EXTENDED TO NOVEMBER 16, 2020

(Rev January 2020)

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations):

Open to Public

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

Inspection

OMB No 1545-0047

A	For	the 2019 calendar year, or tax year beginning and	l ending		
В	Check	C Name of organization		D Employer identifi	cation number
	applic				
	Ad cha	dress FISH OF ALBANY, INC.			
	Na cha	me Doing business as		7 51-01758	18
	Init	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Fin	al 1880 HILL STREET SE		541-928-	4460
	terr ate	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	269,593.
	retu		·-··	H(a) Is this a group re	eturn
	tior		Sh	for subordinates	? Yes X No
	per	SAME AS C ABOVE	大人	H(b) Are all subordinates in	ncluded? Yes No
<u> 1</u>	Tax-e	exempt status X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	If "No," attach a	list (see instructions)
		site: WWW.FISHOFALBANY.COM		H(c) Group exemptio	n number 🕨
		of organization: X Corporation Trust Association Other ▶	L Year	of formation. 1973 N	State of legal domicile: OR
<u>[</u> F	art i	· · · · · · · · · · · · · · · · · · ·			
q	, 1	Briefly describe the organization's mission or most significant activities PROV	IDE EM	ERGENCY ASS	ISTANCE TO
Activities & Governance		THE NEEDY WITHIN THE COMMUNITY			
ern	2	Check this box if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	
30V	3	Number of voting members of the governing body (Part VI, line 1a)		3	14
8	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	14
ies	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	6
Ĕ	6	Total number of volunteers (estimate if necessary)	İ	6	0
Ą	7 7	a Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	\neg	Net unrelated business taxable income from Form 990-T, line 39		7b	0.
0 1 2021 Revenue		Net unrelated business taxable income from Form 990-T, line 39 SFP 00 2020 Contributions and grants (Part VIII. line 1b)	. —	Prior Year	Current Year
22 =	8	and VANSAS CILY, MC	' ⊢	188,691.	131,767.
	9			38,828.	34,710.
0 %	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-	32,439.	27,818.
JDF	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	259,958.	194,295.	
=	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)		239,930.	0.
SCANNED Expenses	14	Benefits paid to or for members (Part IX, column (A), line 4)	-	0.	0.
当"	15			70,054.	81,381.
Zä	162	Professional fundraising fees (Part IX, column (A), line 11e)	-	0.	0.
Αğ	100	o Total fundraising expenses (Part IX, column (D), line 25)	o.		
S	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		107,150.	94,010.
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		177,204.	175,391.
	19	Revenue less expenses Subtract line 18 from line 12		82,754.	18,904.
Net Assets or Fund Balances	1	THE TOTAL TOTAL TOTAL THE TOTAL THE TENT TO THE TENT THE	Ben	inning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)	208	909,501.	1,003,454.
ASS	21	Total liabilities (Part X, line 26)		2,410.	3,969.
E.E.	22	Net assets or fund balances Subtract line 21 from line 20		907,091.	999,485.
Pa	art II				
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of my	knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer l	has any knowledge.	
		+ taurily an		91112	-0
Sig	n	Signature of officer		Date	
Her	e	HOLLY RYAN, EXECUTIVE DIRECTOR		· · · · · · · · · · · · · · · · · · ·	
	_	Type or print name and title			
_	_	Print/Type preparer's name	- 44	ate Check	PTIN
Paid		DEBRA L. BLASQUEZ	EXAUG		
	arer		P.C.	Firm's EIN ▶ S	3-0612582
Use	Only	Firm's address 920 ELM STREET SW			1)006 5540
-	- Al-	ALBANY, OR 97321-2037		Phone no. (5 4	1)926-5543
ıvıay	r trie li	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

For	m 990 (2019) FISH OF ALBANY, INC.	51-0175818	Page 2
Pá	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		<u> </u>
1	Briefly describe the organization's mission.		
	THE PRINCIPAL PURPOSE OF THIS ORGANIZATION IS TO PROVIDE	E TEMPORARY	
	ASSISTANCE TO PERSONS IN NEED INCLUDING SHELTER SERVICES		
	OBJECTIVE IS TO FILL THE GAP FOR THE HUNGRY, THOSE WITHOUT		
	CLOTHING OR MEDICINE, AND THOSE WHO NEED TRANSPORTATION		
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	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
•	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported	.0, (0.12. 0.1,001.000, 4	
4a	450 200	62 1	528.)
70	FISH PROVIDES FOOD, CLOTHING, AND SHELTER, INCLUDING TRA		
	TEMPORARY HOUSING TO THE NEEDY, HOMELESS, AND DISASTER V		<u></u>
	TEMPORARY HOUSING TO THE NEEDY, HOMBEBOO, AND DIDAGIBLE V	1011110.	
			
