions			3,314,067.	27	2,935,957.
Bali	28	Net assets with donor restrictions			9,434.	28	4,434.
pu		Organizations that do not follow FASB ASC					
Ψ		and complete lines 29 through 33.	,	, —			
ğ	29	Capital stock or trust principal, or current fund	ds			29	
sets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			3,323,501.	32	2,940,391.
~	33	Total liabilities and net assets/fund balances			3,481,660.	33	3,115,256.

Form	1990 (2021) LOAVES AND FISHES TOO	41-14215	22	Pa	ge 12
Pa	rt 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	,914,	107.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16	,747,	416.
3	Revenue less expenses. Subtract line 2 from line 1	3			691.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	,323,	501.
5	Net unrealized gains (losses) on investments	5		-549,	801.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	2	,940,	391.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
				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 on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3h	l	1

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **Employer identification number** 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).) 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 on 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). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

LOAVES AND FISHES TOO 41-1421522 Page 2

Schedule A (Form 990) 2021 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

_	falls to qualify under the tests	listed below, pleas	se complete Fait ii	1.)			
Sec	ction A. Public Support	· · · · · · · · · · · · · · · · · · ·					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4,341,468.	4,999,608.	10,667,431.	16,173,638.	16,764,806.	52,946,951.
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	4,341,468.	4,999,608.	10,667,431.	16,173,638.	16,764,806.	52,946,951.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						52,946,951.
	ction B. Total Support	г т					
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	4,341,468.	4,999,608.	10,667,431.	16,173,638.	16,764,806.	52,946,951.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	12,258.	12,882.	13,632.	28,123.	52,835.	119,730.
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.)				7,043.		7,043.
11	Total support. Add lines 7 through 10						53,073,724.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	59,423.
13	First 5 years. If the Form 990 is for the	· ·	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop						>
	ction C. Computation of Publi					<u> </u>	
	Public support percentage for 2021 (I					14	99.76 %
	Public support percentage from 2020					15	99.80 %
16a	33 1/3% support test - 2021. If the d						
	stop here. The organization qualifies						
k	33 1/3% support test - 2020. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			=	•	VI how the organiz	ation
	meets the facts-and-circumstances te	-	•		-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the				-		. —
	organization meets the facts-and-circu			•			
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	ı, 16b, 17a, or 17b	, check this box ar		(Form 000) 2024

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨 📗	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 performed, 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						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6					'	
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	on,
check this box and stop here	•		•	•		
Section C. Computation of Public						
15 Public support percentage for 2021 (lin	e 8, column (f), d	livided by line 13, o	column (f))		15	
16 Public support percentage from 2020 S					16	
Section D. Computation of Invest	ment Income	e Percentage				
17 Investment income percentage for 202	:1 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	
18 Investment income percentage from 20					18	
19a 33 1/3% support tests - 2021. If the o	rganization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box and	I stop here. The	organization quali	fies as a publicly s	upported organiza	ation	▶□
b 33 1/3% support tests - 2020. If the o	rganization did r	not check a box on	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	nd
line 18 is not more than 33 1/3%, check	this box and st	t op here. The orga	nization qualifies a	as a publicly supp	orted organization	▶□
20 Private foundation. If the organization	did not check a	box on line 14, 19	a. or 19b. check th	nis box and see in:	structions	▶□

132023 01-04-22

LOAVES AND FISHES TOO 41-1421522 Schedule A (Form 990) 2021 Page 4

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")? |f "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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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		
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2		
За		
Ja		
3b		
0.0		
0-		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
90		
9c		
10a		
704		
10b		
	n 990)	2021

132024 01-04-21

Sche	dule A (Form 990) 2021 LOAVES AND FISHES TOO	41-1421522	Pa	age 5
Par	t IV Supporting Organizations (continued)			
			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		1	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one su organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated and	officers, s) pported		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	11		
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,			
0	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		1	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sac	the supported organization(s). tion D. All Type III Supporting Organizations	1		
360	uon B. Ali Type ili Supporting Organizations		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
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 in	nstructions).		
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.	entity (see instruction	1 <u>s).</u>	
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 on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
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 Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on I	Nov. 20, 1970 (explain in l	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		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 integrate	d Type III supporting orga	nization (see
	instructions).			·

