Form SPUU Under section 501(c), 527, or 4447(a)(1) of the Internal Revenue Code (excent private foundation) Description Description © to not enter social security numbers on this form as it may be made public. © foundation Internation			** PUBLIC DISCLOSURE COPY			
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A Port Me 2220 calendary year, or tax year beginning and ending B creat #	Internal R	Revenue	Service Go to www.irs.gov/Form990 for instructions and the li	atest information		Open to Public Inspection
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b Net unrelated business taxable income from Form 990-T, Part I, line 11 b Net unrelated business taxable income from Form 990-T, Part I, line 11 b Net unrelated business taxable income from Form 990-T, Part I, line 11 b Net unrelated business taxable income from Form 990-T, Part I, line 11 b Net unrelated business taxable income from Form 990-T, Part I, line 11 b Contributions and grants (Part VIII, line 1h) p Program service revenue (Part VIII, line 1h) p Program service revenue (Part VIII, line 2g) t Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2 9, 843, 129. 27, 00 3 Grants and similar amounts paid (Part IX, column (A), line 4) 5 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 5 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 5 Total sequences (Part IX, column (A), line 25) 5 Total sequences (Part IX, column (A), line 11e) 5 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 7 Other expenses (Part IX, column (A), line 12 2 Total assets (Part X, lonum (A), lines 11a, 11d, 11f.24e) 1 Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2 Total assets (Part X, line 16) 5 Total assets (Part X, line 16) 2 Total assets (Part X, line 26) 2 Notal assets (Part X, line 26) 2 Notal assets (Part X, line 26) 3 Granter Block Chart II Signature Block	viti 6	101	a number of volunteers (estimate if necessary)			20
b Net unrelated business taxable income from Form 990-T, Part I, line 11 b Net unrelated business taxable income from Form 990-T, Part I, line 11 b Net unrelated business taxable income from Form 990-T, Part I, line 11 b Net unrelated business taxable income from Form 990-T, Part I, line 11 b Net unrelated business taxable income from Form 990-T, Part I, line 11 b Contributions and grants (Part VIII, line 1h) p Program service revenue (Part VIII, line 1h) p Program service revenue (Part VIII, line 2g) t Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2 9, 843, 129. 27, 00 3 Grants and similar amounts paid (Part IX, column (A), line 12) 2 9, 843, 129. 27, 00 4 Benefits paid to or for members (Part IX, column (A), line 4) 5 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 5 Calls, other compensation, employee benefits (Part IX, column (A), lines 5-10) 5 Calls, other compensation, employee benefits (Part IX, column (A), line 5-10) 5 Calls, other compensation, employee benefits (Part IX, column (A), line 5-10) 5 Calls, other expenses (Part IX, column (A), line 12) 5 Calls, other compenses (Part IX, column (A), line 25) 7 Other expenses, Add lines 13-17 (must equal Part IX, column (A), line 25) 2 Total assets (Part X, line 16) 5 Calls, other column (A), lines 12 2 Total assets (Part X, line 16) 5 Calls, other complexes, Subtract line 18 from line 2 Call total assets (Part X, line 26) 2 Notal assets (Part X, line 26) 2 Total assets (Part X, line 26) 2 Total assets (Part X, line 26) 2 Notal assets (Part X, line 26) 2 Total assets (Part X, line 26) 3 Call assets (Part X, line 26) 3 Call assets (Part X, line 26) 3 C	7 Ct	a iou	a difference business revenue from Part VIII, column (C), line 12			27,621.
B Contributions and grants (Part VIII, line 1h) Prior Year Currer 9 Program service revenue (Part VIII, line 2g) 292,910. 2 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,135,288. 7C 11 Other revenue (Part VIII, column (A), lines 5, 6d, 6c, 9c, 10c, and 11e) 0. 9,43 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1:3) 17,248,554. 11,22 13 Grants and similar amounts paid (Part IX, column (A), lines 1:3) 17,248,554. 11,22 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5:10) 2,102,568. 2,31 16 Professional fundraising expenses (Part IX, column (A), line 11e) 0. 0. 0. 17 Other expenses (Part IX, column (A), line 25) 278,697. 12,225,624. 7,96 19 Revenue less expenses. Subtract line 18 from line 12 -1,733,617. 5,57 19 Revenue less expenses. Subtract line 18 from line 20 51,5150,866. 58,33,483,748. 20 Total assets (Part X, line 26) 33,483,748.<	-	b Net	unrelated business taxable income from Form 990-T. Part I, line 11			
9 8 Contributions and grants (Part VIII, line 1h) 28,414,931. 16,91 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 1,135,288. 70 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,135,288. 77 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3) 17,248,554. 11,22 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 17,248,554. 11,22 14 Benefits paid to or for members (Part IX, column (A), lines 1.3) 17,248,554. 11,22 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 2,102,568. 2,31 19 Brotenses (Part IX, column (D), line 25) 278,697. 12,225,624. 7,98 19 Revenue less expenses. Subtract line 18 from line 12 -1,733,617. 5,5,150 19 Revenue less expenses. Subtract line 18 from line 20 21,667,118. 24,27 20 Total assets (Part X, line 26) 33,483,748. 34,07 21 Total lishifties (Part X, line 26) 33,483,748. 34,07 22 Net assets or fund balances. Subtract line 21 from line 20					10	0.
9 Program service revenue (Part VIII, line 2g) 292, 910. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1, 135, 288. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 9, 43 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 29, 843, 129. 27, 05 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 17, 248, 554. 11, 22 14 Benefits paid to or for members (Part IX, column (A), lines 5.10) 16a 0. 2, 102, 568. 2, 31 16a Professional fundraising fees (Part IX, column (A), line 25) 278, 697. 1 2, 225, 624. 7, 96 17 Other expenses (Part IX, column (A), line 25) 278, 697. 1 12, 723, 617. 5, 57 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 12, 748, 594. 14, 57 12, 568. 21, 51 19 Revenue less expenses. Subtract line 18 from line 12 -1, 733, 617. 5, 57 57 12, 667, 118. 24, 27 20 Total assets (Part X, line 26) 33, 483, 748. 34, 07 21, 667, 118. 24, 27 21	0 8	Cor	tributions and grants (Part VIII, line 1h)			Current Year
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 9, 43 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 29, 843, 129. 27, 05 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 17, 248, 554. 11, 22 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 17, 248, 554. 11, 22 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2, 102, 568. 2, 31 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 17 Other expenses (Part IX, column (D), line 25) 278, 697. 12, 225, 624. 7, 98 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 31, 576, 746. 21, 51 19 Revenue less expenses. Subtract line 18 from line 12 -1, 733, 617. 5, 57 20 Total assets (Part X, line 16) Beginning of Current Year End or 21 Total assets (Part X, line 16) 55, 150, 866. 58, 35 22 Net assets or fund balances. Subtract line 21 from line 20 21, 667, 118. 24, 27 Part II Signature Block	8 9	Pro				16,919,001.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 9, 43 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 29, 843, 129. 27, 05 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 17, 248, 554. 11, 22 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 17, 248, 554. 11, 22 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2, 102, 568. 2, 31 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 17 Other expenses (Part IX, column (D), line 25) 278, 697. 12, 225, 624. 7, 98 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 31, 576, 746. 21, 51 19 Revenue less expenses. Subtract line 18 from line 12 -1, 733, 617. 5, 57 20 Total assets (Part X, line 16) Beginning of Current Year End or 21 Total assets (Part X, line 16) 55, 150, 866. 58, 35 22 Net assets or fund balances. Subtract line 21 from line 20 21, 667, 118. 24, 27 Part II Signature Block	à 10) Inve	stment income (Part VIII, column (A), lines 3, 4, and 7d)			28,995.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 29,843,129. 27,09 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 17,248,554. 11,22 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,102,568. 2,31 16a Professional fundraising fees (Part IX, column (A), line 25) 278,697. 12,225,624. 7,98 17 Other expenses (Part IX, column (D), line 25) 278,697. 12,225,624. 7,98 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 278,697. 12,225,624. 7,98 19 Revenue less expenses. Subtract line 18 from line 12 -1,733,617. 5,57 20 Total assets (Part X, line 16) 55,150,866. 58,35 21 Total liabilities (Part X, line 26) 33,483,748. 34,07 22 Net assets or fund balances. Subtract line 21 from line 20 21,667,118. 24,27 Part II Signature Block Date Date Inf.15/21 Under penalties of pcptery, Teclare that I have examed this return, in	۳ 11	Oth	er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11c)		_	708,770.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 17, 248, 554. 11, 22 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2, 102, 568. 2, 31 16a Professional fundraising expenses (Part IX, column (A), line 25) 278, 697. 0. 0. 17 Other expenses (Part IX, column (A), line 11e) 0. 0. 0. 0. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 278, 697. 12, 225, 624. 7, 986 19 Revenue less expenses. Subtract line 18 from line 12 -1, 733, 617. 5, 57 20 Total assets (Part X, line 16) Beginning of Current Year End of 55, 150, 866. 58, 35 21 Total liabilities (Part X, line 26) 33, 483, 748. 34, 07 22 Net assets or fund balances. Subtract line 21 from line 20 21, 667, 118. 24, 27 VInder penalties of prejury. Teclare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge. Signature of officer Date Signature of officer Signature of officer Date	12	2 Tota	I revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 10)			9,435,663.