		 · · · · · · · · · · · · · · · ·	
			
			
4h	(Code) (Expenses \$	9 \$	1
	(COOR	·*	
			· - · -
		· · · · · · · · · · · · · · · · · · ·	
			
łc	(Code) (Expenses \$ including grants of \$) (Revenue	\$	
	, (and and and and and and and and and and		
			
d d	Other program services (Describe on Schedule O)		
~	(Expenses \$ including grants of \$) (Revenue \$	}	
— е	Total program service expenses 150,382.		
		Form 99	0 (2019)

Form 990 (2019) FISH OF ALBANY, INC.
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)?		103	110
'	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		х
2	Did the organization required to complete <i>scriedule B, scriedule or commutators</i> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	-		-23
3		3		x
_	public office? If "Yes," complete Schedule C, Part I	<u> </u>	_	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	١.		v
_	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			37
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	-	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		٠,,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	i		۱
	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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
ь	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		<u> </u>
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		İ	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	}	X_
5	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		X _
6	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
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		$\neg \neg$	
•	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		-	
J	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
0	·	,,,		
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		X
n-	complete Schedule G, Part III	20a		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		- 1	v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	Χ_

Form 990 (2019) FISH OF ALBANY, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			i
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	ļ	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	ł		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete'			
	Schedule J	23		X
24 8	a 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-		x
	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		
,	i 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		X
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		Х
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%			ı
	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			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	_		
	"Yes," complete Schedule L, Part IV	28a		<u>X</u>
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00-		х
00	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	-	
30	contributions? If "Yes," complete Schedule M	30		Х
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	<u> </u>		
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		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		_X_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		- 1	
	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		<u> X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	ĺ		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		3.5	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	—
· al			ı	
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1-	Enter the number reported in Box 3 of Form 1096 Enter ·0· if not applicable		162	140
	Enter the number of Forms W-2G included in 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		
	01-20-20	Form	990 (2	2019)

Form 990 (2019) FISH OF ALBANY, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2 a	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 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
40	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
_	If "Yes," enter the name of the foreign country		 -	
U				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	5a		Х
5a		5b		X
b		5c		11
C	· · · · · · · · · · · · · · · · · · ·	30		
6a	· · · · · · · · · · · · · · · · · · ·	6-		х
	any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	-		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_	l	v
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		<u> X</u>
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	_		77
	to file Form 8282?	7c		_X_
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		77
е		7e		<u>X</u>
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.			
а	Gross income from members or shareholders	i		
b	Gross income from other sources (Do not net amounts due or paid to other sources against		1	
	amounts due or received from them)		1	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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			
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		<u>X</u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			37
	excess parachute payment(s) during the year?	15		<u> </u>
	If "Yes," see instructions and file Form 4720, Schedule N	[7.7
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u>X</u>
	If "Yes," complete Form 4720, Schedule O		000	0040
		rorm	990 (ZU 19)

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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

	to line ba, bb, or rob below, describe the circumstances, processes, or changes on schedule of see instructions			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Se	ction A. Governing Body and Management		T.,	
		14	Yes	No
18	a Enter the number of voting members of the governing body at the end of the tax year 1a			
	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 0.	1 4		
_	b Enter the number of voting members included on line 1a, above, who are independent 1b	14		
2				v
_	officer, director, trustee, or key employee?	2	-	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			v
	of officers, directors, trustees, or key employees to a management company or other person?	3_	 	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<u> </u>	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	 	X
6	Did the organization have members or stockholders?	6		X
7a				37
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			w
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		٠,	
	a The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			37
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	Ц	X
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		T., 1	<u> </u>
		40.	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	405		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the fo	rm? 11a	 	
		40-	🕡	
12a	· · · · · ·	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	^	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-		
40	In Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	<u> </u>	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			37
		15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			77
	taxable entity during the year?	16a	-	<u>X</u>
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		1	
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶OR			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 50	11(c)(3)s only) availa	ple
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest poli	cy, and finan	icial	
_	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	HOLLY RYAN - (541)928-4460 1880 HILL ST SW. ALBANY OREGON 97321-2369			
	TABU BILL ST SW. ALBANY DRUGON 9/3/1-/369			

form 990 (2019)	FISH O	F ALBANY, INC.	51	L-0175818 Page 7
	4 6 44		 	

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

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

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

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

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				n than is bot	one th an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations	
(1) DAVID SCHNEBLY	2.00										
DIRECTOR	0.00	X	<u> </u>			_	<u> </u>	0.	0.	0.	
(2) PEGGY HANSON	2.00	1				ļ				•	
DIRECTOR	2 00	X					_	0.	0.	0.	
(3) CARL HANSON	2.00	.						0.	0.	0	
DIRECTOR	2.00	X	Н				\vdash	0.	0.	0.	
(4) GLEN BAISINGER	2.00	х						0.	0.	0.	
DIRECTOR (5) JEFF SONDERMAN	2.00	^					_	0.	0.		
DIRECTOR	2.00	X						o.	0.	0.	
(6) BOB WETMORE	2.00		Н								
DIRECTOR	2,00	\mathbf{x}						0.	0.	0.	
(7) JANEL BENNETT	2.00										
DIRECTOR		X	i					0.	0.	0.	
(8) ILYNN WINN	2.00									-	
DIRECTOR		X		\Box				0.	0.	0.	
(9) JOHN ROGERS	2.00			1		1					
DIRECTOR		X						0.	0.	0.	
(10) JILLYAN ROGERS	2.00										
DIRECTOR		Х		_				0.	0.	0.	
(11) JOEL PERSHALL	2.00				j		i				
VICE PRESIDENT			_	X		_		0.	0.	0.	
(12) JEANIE MOWERY	2.00									•	
PRESIDENT			 	X				0.	0.	<u> </u>	
(13) ANNA ROGER	2.00	ı		3,		ľ		0	0	0	
SECRETARY	2.00	\dashv	\dashv	X	\dashv	-		0.	0.	0.	
(14) ANGELA STUCKART	2.00		- 1	v				0	0.	0	
TREASURER		-	\dashv	X	\dashv	+	\dashv	0.		0.	
				\perp							
							Ĭ				
		\dashv	\dashv	\dashv	\dashv	\dashv	\dashv				