Par	rt V	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	ınizations _{(continu}	ed)	
Sect	ion D -	Distributions				Current Year
1	Amou	nts paid to supported organizations to accomplish exer	mpt purposes		1	
2		nts paid to perform activity that directly furthers exemp				
	organi	zations, in excess of income from activity		2		
3	Admin	istrative expenses paid to accomplish exempt purpose	s	3		
4		nts paid to acquire exempt-use assets			4	
5		ied set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6		distributions (describe in Part VI). See instructions.	, , , , , , , , , , , , , , , , , , ,		6	
7		annual distributions. Add lines 1 through 6.			7	
8		outions to attentive supported organizations to which the	ne organization is responsive			
		de details in Part VI). See instructions.	3		8	
9		outable amount for 2021 from Section C, line 6			9	
10		amount divided by line 9 amount			10	
			(i)	(ii)		(iii)
Secti	ion E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	s	Distributable Amount for 2021
1	Distrib	outable amount for 2021 from Section C, line 6				
2	Under	distributions, if any, for years prior to 2021 (reason-				
	able c	ause required - explain in Part VI). See instructions.				
3	Exces	s distributions carryover, if any, to 2021				
a	From 2	2016				
b	From 2	2017				
С	From 2	2018				
d	From 2	2019				
е	From 2	2020				
f	Total	of lines 3a through 3e				
g	Applie	ed to underdistributions of prior years				
h	Applie	ed to 2021 distributable amount				
i	Carryo	over from 2016 not applied (see instructions)				
	Remai	inder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distrib	outions for 2021 from Section D,				
	line 7:	\$				
a	Applie	ed to underdistributions of prior years				
		ed to 2021 distributable amount				
	Remai	inder. Subtract lines 4a and 4b from line 4.				
5		ining underdistributions for years prior to 2021, if				
		subtract lines 3g and 4a from line 2. For result greater				
		ero, explain in Part VI. See instructions.				
6		ining underdistributions for 2021. Subtract lines 3h				
		o from line 1. For result greater than zero, explain in				
		1. See instructions.				
7		s distributions carryover to 2022. Add lines 3j				
•	and 4					
8		down of line 7:				
		s from 2017				
		s from 2018				
		s from 2019				
		s from 2020				
		s from 2021				

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

Inspection

Name of the organization

Employer identification number

	LOAVES AND FISHES TOO			41-1421522
Pai			r Accour	its. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.		
		(a) Donor advised funds	(b) Fur	ids 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 v		d funds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?		•	Yes No
Par				
1	Purpose(s) of conservation easements held by the organization		21 (14, 11110 7	
•	Preservation of land for public use (for example, recreations)		historically	important land area
	Protection of natural habitat	Preservation of a	-	•
	Preservation of open space	i reservation of a	Certified III.	stone structure
2	Complete lines 2a through 2d if the organization held a qualif	ind conservation contribution in the form of	a concento	tion accoment on the last
2	day of the tax year.	led conservation contribution in the form of	a conserva	Held at the End of the Tax Year
_			0-	TIOTA AT THE ENA OF THE TAX TOUT
b				
C	Number of conservation easements on a certified historic stru			
d	Number of conservation easements included in (c) acquired a	•		
	listed in the National Register			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the o	rganization	during the tax
	year ▶			
4	Number of states where property subject to conservation eas	· · · · · · · · · · · · · · · · · · ·		
5	Does the organization have a written policy regarding the per			
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	rvation ease	ements during the year
				
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	n easemen	ts during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)	(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense st	atement an	d
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statemen	ts that desc	cribes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of		er Simila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 956	8, not to report in its revenue statement and	d balance sl	neet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in furt	herance of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	icial statements that describes these items.		
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and ba	lance sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	rance of pul	blic service,
	provide the following amounts relating to these items:	,		,
	(i) Revenue included on Form 990, Part VIII, line 1		•	\$
	400 A			• ———
2	If the organization received or held works of art, historical trea			
_	the following amounts required to be reported under FASB A		,, provide	•
9	Revenue included on Form 990, Part VIII, line 1	_	•	\$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions		·······	Schedule D (Form 990) 2021
	. S apor more ricadonom not richoe, see the monuchons			

Schedule D (Form 990) 2021

562,019

562,019.