14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,102,568. 2,31 16a Professional fundraising expenses (Part IX, column (A), line 11e) 0. 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 278,697. 12,225,624. 7,98 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 12,225,624. 7,98 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 31,576,746. 21,51 19 Revenue less expenses. Subtract line 18 from line 12 -1,733,617. 5,57 20 Total assets (Part X, line 16) Beginning of Current Year End or 21 Total liabilities (Part X, line 26) 33,483,748. 34,07 22 Net assets or fund balances. Subtract line 21 from line 20 21,667,118. 24,27 Part II Signature Block Date Interformation of which preparer has any knowledge. Sign Signature of officer Date Date PrintType preparer's name Preparer's signature Date PTIN NDY POWELL </td <td>13</td> <td>Gra</td> <td>ats and similar amounts paid (Dart IV calings (A) line to)</td> <td></td> <td></td> <td>27,092,429.</td>	13	Gra	ats and similar amounts paid (Dart IV calings (A) line to)			27,092,429.
13 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,102,568. 2,31 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. 17 Other expenses (Part IX, column (D), line 25) 278,697. 12,225,624. 7,98 18 Total fundraising expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 12,225,624. 7,98 19 Revenue less expenses. Subtract line 18 from line 12 -1,733,617. 5,57 20 Total assets (Part X, line 16) Beginning of Current Year End or 21 Total liabilities (Part X, line 26) 33,483,748. 34,07 22 Net assets or fund balances. Subtract line 21 from line 20 21,667,118. 24,27 Part II Signature Block Signature Block Date Date 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 true, correct, and complete. Declaration of propager (other than officer) is based on all information of which preparer has any knowledge. Date Sign TERRENCE J. GIROUX, EXECUTIVE DIRECTOR Date Print/Type preparer's name Preparer's signature Date PTIN <tr< td=""><td>14</td><td>Ben</td><td>efits paid to or for members (Part IX, column (A), line ()</td><td></td><td></td><td>11,223,951.</td></tr<>	14	Ben	efits paid to or for members (Part IX, column (A), line ()			11,223,951.
16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 278, 697. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 12, 225, 624. 7, 98 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 12, 73, 617. 5, 57 19 Revenue less expenses. Subtract line 18 from line 12 -1, 733, 617. 5, 57 20 Total assets (Part X, line 16) 866. 58, 355 21 Total liabilities (Part X, line 26) 33, 483, 748. 34, 07 22 Net assets or fund balances. Subtract line 21 from line 20 21, 667, 118. 24, 27 Under penalties of perjary. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and true, correct, and complete. Declaration of proparer (other than officer) is based on all information of which preparer has any knowledge. Sign ature of officer Date Type or print name and title Date Print/Type preparer's name Preparer's signature ANDY POWELL POWELL Print/Type or print name and title Preparer's signature Print/Type or print name and title PO131	m 15	Sala	ries other compensation employee benefits (Part IV entry (A) in 5 40)			0.
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17 Outlef expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 12,225,624. 7,98 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 31,576,746. 21,51 19 Revenue less expenses. Subtract line 18 from line 12 -1,733,617. 5,57 20 Total assets (Part X, line 16) Beginning of Current Year End or 21 Total liabilities (Part X, line 26) 33,483,748. 34,07 22 Net assets or fund balances. Subtract line 21 from line 20 21,667,118. 24,27 Under penalties of periory, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Here TERRENCE J. GIROUX, EXECUTIVE DIRECTOR Date Print/Type preparer's name Preparer's signature Date ANDY POWELL ANDY POWELL Date PTIN Part II SUB POWELL ANDY POWELL PO131	Den	h Tota	Lindraising expenses (Part IX, column (A), line 11e)			0.
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19 Revenue less expenses. Subtract line 18 from line 12 -1,733,617. 5,57 20 Total assets (Part X, line 16) Beginning of Current Year End or 21 Total liabilities (Part X, line 26) 33,483,748. 34,07 22 Net assets or fund balances. Subtract line 21 from line 20 21,667,118. 24,27 Part II Signature Block 21,667,118. 24,27 Under penalties of periory, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Print/Type preparer's name Preparer's signature Date Print/Type POWELL ANDY POWELL Date PTIN Herearer SIGN Signature of SILLOH LLD PO131	and the second	Tota	A expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			7,983,608.
Beginning of Current Year End or 20 Total assets (Part X, line 16) 55, 150, 866. 58, 35 21 Total liabilities (Part X, line 26) 33, 483, 748. 34, 07 22 Net assets or fund balances. Subtract line 21 from line 20 21, 667, 118. 24, 27 Part II Signature Block Under penalties of perjary, declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and true, correct, and complete. Declaration of proparer (other than officer) is based on all information of which preparer has any knowledge. Sign Net assets of officer Date TERRENCE J. GIROUX, EXECUTIVE DIRECTOR Net Mere Preparer's signature NDY POWELL Print/Type preparer's name Preparer's signature ANDY POWELL Print Powell Print Powell Print Powell Print Powell Print Powell Print Powell Preparer's signature		Dave	rexpenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	31,576,746		21,519,354.
Beginning of Current Year End or 20 Total assets (Part X, line 16) 55, 150, 866. 58, 35 21 Total liabilities (Part X, line 26) 33, 483, 748. 34, 07 22 Net assets or fund balances. Subtract line 21 from line 20 21, 667, 118. 24, 27 Part II Signature Block 21, 667, 118. 24, 27 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 true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date Sign Image: Correct J. GIROUX, EXECUTIVE DIRECTOR Date Image: Print/Type preparer's name Preparer's signature Date Print/Type preparer's name Preparer's signature Date ANDY POWELL Date I1/15/21 Firme acres SIMICH L.D.D.	- 5	nev	anue less expenses. Subtract line 18 from line 12	-1,733,617		5,573,075.
Part II Signature Block Under penalties of perjery, T declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Signature of officer Date TERRENCE J. GIROUX, EXECUTIVE DIRECTOR Date Type or print name and title Preparer's signature Paid ANDY POWELL Print/Type preparer's name Preparer's signature ANDY POWELL Date Firm/a name Signature Point Title PowerLi	the other	Tete				End of Year
Part II Signature Block Under penalties of perjery, T declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Signature of officer Date TERRENCE J. GIROUX, EXECUTIVE DIRECTOR Date Type or print name and title Preparer's signature Paid ANDY POWELL Print/Type preparer's name Preparer's signature ANDY POWELL Date Firm/a name Signature Point Title PowerLi	Bala					58,355,936.
Part II Signature Block Under penalties of perjery, T declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Signature of officer Date TERRENCE J. GIROUX, EXECUTIVE DIRECTOR Date Type or print name and title Preparer's signature Paid ANDY POWELL Print/Type preparer's name Preparer's signature ANDY POWELL Date Firm/a name Signature Point Title PowerLi	et a			33,483,748		34,078,411.
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 true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here TERRENCE J. GIROUX, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature ANDY POWELL Print/Type or print name Preparer's signature Firm's agment of the preparer's signature ANDY POWELL Print/Type or print name Preparer's signature Firm's agment of the preparer's signature ANDY POWELL Print/Type or print name Preparer's signature	Z 22	Net	assets or fund balances. Subtract line 21 from line 20			24,277,525.
Sign Signature of officer Date Signature of officer Date Date TERRENCE J. GIROUX, EXECUTIVE DIRECTOR Date Image: Print/Type preparer's name Preparer's signature ANDY POWELL Date Print/Type preparer's name Preparer's name ANDY POWELL Date Print/Type preparer's name Print/Type preparer's name ANDY POWELL Date Print/Type preparer's name Print/Type preparer's name Print/Ty						
Sign Signature of officer Date Signature of officer Date Date TERRENCE J. GIROUX, EXECUTIVE DIRECTOR Date Image: Print/Type preparer's name Preparer's signature ANDY POWELL Date Print/Type preparer's name Preparer's name ANDY POWELL Date Print/Type preparer's name Print/Type preparer's name ANDY POWELL Date Print/Type preparer's name Print/Type preparer's name Print/Ty	Under pe	nalties	of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of	my know	wledge and helief it is
Sign Here Signature of officer Date Date TERRENCE J. GIROUX, EXECUTIVE DIRECTOR I/15/21 Type or print name and title Print/Type preparer's name Preparer's signature Paid Print/Type preparer's name Preparer's signature ANDY POWELL Date Check If self-employed Print/Type preparer's name Preparer's signature Date ANDY POWELL POWELL 11/15/21 PO131	true, corr	ect, an	complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge		
Here TERRENCE J. GIROUX, EXECUTIVE DIRECTOR		1	- Aslene & through			
Print/Type or print name and title Preparer's signature Date Paid ANDY POWELL Date Check Preparer Firm's some POWELL 11/15/21				Date	1	
Print/Type preparer's name Preparer's signature Date Check PTIN Paid ANDY POWELL ANDY POWELL Date Check PTIN Brenarer Firm/o name STRTCH L D	Here			/1.	151.	21
Paid ANDY POWELL ANDY POWELL 11/15/21 self-employed P0131		/	Type or print name and title			
Paid ANDY POWELL ANDY POWELL 11/15/21 self-employed P0131		Prir	t/Type preparer's name Preparer's signature	Date Check		PTIN
Preparer Firm's nome CTVTCH TTD POISI	Paid	AN		onoon		and a second
	Preparer	Firn	's name SIKICH LLP	Firm's FIN		-3168081