	m 990 (2019) , FISH OF	ALBANY,	II	NC.	<u></u>					51-0	<u> 175</u>	818	} F	age 8
Pa	art VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st C		es (continued)				
	(A) Name and title	(B) Average hours per week	offic	Pos (do not check box, unless p officer and a			than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	ion a		(F) Estimated amount of other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS				ne tion ted
										 			_	
		-						-			-			
								_						
												_		
	Subtotal Total from continuation sheets to Part VII	I, Section A		1			i	\	0.		0.			0.
d 2	Total (add lines 1b and 1c) Total number of individuals (including but no	ot limited to the	ose l	liste	d ab	ove) wh	o re	0 • eceived more than \$100	000 of reportable	0. e			0.
	compensation from the organization				_								Yes	0 No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su		e, k	еу е	mplo	оуве	e, or	high	hest compensated emp	oyee on		3		х
4	For any individual listed on line 1a, is the sui and related organizations greater than \$150	,000? If "Yes,"	con	nple	te S	che	dule	J fo	or such individual	-		4		х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," comp	•				-		elate	ed organization or individ	dual for services		5		х
1	tion B. Independent Contractors Complete this table for your five highest con	•									pensa	tion f	rom	
	the organization Report compensation for the (A) Name and business a					ith o	r wi	thin	the organization's tax y (B) Description of se			(C) nsatio	n
	Name and business a	<u>auu 633</u>	NO	NE				+	Description of se			,,,pei	10410	<u>-</u>
								+						
			_											
2	Total number of independent contractors (in \$100,000 of compensation from the organization from the organizati		t lim	ited	to t	hose 0		ed a	above) who received mo	ore than			200	
											F	orm S	9 90 (2	2019)

Form 990 (2019) Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (D) (A) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 ons, Gifts, Grants Similar Amounts 1 a Federated campaigns 1a Membership dues 1b c Fundraising events 1c d Related organizations 1d 25,150. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 106,617. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 131,767 Total. Add lines 1a-1f **Business Code** Program Service Revenue f All other program service revenue Total, Add lines 2a-2f Investment income (including dividends, interest, and 3 23,221. 23,221. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 8,800. 6 a Gross rents 6a 0. b Less. rental expenses 6b 8,800. c Rental income or (loss) 8,800. 8,800. d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of 86,787. assets other than inventory 7a b Less: cost or other basis <u>75,298</u> Other Revenue and sales expenses 7b 11,489. c Gain or (loss) 11,489. 11,489. ▶ d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses 8b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 9a 9b b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10b b Less cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 19,018. 19,018. 624200 11 a MISCELLANEOUS d All other revenue 19,018. e Total. Add lines 11a-11d

0.

0.

Total revenue. See instructions

194,295.

62,528.

Form 990 (2019) FISH OF ALBANY, INC.

Part IX | Statement of Functional Expenses

		_ (A)	(B)	(C)	_ \5/
10	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			3	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			i	
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	73,979.	73,979.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	7,402.	7,402.		
11	Fees for services (nonemployees)				
а	Management				
b	Legal				
С	Accounting	2,650.		2,650.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
٠	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	6,594.	4,577.	2,017.	
14	Information technology				
15	Royalties				
16	Occupancy	23,905.	23,905.		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	284.		284.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,041.	8,041.		
23	Insurance	6,928.		6,928.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	FOOD & ASSISTANCE	27,178.	27,178.		
b	MISCELLANEOUS	9,797.	2.72.701	9,797.	
c	GASOLINE	3,877.	3,877.	3,,3,,	··· ····
d	TAXES & LICENSES	2,463.	370773	2,463.	
	All other expenses	2,293.	1,423.	870.	
25	Total functional expenses Add lines 1 through 24e	175,391.	150,382.	25,009.	0.
	Joint costs. Complete this line only if the organization		200,0021	23,303.	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here				