638,511.

e Other

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)

1,200,530

Part VII Investments - Other Securities.			r age s
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(G) (H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		_	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	ot-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
		<u> </u>	
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e i ie or 11t. See Form 990, Part X, line 25.	(h) Pook velve
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			
<u>(7)</u>			
(9)	. 05.)	<u> </u>	
Total. (Column (b) must equal Form 990, Part X, col. (B) line Liability for upportain tax positions. In Part XIII. provide	,		t roports the
Liability for uncertain tax positions. In Part XIII, provide organization's liability for uncertain tax positions under			

Sched	dule D (Form 990) 2021 LOAVES AND FISHES TOO			41-142152	2 Page 4			
Part	XI Reconciliation of Revenue per Audited Financial State	ments With Re	evenue per Re	turn.				
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.						
1	Total revenue, gains, and other support per audited financial statements			1	16,540,919.			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
	Net unrealized gains (losses) on investments		-549,801.					
	Donated services and use of facilities		192,520.					
С	Recoveries of prior year grants	2c						
	Other (Describe in Part XIII.)	2d						
	Add lines 2a through 2d			2e	-357,281.			
	Subtract line 2e from line 1			3	16,898,200.			
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1	15 007					
	Investment expenses not included on Form 990, Part VIII, line 7b		15,907.					
	Other (Describe in Part XIII.)	4b			15 005			
	Add lines 4a and 4b			4c	15,907.			
5 Dor	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) t XII Reconciliation of Expenses per Audited Financial Stat	omonte With E	vnoncoc nor E		16,914,107.			
Par			xpenses per r	return.				
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		Г. Г	16 024 020			
				1	16,924,029.			
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	100 500					
	Donated services and use of facilities		192,520.					
	Prior year adjustments							
	Other losses	l l						
	Other (Describe in Part XIII.)	2d		-	100 500			
	Add lines 2a through 2d			2e	192,520.			
	Subtract line 2e from line 1			3	16,731,509.			
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1						
	Investment expenses not included on Form 990, Part VIII, line 7b		15,907.					
b	Other (Describe in Part XIII.)	4b						
	Add lines 4a and 4b			4c	15,907.			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	16,747,416.			
Par	t XIII Supplemental Information.							
Provid	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b an	d 2b; Part V, line 4	; Part X, line 2;	Part XI,			
lines 2	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional informa	tion.					
PART	V, LINE 4:							
ENDO	WMENT FUNDS ARE USED TO PROVIDE OPERATIONAL FINANCIAL SUPP	ORT ANNUALLY						
ON A	LIMITED BASIS, AND TO USE FOR NEW ORGANIZATIONAL STRATEGI	C VENTURES						
3 D D D	NUED DV MUE DOADD							
APPRO	DVED BY THE BOARD.							
	W 17377 0							
PART	X, LINE 2:							
THE C	DRGANIZATION HAS RECEIVED NOTIFICATION THAT IT QUALIFIES A	S A						
	THE COUNTY OF TH							
TAX-I	EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE U.S. IN	TERNAL						
DEVICENTE CODE AND CORRECTORING DECAUTORIS OF CHART LAW AND ACCORDINGLY								
REVE	REVENUE CODE AND CORRESPONDING PROVISIONS OF STATE LAW AND, ACCORDINGLY,							
TO NOW CITETED TO BEDEDAT OF CHAME INCOME MAYED HOWEVED AND INDEFAMED								
או פיד	IS NOT SUBJECT TO FEDERAL OR STATE INCOME TAXES. HOWEVER, ANY UNRELATED							
TNCO	INCOME MAYBE SUBJECT TO TAXATION.							
114001	IN INITIAL SOURCE TO THEIRITOR,							