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Use Only Fir	irm's address 1199 N. FAIRFAX STREET 10TH FLOOR	THITSEIN
in The o	ALEXANDRIA, VA 22314	Phone no. (7
May the IRS of	discuss this return with the preparer shown above? See instructions	11 Hone Ho. (7
032001 12-23-20		

703) 836-1350X Yes No Form **990** (2020)

2-23-20 LHA FOR Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	HORATIO ALGER ASSN OF
Form	990 (2020) DISTINGUISHED AMERICANS, INC. 13-1669975 Page 2
Par	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE PRIMARY EXEMPT PURPOSE OF THE ASSOCIATION IS TWO FOLD: (1) TO
	PROVIDE SCHOLARSHIP ASSISTANCE TO HELP PROMISING HIGH SCHOOL STUDENTS
	(WHO FIT THE HORATIO ALGER PROFILE) ATTEND COLLEGE, AND (2) TO SPREAD
	THE MESSAGE THAT AMERICA'S FREE ENTERPRISE SYSTEM PROVIDES THE
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 6,605,854. including grants of \$ 5,358,436.) (Revenue \$)
	STATE SCHOLARSHIP PROGRAMS: SCHOLARSHIPS ARE AWARDED ANNUALLY IN
	PARTICULAR STATES TO STUDENTS WHO HAVE EXHIBITED INTEGRITY AND HAVE
	OVERCOME ADVERSITY SO THEY MAY PURSUE HIGHER EDUCATION.
	2 251 220
4b	(Code:) (Expenses \$ 3,351,032. including grants of \$) (Revenue \$)
	HORATIO ALGER MEMBERSHIP PROGRAMS AND INDUCTION CEREMONIES: THIS HONOR
	IS PRESENTED TO APPROXIMATELY TEN AMERICANS EACH YEAR IN RECOGNITION OF THEIR OUTSTANDING CONTRIBUTIONS IN THEIR CHOSEN FIELDS.
	THEIR OUISIANDING CONTRIBUTIONS IN THEIR CHOSEN FIELDS.
4c	(Code:) (Expenses \$2, 275, 005. including grants of \$2, 156, 753.) (Revenue \$)
	NATIONAL SCHOLARS PROGRAM: THE PROGRAM ALLOWS MORE THAN 100 STUDENTS
	EACH YEAR FROM HIGH SCHOOLS ACROSS THE UNITED STATES AND PUERTO RICO TO
	RECEIVE HORATIO ALGER SCHOLARSHIPS.
4d	Other program services (Describe on Schedule O.) (Expenses \$ 7,409,086. including grants of \$ 3,708,762.) (Revenue \$ 1,374.)
40	
40	Total program service expenses ► 19,640,977.
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Part IV Checkli	st of Required Schedules		
Form 990 (2020)	DISTINGUISHED	AMERICANS,	INC.
	HORATIO ALGER	ASSN OF	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
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			
	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			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
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 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 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 X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	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,		v	
	Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		х	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		x
لم	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	11d		x
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	Х	- 23
f			<u></u>	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		- 23	
120		12a		x
h	Schedule D, Parts XI and XII	120		
^D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
.e 14a	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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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	
032003	12-23-20	Form	990	(2020)

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032003 12-23-20

HORATIO ALGER ASSN OF

Form	990 (2020) DISTINGUISHED AMERICANS, INC. 13-166	9975	Р	age 4
Pa	T 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		77	
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	┼──
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete</i>			
	Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
h	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
2	instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
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	32		x
33	Schedule N, Part II	32		
00	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
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
07	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		<u> </u>
00	· · · · · · · · · · · · · · · · · · ·	38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance		-	•
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 49	_		
		기		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4	v	
00000	(gambling) winnings to prize winners?	1c	990	(2020
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Page 4

HORATIO	ALGER	ASSN	OF

Form	990 (2020) DISTINGUISHED AMERICANS, INC. 13-1669	975	Р	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 9			
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 <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	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	Х	
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		X
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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		X
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	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
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?	<u>9a</u>		
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 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	10		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.	120		
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>		
h	Note: See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the			
-	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand	14a		X
14a h		14a 14b		
b 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
15	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.	15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
.0	If "Yes," complete Form 4720, Schedule O.			
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Form **990** (2020)

HORATIO	ALGER	ASSN	OF.

DISTINGUISHED AMERICANS, INC. 13-1669975 Page 6 Form 990 (2020) 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 77 1a 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. 77 **b** Enter the number of voting members included on line 1a, above, who are independent 1h Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? х 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 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? х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: х a The governing body? 8a b Each committee with authority to act on behalf of the governing body? х 8b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the х organization's mailing address? If "Yes." provide the names and addresses on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Х **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 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 in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a а

b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available				
	for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website X Another's website X Upon request Other (explain on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial				
	statements available to the public during the tax year.				

7

20	State the name, address, and telephone number of the person who possesses the organization's books and records	
	SIKICH, LLP - 703-836-1350	

		1199	Ν	FAIRFAX	ST.	10TH	FLOOR,	ALEXANDRIA,	VA	22314	
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Form 990 (2020)

Form 990 (2020)	DISTINGUISHED AMERICANS, INC.	13-1669975 Page	7
-	isation of Officers, Directors, Trustees, Key Employees, High	est Compensated	
Employe	ees, and Independent Contractors		
Check if Sc	chedule O contains a response or note to any line in this Part VII]
Section A. Officers, I	Directors, Trustees, Key Employees, and Highest Compensated Employees		_
1a Complete this table	e for all persons required to be listed. Report compensation for the calendar year	ending with or within the organization's tax year	r.
 List all of the orga 	anization's current officers, directors, trustees (whether individuals or organization	ons), 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."

HORATIO ALGER ASSN OF

• 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.