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or note	to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			162,420.	1	152,321
	2	Savings and temporary cash investments		15,128.	2	21,153	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current or f	former c	officer, director,			
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these	person	s		5	
	6	Loans and other receivables from other disqualifie	ons (as defined				
		under section 4958(f)(1)), and persons described	ın sectio	on 4958(c)(3)(B)	······································	6	
sts	7	Notes and loans receivable, net		_		7	
Assets	8	Inventories for sale or use		-		8	
•	9	Prepaid expenses and deferred charges		<u> </u>		9_	
	10a	Land, buildings, and equipment, cost or other		200 000			
		·	10a	388,286. 151,007.	0.45 0.00		027 070
	b	•	245,320.	10c	237,279		
	11	Investments - publicly traded securities	-	406 622	11_	F00 701	
	12	Investments - other securities See Part IV, line 11	_	486,633.	12	592,701	
	13	Investments - program-related See Part IV, line 11		13			
	14	Intangible assets	<u> </u>		14		
	15	Other assets See Part IV, line 11		<u> </u>	000 501	15	1,003,454
	16	Total assets. Add lines 1 through 15 (must equal		909,501. 2,410.	16	3,969	
	17	Accounts payable and accrued expenses	-	2,410.	17 18	3,303	
	18	Grants payable	-		19		
- 1	19	Deferred revenue	-	-	20		
	20	Tax-exempt bond liabilities Escrow or custodial account liability Complete Pa	nd 1\/ of	Sahadula D		21	
.	21 22	Loans and other payables to any current or former					
Liabilities	2.2	trustee, key employee, creator or founder, substar					
ig		controlled entity or family member of any of these				22	
[<u>F</u>	23	Secured mortgages and notes payable to unrelate				23	
- 1	24	Unsecured notes and loans payable to unrelated t		·		24	
	25	Other liabilities (including federal income tax, paya	•				······································
- 1		parties, and other liabilities not included on lines 1					
		of Schedule D	•			25	
	26	Total liabilities. Add lines 17 through 25			2,410.	26	3,969.
		Organizations that follow FASB ASC 958, check	k here	X			
Ses		and complete lines 27, 28, 32, and 33.		Ì			
la l	27	Net assets without donor restrictions			907,091.	27	999,485.
<u> </u>	28	Net assets with donor restrictions		28			
፭		Organizations that do not follow FASB ASC 958	3, check	here 🕨 🗀		Į	
Œ		and complete lines 29 through 33.					
8	29	Capital stock or trust principal, or current funds		L		29	
SSe	30	Paid-in or capital surplus, or land, building, or equip	pment f	und		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income	me, or o	other funds		31	
울	32	Total net assets or fund balances			907,091.	32	999,485.
\perp	33	Total liabilities and net assets/fund balances		i_	909,501.	33	1,003,454. Form 990 (2019)

For	n 990 (2019) FISH OF ALBANY, INC.	<u> 51-</u>	0175818	Pag	e 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	194	, 29	95.
2	Total expenses (must equal Part IX, column (A), line 25)	2	175	, 39	91.
3	Revenue less expenses Subtract line 2 from line 1	3	18	,90	<u>)4.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	907	,09	91.
5	Net unrealized gains (losses) on investments	5	73	,49	90.
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	999	,48	<u> 35.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			t	X
			<u></u> '	es	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>	
	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		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		ŀ	
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		1 1	ı	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,		_	
	review, or compilation of its financial statements and selection of an independent accountant?		2c .	<u> </u>	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch		1 1		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Aud	nt		
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red aud	1 1		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	90 (2	019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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

2019

Open to Public Inspection

Employer identification number Name of the organization 51-0175818 FISH OF ALBANY, INC. Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 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) 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 university 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (i) Name of supported (ii) EIN (III) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1 10 support (see instructions) support (see instructions) organization Yes above (see instructions))

Schedule A (Form 990 or 990-EZ) 2019 FISH OF ALBANY, INC. 51-0175818 Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III)

Se	ction A. Public Support								
Cal	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
1	Gifts, grants, contributions, and					İ			
	membership fees received (Do not								
	include any "unusual grants ")	193,104.	182,813.	141,949.	188,691.	131,767.	838,324.		
2	Tax revenues levied for the organ-								
	ızatıon's benefit and either paid to		1						
	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	193,104.	182,813.	141,949.	188,691.	131,767.	838,324.		
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)		<u> </u>						
	Public support. Subtract line 5 from line 4						838,324.		
Sec	ction B. Total Support	 							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
7	Amounts from line 4	193,104.	182,813.	141,949.	188,691.	131,767.	838,324.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	20,165.	17,583.	33,290.	42,235.	32,021.	145,294.		
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						440 000		
	assets (Explain in Part VI.)	21,065.	45,237.	15,576.	17,339.	19,018.	118,235.		
	Total support. Add lines 7 through 10						1101853.		
	Gross receipts from related activities,				Į	12			
	First five years. If the Form 990 is for		first, second, third	l, fourth, or fifth ta	x year as a section	n 501(c)(3)	. \Box		
200	organization, check this box and stop tion C. Computation of Publi	here	roontago						
							76 00 %		
	Public support percentage for 2019 (li		-	olumn (f))	}	14	76.08 %		
	Public support percentage from 2018			40	1 20 1/00/	15	78.44 %		
	33 1/3% support test - 2019. If the o			line 13, and line i	4 IS 33 1/3% Or m	ore, check this box	k and ►X		
	stop here. The organization qualifies a		_	10 10	luna 15 va 00 1 (00/				
	33 1/3% support test - 2018. If the o				ine 15 is 33 1/3%	or more, check thi	S DOX		
	and stop here. The organization quali	•	• •		10 16 16h -	nd line 14 in 100/ i			
	10% -facts-and-circumstances test								
	and if the organization meets the "fact					i vi now the organi	Zation		
	meets the "facts-and-circumstances" t	•	•		-	70. and line 15 is 1	0% or		
	10% -facts-and-circumstances test	•					U76 UI		
	more, and if the organization meets the				•		▶□		
	organization meets the "facts-and-circ		•	-					
ıδ	Private foundation. If the organization	i dia not check a b	ox on line 13, 16a	, 100, 17a, or 17b	, check this box ar	io see instructions			