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number LOAVES AND FISHES TOO 41-1421522 Part I Questions Regarding Compensation

			Yes	No		
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,					
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or charter travel Housing allowance or residence for personal use					
	Travel for companions Payments for business use of personal residence					
	Tax indemnification and gross-up payments Health or social club dues or initiation fees					
	Discretionary spending account Personal services (such as maid, chauffeur, chef)					
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's					
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to					
	establish compensation of the CEO/Executive Director, but explain in Part III.					
	Compensation committee Written employment contract					
	Independent compensation consultant Compensation survey or study					
	Form 990 of other organizations Approval by the board or compensation committee					
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a related organization:					
а	Receive a severance payment or change-of-control payment?	4a		Х		
b	b Participate in or receive payment from a supplemental nonqualified retirement plan?					
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the revenues of:					
а	The organization?	5a		X		
b	Any related organization?	5b		Х		
	If "Yes" on line 5a or 5b, describe in Part III.					
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the net earnings of:					
	The organization?	6a		X		
b	Any related organization?	6b		X		
	If "Yes" on line 6a or 6b, describe in Part III.					
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
	Regulations section 53.4958-6(c)?	9				

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CATHY MAES	(i)	132,034.	12,500.	0.	4,336.	1,695.	150,565.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0,	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
-	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

Name of the organization Employer identification number LOAVES AND FISHES TOO 41-1421522

Fai	LI	Types	of Froperty								
				(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contr amounts report Form 990, Part V	rted on	Method of noncash contri			S
1	Art -	Works of	art			·					
2			treasures								
3			interests								
4			plications								
5			ousehold goods								
6			vehicles								
7			nes								
8		llectual pro									
9		-	perty blicly traded	х	6		53 879.	FAIR MARKET VA	LUE		
10			sely held stock				00,075.				
11			rtnership, LLC, or								
••		t interests	• • • • • • • • • • • • • • • • • • • •								
12			scellaneous								
13			ervation contribution -								
13		oric structi									
11			ervation contribution - Other								
14 15			esidential								
16			ommercial								
17				x	23		192 520	FAIR MARKET VA	LUE		
18			ther		23		152,520.	***************************************			
19			······································	х	215	13 !	565 813.	FAIR MARKET VA	LUE		
20			dical supplies				, , , , , , , , , , , , , , , , , , ,				
21											
 22			acts								
 23			imens								
24			artifacts								
 25		er 🕨 ()								
26		er 🕨)								
27		er 🕨)								
28		er 🕨	<u> </u>								
29			ms 8283 received by the organiz	zation durino	the tax vear for co	ontributions					
			organization completed Form 828	-	•		29			0	
				, ,	J		•			Yes	No
30a	Duri	ng the yea	r, did the organization receive by	/ contributio	n any property rep	orted in Part I, line	es 1 throug	h 28, that it			
		• .	at least three years from the date			*	_	Ť			
			ses for the entire holding period?			-			30a		Х
b			be the arrangement in Part II.								
31		•	nization have a gift acceptance p	oolicy that re	quires the review o	of any nonstandar	d contribut	ions?	31		х
	Doe	s the organ	nization hire or use third parties of	or related or	ganizations to solid	cit, process, or sel	Il noncash	•••••			
		tributions?	·		•				32a		Х
b	If "Y	es," descr	be in Part II.								
33	If the	e organizat	ion didn't report an amount in co	olumn (c) for	a type of property	for which column	n (a) is ched	cked,			
		cribe in Pa									

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

132142 11-17-21 Schedule M (Form 990) 2021

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

LOAVES AND FISHES TOO

Employer identification number 41-1421522

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 1A: 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) 2021 Page **2**

Employer identification number Name of the organization LOAVES AND FISHES TOO 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.

Name of the organization	Employer identification number
LOAVES AND FISHES TOO	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 GOVERNING	
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 STATEMENTS.	