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week			uau		l	lee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	l trus		/ee	npen		(00-2/1099-00030)		and related
	below	ndividual trustee or director	nstitutional trustee	_	Key employee	st col	5			organizations
	line)	Indivi	Institu	Officer	Key el	Highest compensated employee	Former			5
(1) TERRENCE J. GIROUX	32.50									
EXECUTIVE DIRECTOR	5.00			Х				835,444.	0.	434,765.
(2) CONSTANTINE G KATSARAKIS	36.50									
ASSOCIATE EXECUTIVE DIRECTOR	1.00					Х		244,036.	0.	33,243.
(3) JOHN B THORNBURG	32.50									
CHIEF FINANCIAL OFFICER	5.00			Х				209,403.	0.	34,482.
(4) KRISTEN R. LAW	37.50									
SR DIR, EDUCATIONAL AND ALUMNI PRGRM						X		178,912.	0.	61,578.
(5) MARGARET SLIPEK	34.50									
MANAGER EDITORIAL SERVICES	3.00					X		163,332.	0.	36,890.
(6) JAMES DICKE	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(7) GREGORY ABEL	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(8) WATSA, V. PREM	1.00									
HAAC PRESIDENT	1.00	Х						0.	0.	0.
(9) SCOTT, WALTER, JR.	1.00									
HAEF CHAIRMAN AND PRESIDENT	1.00	Х						0.	0.	0.
(10) ANTHONY WELTERS	1.00									
TREASURER	1.00	Х		Х				0.	0.	0.
(11) MATTHEW ROSE	1.00									
CHAIRMAN		Х		Х				0.	0.	0.
(12) BYRON TROTT	1.00									
IMMEDIATE PAST CHAIRMAN		Х		Х				0.	0.	0.
(13) JOSEPH NEUBAUER	1.00									
CHAIRMAN EMERITUS	1.00	Х						0.	0.	0.
(14) PAUL ANTHONY NOVELLY	1.00									
CHAIRMAN EMERITUS	1.00	Х						0.	0.	0.
(15) DAVID SOKOL	1.00									
CHAIRMAN EMERITUS	1.00	Х						0.	0.	0.
(16) DENNIS WASHINGTON	1.00									
CHAIRMAN EMERITUS	1.00	Х					<u> </u>	0.	0.	0.
(17) VALERIE MONTGOMERY RICE	1.00							_		_
AT-LARGE MEMBER		Х						0.	0.	0.
032007 12-23-20										Form 990 (2020)

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Form **990** (2020)

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orm 990 (2020) DISTINGUISHED AMERICANS, INC. 13-1669975 Page 8													
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	(B)			(C				(D)	(E)			(F)	
Name and title	Average			Posi	ition			Reportable	Reportable		Fst	imated	d
	hours per			heck r ss per:				compensation	compensatior	n		ount o	
	week			nd a di				from	from related		(other	
	(list any	ector						the	organizations	;	comp	oensat	ion
	hours for	r dire				ted		organization	(W-2/1099-MIS	C)	fro	om the	;
	related	stee o	ustee			ensa		(W-2/1099-MISC)			orga	anizatio	on
	organizations	al trus	onal ti		loyee	comp						relate	
	below line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nizatio	ns
(18) GREG RENKER	1.00	- L	Ĕ	0	Ke	en	ß			\rightarrow			
AT-LARGE MEMBER	1.00	x						0.		0.			0.
	1.00	Λ						0.		<u>••</u>			0.
(19) DOBBS, LOU	1.00	77						0					0
HONORARY MEMBER	1 0 0	Х						0.		0.			0.
(20) THOMAS, CLARENCE	1.00												•
HONORARY MEMBER		Х						0.		0.			0.
(21) AL ANNEXSTAD	1.00												
BOARD MEMBER X 0. 0. 0.													
(22) ALAN MILLER 1.00													
BOARD MEMBER X 0. 0. 0.											0.		
(23) ALPHONSO JACKSON	1.00												
BOARD MEMBER		Х						0.		0.			0.
(24) ARTHUR CIOCCA	1.00												
BOARD MEMBER		Х						0.		0.			0.
(25) BRIAN MULRONEY	1.00												•
BOARD MEMBER	1.00	х						0.		0.			0.
(26) CARL RICKER	1.00												•
BOARD MEMBER		Х						0.		0.			0.
1b Subtotal								1,631,127.		0.	600),95	
c Total from continuation sheets to Part VII								0.		0.			0.
d Total (add lines 1b and 1c)								1,631,127.		0.	600),95	.8.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				_
compensation from the organization													5
										г		Yes	No
3 Did the organization list any former officer,													
line 1a? If "Yes," complete Schedule J for su	ıch individual										3		X
4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensat	tion	and	oth	er compensation from the	ne organization				
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	Jf	or such individual			4	X	
5 Did any person listed on line 1a receive or a	ccrue comper	nsati	on fr	rom a	any	unre	late	ed organization or individ	lual for services				
rendered to the organization? If "Yes." com	olete Schedule	e J f	or sı	ich p	berso	on .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from													
the organization. Report compensation for the calendar year ending with or within the organization's tax year.													
(A) (B) (C)													
Name and business address Description of services Compensation													
LINDER & ASSOCIATES													
2150 WISCONSIN AVE NW, WASHINGTON, DC 20007 EVENT MANAGEMENT 674,018.													
THE RED BANK FILM FACTORY								SCRIPTING AND	D				
799 SYCAMORE AVE, RED BAN								RESEARCH			401	.,72	:3.
TODO PRODUCTIONS LLC, 134	WEST 2	6т	Н	ST	,								
STE 400, NEW YORK, NY 100	01							EVENT PRODUCT	FION		388	3,38	32.
CUSTOM MANAGEMENT GROUP								SCHOLARSHIP 1	REVIEW				
154 HANSEN RD, CHARLOTTES	VILLE,	VA	2	291	11			SUPPORT			376	5,92	24.
BRIAN COMMUNICATIONS, 123			OA	DS	ST		T						
STE 2700, PHILADELPHIA, P	<u>a 1910</u> 9							PUBLIC RELAT	IONS		317	',31	.6.
2 Total number of independent contractors (ir	cluding but n	ot lir	nited	d to t	thos	e lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organization 17												
SEE PART VII, SECTION A CONTINUATION SHEETS Form 990 (2020)													

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below Bit of the set of th	Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, an	nd H	ighe	est (Compensated Employe	es (continued)	
Phones (encek all that apply) compensation from organizations (W2/1099-MISC) and compensation from related organizations (W2/1099-MISC) and compensation from related organizations (W2/1099-MISC) and compensation from related organizations (W2/1099-MISC) and compensation from related organizations 1271 CHARLES ANDERSON 1.00 X 0.00.00.00 0.00 BOARD MEMBER 1.00 X 0.00.00.00 0.00 C1291 CHARLES ANDERSON 1.000 X 0.00.00.00 0.00 C1291 CHARLES COLLIVAN 1.000 X 0.00.00.00 0.00 C130 CARLE SALL 1.000 X 0.00.00.00 0.00 C130 CARLE MALL 1.000 X 0.00.00.00 0.00 C131 CARLE MALL 1.000 X 0.00.00.00 0.00 C131 CARLE MARDER 1.000 X 0.00.00.00 0.00.00 C131 CARLE MEMBER 0.00.00.00 0.00.00 0.00.00 0.00.00 C131 CARLE MEMBER 0.00.00.00 0.00.00 0.00.00 0.00.00 C131 CARLE MEMBER 0.00.00.00 0.00.00 0.00.00	(A)	(B)			(C	;)			(D)	(E)	(F)
per (0st arry related organizations (0st arry related organizations below ine) per (st arry below below ine) per (st arry below below ine) per (st arry below below below ine) per (st arry below bel	Name and title	Average			Posi	tion			Reportable	Reportable	Estimated
week under beider organization ino) week under beider under beider under beider under beider under beider under beider under beider under beider under beider beider under beider b			(cl	heck	all t	hat a	app	ly)	· ·	·	
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			37							<u>^</u>	^
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Lotal to Part VIL Section A line 10	Total to Part VII, Section A, line 1c										

032201 04-01-20

Form 990

Form 990 DISTINGU					ıs,	I	NC	•	13-166	9975	
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) Name and title	(B) Average hours	(c	heck	Pos	ition		ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated em ployee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(47) JEFFREY RICH	1.00									•	
BOARD MEMBER		Х						0.	0.	0.	
(48) JOHN WEILAND BOARD MEMBER	1.00	x						0.	0.	0.	
	1 00	Δ						0.	0.	0.	
(49) JOSEPH GRANT BOARD MEMBER	1.00	x						0.	0.	0.	
(50) KENNETH LANGONE	1.00				-	-			0.	0.	
BOARD MEMBER	1.00	x						0.	0.	0.	
(51) LEE ANDERSON	1.00										
BOARD MEMBER	1 00	Х						0.	0.	0.	
(52) LEE MIKLES BOARD MEMBER	1.00	x						0.	0.	0.	
(53) LEON COOPERMAN	1.00	Λ						0.	0.	0.	
BOARD MEMBER	1.00	x						0.	0.	0.	
(54) LINDA RABBITT	1.00							•••	•••		
BOARD MEMBER	1.00	x						0.	0.	0.	
(55) MARCIA TAYLOR	1.00										
BOARD MEMBER		х						0.	0.	0.	
(56) MARK DAVIS	1.00								_	_	
BOARD MEMBER		Х						0.	0.	0.	
(57) MELVYN KLEIN	1.00								0	0	
BOARD MEMBER	1 0 0	Х						0.	0.	0.	
(58) MIKE JACKSON BOARD MEMBER	1.00	x						0.	0.	0.	
(59) NIDO QUBEIN	1.00	Δ			<u> </u>			0.	0.	0.	
BOARD MEMBER	1.00	x						0.	0.	0.	
(60) PATRICK LEE	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(61) PETER STOTT	1.00										
BOARD MEMBER		х						0.	0.	0.	
(62) R. JAMES NICHOLSON	1.00								•	~	
BOARD MEMBER	1 00	Х				<u> </u>		0.	0.	0.	
(63) ROBERT BROWN BOARD MEMBER	1.00	x						0.	0.	0.	
(64) ROBERT MILLER	1.00	^			-			U •	0.	0.	
BOARD MEMBER	1.00	x						0.	0.	0.	
(65) ROBERT SCHLEGEL	1.00	- 23			-	-		U•	• •	•	
BOARD MEMBER	1.00	x						0.	0.	0.	
(66) ROBERT WRIGHT	1.00										
BOARD MEMBER		х						0.	0.	0.	
Total to Part VII, Section A, line 1c							<u></u>				