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

(Complete	e only ıf	f you checked	the box on line	10 of Part I or i	f the organization failed to qualify	y under Part II If	the organization fails to

qualify under the tests listed be	low, please cor	nplete Part II)				/
Section A. Public Support					. 	
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Gifts, grants, contributions, and				İ		
membership fees received (Do not			1			
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-				i		
iness under section 513					1	
4 Tax revenues levied for the organization's benefit and either paid to						
or expended on its behalf				/		ļ
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				7		
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)			7			
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 201⁄6	(c) 2017	(d) 2018	(e) 2019	(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 in line 10b, whether or not the business is regularly carried on						
12 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, 71, and 12)]	
14 First five years. If the Form 990 is for th	e organization	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	zation,
check this box and stop here						<u> </u>
Section C. Computation of Public	Support Pe	rcentage		. <u>.</u>		
15 Public support percentage for 2019 (line	8, column (f), c	divided by line 13,	column (f))		15	Ç
16 Public support percentage from 2018 Se					16	Ç
Section D. Computation of Investr	ment Incom	e Percentage				
17 Investment income percentage for 2019	(line 10c, colur	nn (f), divided by lii	ne 13, column (f))		17	
18 Investment income percentage from 20					18	9
19a 33 1/3% support tests - 2019. If the org						17 is not
more than 33 1/3%, check this box and						▶
b 33 1/3% support tests - 2018. If the org						and
line 18 is not more than 33 1/3%, check						-
20 Private foundation. If the organization of	lid not check a	box on line 14, 19a	a, or 19b, check th			
932023 09-25-19				Sch	edule A (Form 990	or 990-EZ) 201

Part IV Supporting Organizations

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

A			O	
Section	ı A.	ΑII	Supporting Orga	nizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing	1		
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			İ
	class or purpose, describe the designation. If historic and continuing relationship, explain	1	<u> </u>	
2	Did the organization have any supported organization that does not have an IRS determination of status	i		
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported		ŀ	ĺ
	organization was described in section 509(a)(1) or (2)	2	<u> </u>	<u> </u>
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		İ	
	(b) and (c) below	3a	L	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	1	i :	
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b	L	
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	ł		
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	İ		
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	_ ;		
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to		i	
	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		1	
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	ا ء		
7	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	•		
o	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
Q2	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
O.	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	ļ		
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
_	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	Į	Ì	
	supporting organizations)? If "Yes," answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	data-many subother the expansion had evene highers \	10h	- 1	

Scl	hedule A (Form 990 or 990-EZ) 2019 FISH OF ALBANY, INC. 5	1-01758	18 P	age 5
P	art IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a	<u> </u>	1
ı	b A family member of a person described in (a) above?	11b		<u> </u>
	c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u> </u>
<u>Se</u>	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		ļ	
	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 supported organization,	i		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1_1_		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		1	
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2	<u> </u>	
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			1
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1	<u> </u>	<u>.</u>
Sec	ction D. All Type III Supporting Organizations		1	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			İ
	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_1_	-	 -
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	İ		
	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	<u> </u>	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	İ		1
	significant voice in the organization's investment policies and in directing the use of the organization's			1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			ĺ
<u></u>	supported organizations played in this regard	3		
	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 yea(see instruc	ctions).		
a	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity (s	ee instructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		l i	
	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	0-		
	that these activities constituted substantially all of its activities	2a		
D	Did the activities described in (a) 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	O.		
•	activities but for the organization's involvement	2b	\vdash	
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3.		
L	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a	\vdash	
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		
	or its supported organizations in res, describe in Fait VI the role played by the organization in this regard	JUU		