032201 04-01-20

(A) (B) (C) (D) (E) (F) Name and title Average Position Reportable Reportable Estimated per (check all that apply) from from related organizations other (list any index for index for index for index for organization (W-2/1099-MISC) from the	Form 990 DISTING	UISHED AM				ıs,	I	NC	•	13-166	9975
Name and title Average hours per work (list att apply) Position (check all that apply) Reportable compensation from related organizations (W-2/1099-MISC) Reportable compensation from related organization organization (W-2/1099-MISC) Reportable from the organization organization (W-2/1099-MISC) Repor	Part VII Section A. Officers, Directors,	Trustees, Key En	nplo	yee	s, a	nd H	lighe	est (Compensated Employe	ees (continued)	
week (list any related organizations below line) week (list any related organizations below line) week (list any related organization (W-2/1099-MISC) compensations (W-2/1099-MISC) compensation (W-2/1099-MISC) (67) RONALD BERGERON 1.00 a 0. 0. BOARD MEMBER X 0. 0. 0. (69) RONALD SIMON 1.00 X 0. 0. BOARD MEMBER X 0. 0. 0. (70) SAM FOX 1.00 X 0. 0. BOARD MEMBER X 0. 0. 0. (71) SIDNEY WOLK 1.00 X 0. 0. BOARD MEMBER X 0. 0. 0. (72) STENENS SCROTT 1.00 X 0. 0. BOARD MEMBER X 0. 0. 0. (73) STENENS SCROTT 1.00 X 0. 0. BOARD MEMBER X 0. 0. 0. (73) STENENS SCROTT 1.00 X 0. 0. BOARD MEMBER X 0. 0. 0. (74) TERY GILES 1.00 X 0. 0. BOARD MEMBER X 0. 0. (75) THOMAS SHAINON 1.		Average hours	(cł	(C) Position				ly)	Reportable compensation	Reportable compensation	Estimated amount of
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(68) RONALD HARRINGTON 1.00 X 0. 0. BOARD MEMBER X 0. 0. 0. (69) RONALD SIMON 1.00 X 0. 0. BOARD MEMBER X 0. 0. 0. BOARD MEMBER X 0. 0. 0. BOARD MEMBER 1.00 X 0. 0. BOARD MEMBER X 0. 0. 0. (71) SIDNEY WOLK 1.00 X 0. 0. BOARD MEMBER X 0. 0. 0. (72) STEPHEN SCHOTT 1.00 X 0. 0. BOARD MEMBER X 0. 0. 0. (73) T. DENNY SANFORD 1.00 X 0. 0. BOARD MEMBER X 0. 0. 0. (74) TERRY GILES 1.00 X 0. 0. BOARD MEMBER X 0. 0. 0. (75) THOMAS SHANNON 1.00 X 0. 0. BOARD MEMBER X 0. 0.		1.00	x						0.	0.	0.
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(72) STEPHEN SCHOTT 1.00 X 0. 0. BOARD MEMBER 1.00 X 0. 0. (73) T. DENNY SANFORD 1.00 X 0. 0. BOARD MEMBER X 0. 0. 0. (74) TERRY GILES 1.00 X 0. 0. BOARD MEMBER X 0. 0. 0. (75) THOMAS SHANNON 1.00 X 0. 0. BOARD MEMBER X 0. 0. 0. (75) THOMAS SHANNON 1.00 X 0. 0. BOARD MEMBER X 0. 0. 0. (76) WANDA AUSTIN 1.00 X 0. 0. BOARD MEMBER X 0. 0. 0. (77) WILLIAM DORE 1.00 X 0. 0. 0. BOARD MEMBER X 0. 0. 0. 0. (78) WILLIAM FARLEY 1.00 X 0. 0. 0. BOARD MEMBER X 0. 0. 0. 0. 0. <td>(71) SIDNEY WOLK</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td>	(71) SIDNEY WOLK	1.00									0.
(73) T. DENNY SANFORD 1.00 X 0.00 0.00 BOARD MEMBER 1.00 X 0.00 0.00 (74) TERRY GILES 1.00 X 0.00 0.00 BOARD MEMBER X 0.00 0.00 0.00 (75) THOMAS SHANNON 1.00 0.00 0.00 0.00 BOARD MEMBER X 0.00 0.00 0.00 (76) WANDA AUSTIN 1.00 0.00 0.00 0.00 BOARD MEMBER X 0.00 0.00 0.00 (77) WILLIAM DORE 1.00 X 0.00 0.00 BOARD MEMBER X 0.00 0.00 0.00 (77) WILLIAM FARLEY 1.00 0.00 0.00 0.00 BOARD MEMBER X 0.00 0.00 0.00 (79) WILLIAM GREEHEY 1.000 0.00 0.00 0.00	(72) STEPHEN SCHOTT	1.00									0.
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(77) WILLIAM DORE 1.00 BOARD MEMBER X (78) WILLIAM FARLEY 1.00 BOARD MEMBER X (79) WILLIAM GREEHEY 1.00		1.00							0.	0.	0.
(78) WILLIAM FARLEY 1.00 BOARD MEMBER X (79) WILLIAM GREEHEY 1.00		1.00	Х						0.	0.	0.
BOARD MEMBER X 0. 0. (79) WILLIAM GREEHEY 1.00		1.00	X						0.	0.	0.
	BOARD MEMBER		x						0.	0.	0.
		1.00	x						0.	0.	0.
Total to Part VII, Section A, line 1c	Total to Part VII. Section A line 1c							_			

032201 04-01-20

HORATIO ALGER ASSN OF

DISTINGUISHED AMERICANS, INC.

Form	<u>1 99</u>	0 (2	2020) DISTINGUISHED	AMERICAN	IS, INC.		13-1669	975 Page 9
Pa	rt V	/111						
			Check if Schedule O contains a response of	or note to any line	in this Part VIII (A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
S IO	1	2	Federated campaigns 1a					
anta unta			Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events					
ifts ar A			Related organizations 1d	7,752,383.				
s, G nila			Government grants (contributions) 1e					
ions Sii			All other contributions, gifts, grants, and					
but			similar amounts not included above 1f	9,166,618.				
d O I		g	Noncash contributions included in lines 1a-1f					
Co		h	Total. Add lines 1a-1f	►	16,919,001.			
				Business Code				
e	2	а	PRODUCT SALES	900099	28,995.	1,374.	27,621.	
Program Service Revenue		b						
n Se enu		С						
ram Seve		d						
rog		е						
Ā			All other program service revenue					
			Total. Add lines 2a-2f		28,995.			
	3		Investment income (including dividends, intere		E 4 2 . 0 0 0			F 4 2 . 0.00
	-		other similar amounts)		743,988.			743,988.
	4		Income from investment of tax-exempt bond p	Г				
	5		Royalties(i) Real	(ii) Personal				
	~	_		(ii) Fersonal				
	0		Gross rents 6a	<u> </u>				
			Less: rental expenses 6b Rental income or (loss) 6c	<u> </u>				
			Net rental income or (loss)					
	7		Gross amount from sales of (i) Securities	(ii) Other				
	'	a	assets other than inventory 7a 24,693,810.					
		h	Less: cost or other basis					
ē		~	and sales expenses					
evenue		с	Gain or (loss)					
Rev			Net gain or (loss)		-35,218.			-35,218.
er F	8		Gross income from fundraising events (not		·			·
Other			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18 8a					
		b	Less: direct expenses 8b					
		с	Net income or (loss) from fundraising events	►				
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
		b	Less: direct expenses9b					
		С	Net income or (loss) from gaming activities	····· •				
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
			Less: cost of goods sold10b	· · · · · · · · · · · · · · · · · · ·				
		С	Net income or (loss) from sales of inventory					
sr			INCLIDANCE DECCEEDS	Business Code	0 425 662			0 425 662
leor	11	-	INSURANCE PROCEEDS	900099	9,435,663.			9,435,663.
llan /eni		b						
Miscellaneous Revenue		C L						
Mi			All other revenue		9,435,663.			
	12		Total. Add lines 11a-11d		27,092,429.	1,374.	27,621.	10,144,433.
03200				····· 🕨	_ , , , ,		,•==+,•==+,•	Form 990 (2020)

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HORATIO ALGER ASSN OF DISTINGUISHED AMERICANS,

Form 990 (2020)

13-1669975 Page 10

Form 990 (2020)

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a respon			(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21	291,553.	291,553.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	10,262,780.	10,262,780.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	669,618.	669,618.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,252,833.	840,268.	285,545.	127,020
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	799,297.	514,559.	231,252.	53,486
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	66,099.	47,955.	12,023.	<u> </u>
9	Other employee benefits	115,221.	78,187.	27,100.	
0	Payroll taxes	78,345.	51,972.	19,485.	6,888
1	Fees for services (nonemployees):				
а	Management				
b	Legal	119,372.	85,558.	33,814.	
С	Accounting	309,159.	230,979.	78,180.	
d	Lobbying				
е	3				
f	Investment management fees				
g			1 000 015		
	column (A) amount, list line 11g expenses on Sch 0.)	1,916,114.	1,808,215.	92,758.	15,141
2	Advertising and promotion	420,881.	360,254.	60,627.	
3	Office expenses	426,266.	235,676.	167,934.	22,656
4	Information technology	214,189.	185,011.	21,436.	7,742
5	Royalties	000 001	010 267	CO 075	00 00
6	Occupancy	293,931.	210,367.	62,875.	20,689
7	Travel	231,264.	207,831.	21,284.	2,149
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1 200 400	1 000 001	10 400	
9	Conferences, conventions, and meetings	1,309,488.	1,292,021.	17,467.	
0	Interest				
1	Payments to affiliates	75 175	10 006	10 601	
2	Depreciation, depletion, and amortization	75,175. 86,405.	49,886. 39,049.	<u>18,681.</u> 47,356.	6,608
3	Insurance	00,403.	55,045.	47,550.	
1	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.)		2 1 2 2 2 7 2	20 400	0.01
		2,151,037.	2,122,278.	28,496.	263
b		<u>300,000.</u> 130,327.		300,000.	
c	ALL OTHER EXPENSES	130,327.	56,960.	73,367.	
d					
	All other expenses			1 500 600	070 605
5	Total functional expenses. Add lines 1 through 24e	21,519,354.	19,640,977.	1,599,680.	278,69
6	Joint costs. Complete this line only if the organization				

14

INC.

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

HORATIO	ALGER	ASSN	OF
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	n 990 (/ rt X	2020) DISTINGUISHED Balance Sheet				13-	1669975 Page 11
1 4		Check if Schedule O contains a response or not	e to an	v line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing				1	3,864,856.
	2	Savings and temporary cash investments				2	3,641,299.
	3	Pledges and grants receivable, net				3	11,577,304.
	4	Accounts receivable, net				4	50,083.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substantial contributor, or 35%					
		controlled entity or family member of any of these persons				5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described				6	
s	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
As	9					9	1,323,704.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,235,892			
	b	Less: accumulated depreciation	10b	778,427	. 497,413.	10c	457,465.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	37,359,763.
	13	Investments - program-related. See Part IV, line -	11			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			262,266.	15	81,462.
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	33)	55,150,866.	16	58,355,936.
	17	Accounts payable and accrued expenses	663,576.	17	1,219,863.		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
Se	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
iab		controlled entity or family member of any of thes	e pers	ons		22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, page					
		parties, and other liabilities not included on lines		•			
		of Schedule D			32,820,172.		32,858,548.
	26	Total liabilities. Add lines 17 through 25	<u></u>	<u>.</u>	33,483,748.	26	34,078,411.
s		Organizations that follow FASB ASC 958, che	ck her	e 🕨 👗			
JCe		and complete lines 27, 28, 32, and 33.			5,396,078.		11,144,903.
alaı	27				16,271,040.	27 28	13,132,622.
ЧB	28				10,271,040.	28	15,152,022.
'n		Organizations that do not follow FASB ASC 9	58, CNE				
٩. ٣	00	and complete lines 29 through 33.				200	
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or eq				29 30	
SS	30 31					30	
et≱	31	Retained earnings, endowment, accumulated inc Total net assets or fund balances				32	24,277,525.
Ž	32	Total liabilities and net assets/fund balances			55,150,866.	32	58,355,936.
	00					00	Form 990 (2020)

Form 990 (2020)

Form	HORATIO ALGER ASSN OF DISTINGUISHED AMERICANS, INC.	13	-1669	975	Pa	ge 12
	rt XI Reconciliation of Net Assets				14	<u>go</u>
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	27	,092	2,4	29.
2	Total expenses (must equal Part IX, column (A), line 25)	2	21	,51	9,3	54.
3	Revenue less expenses. Subtract line 2 from line 1	3	5	,57	3,0	75.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	21	,66'	7,1	18.
5	Net unrealized gains (losses) on investments	5		20	0,0	12.
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	- 3	,162	2,6	80.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	24	,27	7,5	25.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	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		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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,				
	consolidated basis, or both:					
	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				х	
	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					
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	0	ait			x
L	Act and OMB Circular A-133?			3a		
a	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, available organization did not undergo the required audit or audits.			Зb		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				990	(2020)

Form **990** (2020)

SCHED	DULE A		Dublic Obe						OMB No. 1545-0047
(Form 99	0 or 990-EZ)			rity Status an		ົ້ວບວບ			
		Co	• •	ization is a section 501 47(a)(1) nonexempt cha			or a section		Ζυζυ
Department o	f the Treasury			Attach to Form 990 or F					Open to Public
Internal Rever	nue Service		Go to www.irs.gov	/Form990 for instruction	ons and th	ne latest ir	formation.		Inspection
Name of t	the organizati	on HORA	TIO ALGER .	ASSN OF				Employer	identification number
				AMERICANS, IN					3-1669975
Part I	Reason	for Public C	Charity Status.	(All organizations must c	omplete tł	nis part.) S	ee instruction	s.	
The organ	ization is not a	private found	ation because it is: (For lines 1 through 12, cl	neck only	one box.)			
1	A church, cor	nvention of ch	urches, or associatio	n of churches described	in sectio	on 170(b)(1)(A)(i).		
2	A school des	cribed in sect i	ion 170(b)(1)(A)(ii).(Attach Schedule E (Form	n 990 or 99	90-EZ).)			
3	A hospital or	a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(ii	i).		
4	A medical res	earch organiz	ation operated in co	njunction with a hospital	described	l in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
	city, and state	e:							
5	An organizati	on operated fo	or the benefit of a co	llege or university owned	or operat	ed by a go	vernmental u	nit describe	d in
	section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6	A federal, sta	te, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X	An organizati	on that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	oublic described in
	section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8			.,	(1)(A)(vi). (Complete Part	,				
9	An agricultura	al research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
	or university of	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
	university:								
10				than 33 1/3% of its supp					
				t to certain exceptions; a	. ,				•
				(less section 511 tax) fro	m busines	sses acqui	red by the org	janization a	fter June 30, 1975.
			mplete Part III.)			/			
	-	-	-	vely to test for public sat	•				
12	-	-	-	vely for the benefit of, to				•	
			-	d in section 509(a)(1) o					neck the box in
	7	-	• •	f supporting organizatior		-		-	
a 🔄				upervised, or controlled	• • • •	-			
		-		gularly appoint or elect a	majority c	or the direc	tors or truste	es or the su	pporting
b	¬ -		complete Part IV, Se		ion with it		d organizatio	n(a) hi hai	ina
b			-	or controlled in connect anization vested in the sa			-		-
		0	t complete Part IV,		ame perso	ns that co		je ine supp	oneu
c	¬ ~	. ,	•	g organization operated	in connoc	tion with	and functional	ly intograto	d with
		-	• • • •). You must complete I				ly integrate	u with,
d	¬ ··	•	. , .	orting organization oper			-	ted organiz	ation(s)
u		-	• · ·	ation generally must sat				· ·	
		-	• •	nplete Part IV, Sections	-			anationav	
e	7			written determination from				II Type III	
		•		nally integrated supporti			.)pe i, i)pe	., . , pe	
f Ente	er the number								
			about the supporte						
	i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the organized (iv) (iv) (iv) (iv) (iv) (iv) (iv) (iv)	anization listed ing document?	(v) Amount of	fmonetary	(vi) Amount of other
	organization	1		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Total									
I HA For F	Paperwork Re	duction Act N	lotice. see the Instr	uctions for Form 990 or	990-EZ.	032021 01-	25-21 Sche	dule A (For	m 990 or 990-EZ) 2020

uction Act Notice, orm 990 or 990-EZ) or Pape edule A (Fo

HORATIO ALGER ASSN OF

Schedule A	(Form 990 or 990-EZ) 2020	DISTINGUISHED	AMERICANS,	INC.	13-1669975	Page 2
Part II	Support Schedule for	or Organizations Des	cribed in Section	s 170(b)(1)(A)(iv) a	ind 170(b)(1)(A)(vi)	