Sche	edule A (Form 990 or 990 EZ) 2019 FISH OF ALBANY, INC.			51-0175818 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov 20, 1970 (explain in	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must c	omplete S	ections A through E	
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			1
	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		
Secti	on 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			1
	factors (explain in detail in Part VI).			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% 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 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Section	on C - Distributable Amount			Current Year
1 .	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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-functionall	y integrate	d Type III supporting org	anızatıon (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI) See instructions 7 Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions 9 Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) Section E - Distribution Allocations (see instructions) 1 Distributable amount for 2019 from Section C, line 6 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2019 a From 2014 b From 2015 c From 2016 d From 2017	Current Year
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI) See instructions 7 Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions 9 Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) Ci) Underdistributions Pre-2019 1 Distributable amount for 2019 from Section C, line 6 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2019 a From 2014 b From 2015 c From 2016 d From 2017	
organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Bustributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2019 from Section C, line 6 Line 8 amount divided by line 9 amount (i) Excess Distributions Pre-2019 Distributable amount for 2019 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI) See instructions Excess distributions carryover, if any, to 2019 a From 2014 b From 2015 c From 2016 d From 2017	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI) See instructions 7 Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions 9 Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount Section E - Distribution Allocations (see instructions) 1 Distributable amount for 2019 from Section C, line 6 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2019 1 a From 2014 1 From 2015 2 From 2016 3 From 2017	
4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI) See instructions 7 Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions 9 Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount Section E - Distribution Allocations (see instructions) 1 Distributable amount for 2019 from Section C, line 6 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2019 1 From 2014 1 From 2015 2 From 2016 3 From 2017	
5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI) See instructions 7 Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions 9 Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) Excess Distributions 1 Distributable amount for 2019 from Section C, line 6 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2019 a From 2014 b From 2015 c From 2016 d From 2017	
6 Other distributions (describe in Part VI) See instructions 7 Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions 9 Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount Section E - Distribution Allocations (see instructions) 1 Distributable amount for 2019 from Section C, line 6 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2019 a From 2014 b From 2015 c From 2016 d From 2017	
7 Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions 9 Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount Section E - Distribution Allocations (see instructions) 1 Distributable amount for 2019 from Section C, line 6 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2019 a From 2014 b From 2015 c From 2016 d From 2017	
B Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions 9 Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) (ii) Underdistributions Pre-2019 1 Distributable amount for 2019 from Section C, line 6 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2019 a From 2014 b From 2015 c From 2016 d From 2017	
(provide details in Part VI) See instructions 9 Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) Excess Distributions 1 Distributable amount for 2019 from Section C, line 6 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2019 a From 2014 b From 2015 c From 2016 d From 2017	
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Section E - Distribution Allocations (see instructions) 1 Distributable amount for 2019 from Section C, line 6 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2019 a From 2014 b From 2015 c From 2016 d From 2017	
Section E - Distribution Allocations (see instructions) 1 Distributable amount for 2019 from Section C, line 6 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2019 a From 2014 b From 2015 c From 2016 d From 2017	
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2019 a From 2014 b From 2015 c From 2016 d From 2017	(iii) Distributable Amount for 2019
able cause required- explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2019 a From 2014 b From 2015 c From 2016 d From 2017	
3 Excess distributions carryover, if any, to 2019 a From 2014 b From 2015 c From 2016 d From 2017	
a From 2014 b From 2015 c From 2016 d From 2017	
b From 2015 c From 2016 d From 2017	
c From 2016 d From 2017	
d From 2017	
d From 2017	
f Total of lines 3a through e	
g Applied to underdistributions of prior years	
h Applied to 2019 distributable amount	
Carryover from 2014 not applied (see instructions)	
Remainder Subtract lines 3g, 3h, and 3i from 3f	
4 Distributions for 2019 from Section D,	
line 7.	
a Applied to underdistributions of prior years	
b Applied to 2019 distributable amount	
c Remainder, Subtract lines 4a and 4b from 4.	
5 Remaining underdistributions for years prior to 2019, if	
any. Subtract lines 3g and 4a from line 2. For result greater	
than zero, explain in Part VI. See instructions	
6 Remaining underdistributions for 2019 Subtract lines 3h	
and 4b from line 1. For result greater than zero, explain in	
Part VI See instructions	
7 Excess distributions carryover to 2020. Add lines 3j	
and 4c.	
8 Breakdown of line 7.	······································
a Excess from 2015	
b Excess from 2016	
c Excess from 2017	
d Excess from 2018	
e Excess from 2019	

Schedule A	(Form 990 or 990-EZ) 2019 FISH OF ALBANY, INC.	51-0175818 F	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, line II, Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1; Pair Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional (See instructions.)	or 17b, Part III, line 12; s 1 and 2, Part IV, Section (rt V, Section B, line 1e, Part	 D,
			
		-	
			
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<u> </u>			

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.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