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	28614928.	32429957.	33488836.	28414931.	<u>16919001.</u>	139867653
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 \dots						
4	Total. Add lines 1 through 3	28614928.	32429957.	33488836.	28414931.	<u>16919001.</u>	139867653
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)						10876574.
	Public support. Subtract line 5 from line 4.						128991079
Sec	ction B. Total Support				_		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	28614928.	32429957.	33488836.	28414931.	<u>16919001.</u>	139867653
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	428,190.	512,295.	654,837.	1012426.	743,988.	3351736.
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.)					9435663.	9435663.
11	Total support. Add lines 7 through 10						152655052
12	Gross receipts from related activities,	, etc. (see instructio	ons)			12 1	,435,863.
13	First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
	organization, check this box and sto	p here					
Sec	ction C. Computation of Publ	ic Support Per	centage				
14	Public support percentage for 2020 (line 6, column (f), d	ivided by line 11, o	column (f))		14	84.50 %
	Public support percentage from 2019					15	89.25 %
1 6a	33 1/3% support test - 2020. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2019. If the	organization did no	ot check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qua						
17a	10% -facts-and-circumstances test	t - 2020. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	est. The organizatio	on qualifies as a pu	blicly supported o	rganization		▶□
b	10% -facts-and-circumstances test	t - 2019. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the	he facts-and-circun	nstances test, che	ck this box and s t	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s >
					Sche	edule A (Form 990	or 990-EZ) 2020

HORATIO	ALGER	ASSN	OF	

Schedule A (Form 990 or 990 EZ) 2020 DISTINGUISHED AMERICANS, INC. 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
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						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
	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						
	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, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	i01(c)(3) organiza	tion,
	check this box and stop here	-			-	-	
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2019	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20)20 (line 10c, colur	nn (f), divided by	ine 13, column (f))		17	%
18	Investment income percentage from	2019 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2020. If the	organization did n	ot check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qua	ifies as a publicly	supported organiza	tion	
b	33 1/3% support tests - 2019. If the	organization did n	ot check a box o	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%	and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The org	anization qualifies	as a publicly suppo	orted organization	n ▶□
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			
03202	23 01-25-21		19)	Sch	edule A (Form 9	90 or 990-EZ) 2020

HORATIO ALGER ASSN OF Schedule A (Form 990 or 990 EZ) 2020 DISTINGUISHED AMERICANS, INC.

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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032024 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

HORATIO ALGER ASSN OF Schedule A (Form 990 or 990-EZ) 2020 DISTINGUISHED AMERICANS, INC.

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Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described in lines 11b and			
		elow, the governing body of a supported organization?	11a		
b		ily member of a person described in line 11a above?	11b		
		6 controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
-		in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	110
•		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2		rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year. e organization operate for the benefit of any supported organization other than the supported	-		
2		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	tion C	vised, or controlled the supporting organization.	2		
				Yes	No
1	Woro	a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	
•		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	tion D	pported organization(s). D. All Type III Supporting Organizations	•		
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the		103	
•		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	-	(i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	•	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
			2		
3		ganization maintained a close and continuous working relationship with the supported organization(s). ason of the relationship described in line 2, above, did the organization's supported organizations have a	-		
5		cant voice in the organization's investment policies and in directing the use of the organization's			
	-	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
			3		
Sec	tion E	rted organizations played in this regard. . Type III Functionally Integrated Supporting Organizations	5		
1					
' a		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.	-		
b		The organization satisfied the reaction of the supported organizations. Complete line 3 below.			
c		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instance).	struction	c)	
2		ties Test. Answer lines 2a and 2b below.	Saucion	Sy. Yes	No
- a		Ibstantially all of the organization's activities during the tax year directly further the exempt purposes of			
-		pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organization(s) to which the organization was responsive in the res, then in the totologing of the supported organization of the organiz			
		the organization was responsive to those supported organizations, and how the organization determined			
			0.		
	that th		2a		
b		nese activities constituted substantially all of its activities. e activities described in line 2a, above, constitute activities that, but for the organization's involvement,	2a		

these activities but for the organization's involvement.Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

Part VI the reasons for the organization's position that its supported organization(s) would have engaged in

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.*

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Schedule A (Form 990 or 990-EZ) 2020

2b

3a

3b

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HORATIO ALGER ASSN OF

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		nctionally Integrated 509		
Schedule A	(Form 990 or 990-E7)	2020 DISTINGUISHED	AMERICANS.	INC.

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

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	ly integrated	d Type III supporting orga	anization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

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HORATIO ALGER ASSN OF

Sche Par	dule A (Form 990 or 990 EZ) 2020 DISTINGUISHED				3-1669975	Page 7
	on D - Distributions			ieu)	Current Ye	ər
1	Amounts paid to supported organizations to accomplish exer	mot purposes		1	Ourient le	ai
2	Amounts paid to supported organizations to accomplish exch Amounts paid to perform activity that directly furthers exemp					
-	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	3				
4	Amounts paid to acquire exempt-use assets		,	4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.	0		8		
9	Distributable amount for 2020 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
(i) (ii) Underdistribution Section E - Distribution Allocations (see instructions) Excess Distributions Pre-2020					(iii) Distributab Amount for 2	
1	Distributable amount for 2020 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2020 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2020					
a	From 2015					
b	From 2016					
C	From 2017					
d	From 2018					
e	From 2019					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2020 distributable amount					
<u> i</u>	Carryover from 2015 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2020 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2020 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2020, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2020. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2021. Add lines 3j and 4c.					
8	Breakdown of line 7:					
	Excess from 2016					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					

Schedule A (Form 990 or 990-EZ) 2020

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		HORATIO ALGER A				
Schedule A	(Form 990 or 990-EZ) 2020	DISTINGUISHED A	MERICANS,	INC.	13-1669975	Page 8
Fart VI	Part IV, Section A, lines 1	mation. Provide the explana , 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b lines 2 and 3; Part IV, Section B	, 9c, 11a, 11b, and	11c; Part IV, Section B, I	ines 1 and 2; Part IV, Section (C, t V.
	Section D, lines 5, 6, and (See instructions.)	8; and Part V, Section E, lines 2	2, 5, and 6. Also cor	nplete this part for any a	dditional information.	,
020000 01 05	24				hadula A (Earm 000 ar 000 F	7) 2020
032028 01-25-	21		24	50	hedule A (Form 990 or 990-E) 2020

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990. Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Name of the organization	1	Employer identification number
	HORATIO ALGER ASSN OF DISTINGUISHED AMERICANS, INC.	13-1669975
Organization type (cheo	-	1 13-1003375
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Check if your organization	on is covered by the General Rule or a Special Rule.	
Note: Only a section 50	I(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	Ile. See instructions.
General Rule		
For an organiza	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling	g \$5,000 or more (in money or

Special Rules

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

property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

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

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

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

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

	B (Form 990, 990-EZ, or 990-PF) (2020)		Page 2
	rganization IO ALGER ASSN OF	E	mployer identification number
	NGUISHED AMERICANS, INC.		13-1669975
Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$ <u>7,752,383</u> 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$ <u>2,525,000</u> 	Person X Payroll
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	\$1,005,000	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$650,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$500,000	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6		\$500,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
002450 11 0	00	Sahadula P /	Form 990, 990, EZ, or 990, PE) (2020)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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	B (Form 990, 990-EZ, or 990-PF) (2020) rganization		Page 2 Employer identification number
HORAT	IO ALGER ASSN OF		
	NGUISHED AMERICANS, INC.		13-1669975
Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$500,00	0. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$500,00	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$500,00	0. Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