	FISH OF ALBANY, IN	IC.			5	<u> 1-01758</u>	18
Pε	rt I Organizations Maintaining Donor Advise		er Simi	lar Funds or A	ccounts.	Complete if th	ie
	organization answered "Yes" on Form 990, Part IV, lir	ne 6					
		(a) Donor ac	Jvised fun	ds (b) Funds an	d other accou	nts
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that the asse	ts held in	donor advised fun	ds		
-	are the organization's property, subject to the organization's	J				Yes	☐ No
6	Did the organization inform all grantees, donors, and donor a	=		nds can be used o	niv		
-	for charitable purposes and not for the benefit of the donor of						
	impermissible private benefit?	·	•	• •	J	Yes	☐ No
Pa	rt II Conservation Easements. Complete if the org	ganization answered	"Yes" on	Form 990, Part IV,	line 7.		
1	Purpose(s) of conservation easements held by the organization						
	Preservation of land for public use (for example, recrea			servation of a histo	rically impo	rtant land area	l
	Protection of natural habitat	,		ervation of a certif	• •		
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation co	ntribution	in the form of a co	nservation e	asement on th	ne last
-	day of the tax year					at the End of the	-
а	Total number of conservation easements				2a		
b	Total acreage restricted by conservation easements			Ì	2b		
c	Number of conservation easements on a certified historic stri	ucture included in (a)		2c		
ď	Number of conservation easements included in (c) acquired a	•	•	toric structure			
Ī	listed in the National Register	,			2d		
3	Number of conservation easements modified, transferred, rel	leased, extinguished	. or termin	ated by the organ		ig the tax	
•	vear ▶	,g	,			•	
4	Number of states where property subject to conservation eas	sement is located					
5	Does the organization have a written policy regarding the per			andling of			
•	violations, and enforcement of the conservation easements it	=	,	· · 		Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting,		s, and enf	orcing conservatio	n easement	ts during the y	ear
-	>	J	·	J			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	d enforcin	g conservation eas	sements du	ring the year	
	▶ \$	•					
8	Does each conservation easement reported on line 2(d) above	e satisfy the require	nents of s	ection 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 r	evenue ar	nd expense statem	ent and		
	balance sheet, and include, if applicable, the text of the footn	ote to the organizati	on's finan	cial statements tha	at describes	the	
	organization's accounting for conservation easements.						
Par	t III Organizations Maintaining Collections of	Art, Historical	Treasu	es, or Other S	imilar As	sets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its	revenue s	tatement and bala	ince sheet v	vorks	
	of art, historical treasures, or other similar assets held for pub	lic exhibition, educa	tion, or res	earch in furtheran	ce of public	;	
	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 958	8, to report in its reve	enue state	ment and balance	sheet work	s of	
	art, historical treasures, or other similar assets held for public	exhibition, education	n, or resea	rch in furtherance	of public se	rvice,	
	provide the following amounts relating to these items						
	(i) Revenue included on Form 990, Part VIII, line 1				\$		
	(ii) Assets included in Form 990, Part X				▶ \$		
	If the organization received or held works of art, historical trea	sures, or other simila	ar assets f	or financial gain, p	rovide		
	the following amounts required to be reported under FASB AS						
	Revenue included on Form 990, Part VIII, line 1	ŭ			▶ \$		
	Assets included in Form 900. Bort V				•	-	

		ALBANY,			·				<u>.75818</u>		<u>, 2</u>
Pa	rt III Organizations Maintaining (Collections of A	Art, His	storical Ti	reasures,	or Oth	er Sim	lar Asse	t s (contini	ued)	
3	Using the organization's acquisition, access	sion, and other reco	ds, che	ck any of the	following th	at make :	significar	it use of its	ı		
	collection items (check all that apply):										
а	Public exhibition		d \square	Loan or exc	change progr	ram					
b	Scholarly research		e 🗀	Other							
c	Preservation for future generations										
4	Provide a description of the organization's c	collections and expla	ain how t	they further t	the organizat	ion's exe	mpt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit										
_	to be sold to raise funds rather than to be m								Yes	N	lo
Pa	rt IV Escrow and Custodial Arran					"Yes" or	Form 99	0, Part IV,			
	reported an amount on Form 990, Pa			J							
1a	Is the organization an agent, trustee, custod	lian or other interme	diary fo	r contribution	ns or other a	ssets not	included	<u> </u>			_
	on Form 990, Part X?		,						Yes	□ ^	lo
ь	If "Yes," explain the arrangement in Part XIII	and complete the fe	ollowina	table							
_	, , , , , , , , , , , , , , , , , , ,		J						Amount		_
С	Beginning balance						1c				_
	Additions during the year						1d				_
-	Distributions during the year						1e				_
f	Ending balance						1f				_
2a	Did the organization include an amount on F	orm 990. Part X. line	e 21. for	escrow or c	ustodial acco	ount liabi	lity?		Yes		lo
	If "Yes," explain the arrangement in Part XIII.										
	rt V Endowment Funds. Complete										_
		(a) Current year	1	Prior year	(c) Two year			years back	(e) Four y	ears bac	k
1a	Beginning of year balance	<u></u>									_
b	Contributions	· · · · · · · · · · · · · · · · · · ·									_
c	Net investment earnings, gains, and losses		<u> </u>		-						_
d	Grants or scholarships		i								_
-	Other expenditures for facilities										_
ŭ	and programs										
f	Administrative expenses										_
g	End of year balance										_
2	Provide the estimated percentage of the curi	rent vear end baland	ce (line 1	a. column (a	a)) held as						_
a	Board designated or quasi-endowment		%	3 , (-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
b	Permanent endowment ▶	%									
		 /*									
Ŭ	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%									
За	Are there endowment funds not in the posse		ation th	at are held a	nd administe	ered for th	ne organi	zation			
	by	-					•		Γ _ν	es No	 o
	(i) Unrelated organizations								3a(ı)		_
	(ii) Related organizations								3a(ii)		_
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	Schedule R?					3b		_
4	Describe in Part XIII the intended uses of the							_			_
Par					·						_
	Complete if the organization answered), Part I	/, line 11a S	ee Form 990), Part X,	line 10				
	Description of property	(a) Cost or o		(b) Cost			cumulat	ed	(d) Book	value	_
		basis (investr		basis (l l		reciation	- 1		-	
12	Land	, ,	<u> </u>		5,000.	<u>:</u>			35	,000	-
	Buildings				1,681.	1	19,5	64.		,117	_
	Leasehold improvements				= , - · - ·					<u> </u>	_
	Equipment			3	1,605.		31,4	43.		162	-
	Other										_
	Add lines 1a through 1e (Column (d) must ed	gual Form 990, Part	X. colur	nn (B), line 1	0c)			•	237	,279	-

(1) Federal income taxes
(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)

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

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

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 FISH OF ALBANY, INC.		51-0175818 Page 4
Part XI Reconciliation of Revenue per Audited Financial Staten		Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a	
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 22 1	
a Net unrealized gains (losses) on investments b Donated services and use of facilities	2a 2b	
b Donated services and use of facilities c Recoveries of prior year grants	2c 2c	i
d Other (Describe in Part XIII)	2d	7
e Add lines 2a through 2d		7 2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	<u> </u>
b Other (Describe in Part XIII)	4b	-
c Add lines 4a and 4b		4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	manta With Evnance no	r Poturn
Part XII Reconciliation of Expenses per Audited Financial State		r neturn.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12	:a	1
 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 		
December of the state of the st	2a	
b Prior year adjustments	2b	7
c Other losses	2c	7
d Other (Describe in Part XIII)	2d]
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	_
b Other (Describe in Part XIII)	4b	-
c Add lines 4a and 4b		4c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	rt IV Iron 1h and 2h Bart V Iron	A Part Y line 2 Part YI
lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any ad		4, 1 art X, 1110 2, 1 art XI,
illies 20 and 40, and 7 art XII, lines 20 and 40 Also complete this part to provide any do		
PART X, LINE 2:		
FISH OF ALBANY, INC. IS A NOT-FOR-PROFIT ORC	GANIZATION THAT	IS EXEMPT FROM
THOOME MAKES INDER SECUTION FOI/S/2) OF MUE	TNIMEDNIAT DEVENTIE	r CODE
INCOME TAXES UNDER SECTION 501(C)(3) OF THE	INTERNAL REVENUE	s CODE.
THEREFORE, NO PROVISION FOR INCOME TAXES IS	INCLUDED IN THE	FINANCIAL
THEREFORE, NO TROVIDION FOR TREOME TIMES IS	111020022 211 1112	
STATEMENTS. IN ADDITION, THE ORGANIZATION QU	JALIFIES FOR THE	CHARITABLE
CONTRIBUTION DEDUCTION UNDER SECTION 170(B)	(1)(A) AND HAS BE	EEN CLASSIFIED
AS AN ORGANIZATION THAT IS NOT A PRIVATE FOU	UNDATION UNDER SE	ECTION
500/3\/O\		
509(A)(2).		
THE TAX-EXEMPT STATUS CAN BE REVOKED BY THE	INTERNAL REVENUE	E SERVICE AS A
RESULT OF DIRECT VIOLATIONS OF LAWS AND REGU	JLATIONS GOVERNIN	IG 501(C)(3)
ORGANIZATIONS. THE ORGANIZATION'S OPERATING	POLICY RECUITRES	STRICT

932054 10-02-19

Schedule D (Form 990) 2019

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Open to Public ► Go to www.irs.gov/Form990 for the latest information. Inspection

Name of the organization FISH OF ALBANY, INC. Employer identification number 51-0175818

OMB No 1545-0047

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EMERGENCY OR CRISIS. VIA OUR SHELTER PROGRAMS, FISH EXTENDS OPPORTUNITY
FOR PERSONAL AND ECONOMIC GROWTH AND RESOLUTION TO HOMELESSNESS. FISH
SERVES INDIVIDUALS AND FAMILIES FROM THE GREATER ALBANY AREA INCLUDING
NORTH ALBANY AND OUTLYING COMMUNITIES AND OFFERS SHELTER TO TEEN
MOTHERS FROM ALBANY AND OTHER LOCATIONS IN OREGON WITHOUT REGARD TO
SEX, RACE, COLOR, AGE, NATIONAL ORIGIN, OR HANDICAP.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS PROVIDED TO THE ORGANIZATION'S BOARD OF DIRECTORS BEFORE IT
IS FILED.
FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION REGULARLY MONITORS COMPLIANCE WITH THEIR CONFLICT OF
INTEREST POLICY.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION'S GOVERNING DOCUMENTS, POLICIES AND FINANICAL STATEMENTS
ARE AVAILABLE UPON REQUEST.
FORM 990, PAGE 12, PART XII, LINE 2C:
THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT OR SELECTION PROCESS
SINCE THE PRIOR YEAR.