023452 11-25-20

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	B (Form 990, 990-EZ, or 990-PF) (2020)		Page 3
	rganization		Employer identification number
	IO ALGER ASSN OF NGUISHED AMERICANS, INC.		13-1669975
Part II	Noncash Property (see instructions). Use duplicate copies of Part	Il if additional space is peeded	
	(see instructions). Use duplicate copies of Part		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given) (d) Date received	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	Listo received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	Liste received
		_	
		\$	
023453 11-25	5-20	Schedule	3 (Form 990, 990-EZ, or 990-PF) (2020)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule	B (Form 990, 990-EZ, or 990-PF) (2020)			Page 4				
	organization			Employer identification number				
	IO ALGER ASSN OF							
	NGUISHED AMERICANS, INC			13-1669975				
Part III	from any one contributor. Complete columns (a	a) through (e) and the following line er	ntry For organizations					
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. onc	.e.) ▶ \$				
(-) NI-	Use duplicate copies of Part III if additional	space is needed.						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held				
Part I								
		· · · · · · · · · · · · · · · · · · ·						
		(e) Transfer of gi	[
			, L					
	Transferee's name, address, a	Ind ZIP + 4	Relationship of tra	nsferor to transferee				
	,,, _,, _		P =====					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held				
Part I		(0) 000 01 gift						
	(e) Transfer of gift							
	Transferee's name, address, a	Ind ZIP + 4	Relationship of tra	nsferor to transferee				
	,,,,,,, .							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held				
Part I								
		(e) Transfer of gi	ft					
		(-)	-					
	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee					
(a) No.								
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held				
Part I								
		(e) Transfer of gi	' ft					
		(2)						
	Transferee's name, address, a	Ind ZIP + 4	Relationship of tra	nsferor to transferee				
023454 11-25	5-20		Schedule	B (Form 990, 990-EZ, or 990-PF) (2020)				

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SC	HEDULE D	Supplem	enta	I Finan	cial S	tatement	ts			1545-00	47
(Forr	(Form 990) ► 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.						0, 12b	2020			
	ment of the Treasury			Attach to For	m 990.				Open Inspe	to Pub	olic
-	I Revenue Service e of the organizatio	Go to www.irs.gov/ ■ HORATIO ALGER A			tions and	the latest infor	mation.	Employ	er identificat		mbor
Inam	e of the organization	DISTINGUISHED A			INC.			Employ	13-1669		
Pa	rt I Organizat	tions Maintaining Donor A				Similar Fund	s or Ac	counts.			
		answered "Yes" on Form 990, Pa									
				(a) Do	nor advis	ed funds	() Funds a	and other acc	ounts	
1	Total number at end	d of year									
2	Aggregate value of	contributions to (during year)									
3		grants from (during year)									
4		end of year									
5	-	n inform all donors and donor advi		-							٦
c		's property, subject to the organiz							Yes		_ No
6	0	n inform all grantees, donors, and a ses and not for the benefit of the b			0 0			,			
		te benefit?			,			0	Yes		No
Pa	rt II Conserva	tion Easements. Complete i	f the ora	anization ans	wered "Y	es" on Form 990	. Part IV.	line 7.			
1		ervation easements held by the org					,				
		of land for public use (for example				Preservation	of a histo	rically imp	ortant land a	rea	
		natural habitat			, E	Preservation	of a certif	ied histori	c structure		
	Preservation of	of open space									
2	Complete lines 2a t	hrough 2d if the organization held	a qualifi	ed conservati	on contril	oution in the form	n of a cor	servation	easement on	the las	st
	day of the tax year.							He	ld at the End of	the Tax	x Year
а	Total number of cor	servation easements						2a			
b	•	cted by conservation easements						2b			
С		ation easements on a certified hist						2c			
d		ation easements included in (c) ac	-								
		in the National Register 2d									
3		ation easements modified, transfe	rred, rele	eased, extingu	lished, or	terminated by th	ie organiz	ation duri	ng the tax		
4	year	 here property subject to conserva	tion ooo	amont in land							
4 5		on have a written policy regarding			-	tion handling of	- F				
5	•	rcement of the conservation ease	•		.				Yes		No
6		hours devoted to monitoring, insp								vear	
-	•		j	, -				··· ··· · · · · · · · · · · · · · · ·	,	
7	Amount of expense	— s incurred in monitoring, inspectin	ig, handl	ing of violatio	ns, and e	nforcing conserv	ation eas	ements d	uring the year		
	▶\$			C C		C C			0 ,		
8	Does each conserva	ation easement reported on line 2((d) above	e satisfy the re	equiremer	nts of section 170	D(h)(4)(B)()			
	and section 170(h)(4	4)(B)(ii)?							🗌 Yes		No
9	In Part XIII, describe	how the organization reports cor	nservatio	n easements	in its reve	enue and expens	e stateme	ent and			
	balance sheet, and	include, if applicable, the text of t	he footn	ote to the org	anization'	s financial stater	nents tha	t describe	es the		
Der	organization's acco	unting for conservation easements	S.	Aut Lliata	deal Tra			miler A			
Pa		tions Maintaining Collection				easures, or C	itner Si	milar A	ssets.		
		he organization answered "Yes" of									
1a	•	lected, as permitted under FASB		•							
		sures, or other similar assets held	-					ce of publ	IC		
b		Part XIII the text of the footnote to lected, as permitted under FASB .						shoot wo	rke of		
5		res, or other similar assets held fo									
		g amounts relating to these items	-		doution, t			or public			
								▶ \$			
		venue included on Form 990, Part VIII, line 1 sets included in Form 990, Part X \$									
2	.,	on received or held works of art, historical treasures, or other similar assets for financial gain, provide									
		nts required to be reported under									
а	Revenue included o	n Form 990, Part VIII, line 1						▶ \$_			
		Form 990, Part X						▶ \$			
LHA	For Paperwork Re	duction Act Notice, see the Instr	ructions	for Form 990).			Scł	nedule D (For	m 990) 2020
03205	1 12-01-20										
				31							

		ALGER ASSN									
		UISHED AMER						13-16	<u>69975</u>	Pa	_{age} 2
Par	t III Organizations Maintaining C	ollections of Art	t, Historic	al Tre	asures, or	Other	Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any	of the f	ollowing that	make sig	gnificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	Loar	or exc	hange prograi	m					
b	Scholarly research	е	Othe	r							
с	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explair	how they fu	rther th	e organizatior	n's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o										
	to be sold to raise funds rather than to be ma		,		,				Yes		No
Par	t IV Escrow and Custodial Arrang					Yes" on	Form 990	. Part IV. I		•	<u></u>
	reported an amount on Form 990, Par		5					, ,	,		
1a	Is the organization an agent, trustee, custodi	an or other intermedi	iary for contr	ibution	s or other asse	ets not ir	ncluded				
	on Form 990, Part X?								Yes	X	No
h	If "Yes," explain the arrangement in Part XIII										1110
D			iowing table.						Amount		
~	Reginning balance						1c		Amount		
	Beginning balance										
	Additions during the year										
-	Distributions during the year										
f	Ending balance						1f				1
	Did the organization include an amount on Fo						• • • • • • • • • • • • • • • • • • • •	∟	Yes		No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i										<u>]</u>
ı aı									() [
		(a) Current year	(b) Prior		(c) Two years			vears back	(e) Four		
	Beginning of year balance	252,262,548.	218,873					46,128.	153,		
	Contributions	4,440,305.			12,149						890.
	Net investment earnings, gains, and losses	24,288,982.	-	-	-16,215	-		24,133.		060,	
d	Grants or scholarships	8,627,800.	2,300	,084.	2,474	,896.	2,5	61,524.	4,	985,	641.
е	Other expenditures for facilities										
	and programs								2,	526,	158.
f	Administrative expenses										
g	End of year balance	272,364,035.	252,262	,548.	218,873	,679.	225,4	14,837.	169,	146,	128.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, col	umn (a)) held as:						
а	Board designated or quasi-endowment	98.7560	%								
	Permanent endowment 1.2440	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posse	-	tion that are	held ar	nd administere	ed for the	e organiza	ation			
	by:	0					U		Γ	Yes	No
	(i) Unrelated organizations								3a(i)		X
	(ii) Related organizations								3a(ii)	x	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Sched	ule R?					3b	x	
4	Describe in Part XIII the intended uses of the									1	
Par				•							
	Complete if the organization answered		Part IV line	11a S	ee Form 990	Part X I	ine 10				
	Description of property	(a) Cost or o	<u> </u>		or other		cumulate	d	(d) Book	value	
	Description of property	basis (investr		•	(other)	• •	preciation			value	7
10	Land		,	22010	(=						
	Land										
	Buildings			22	8,180.	2	38,18	80			0.
	Leasehold improvements				7,712.		40,24		457	1 1 4	
	Equipment			09	/// // /	4	14U, Z4	±/•	407	, 40	
	Other								157		55
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part)	<u>X. column (B</u>), line 1))				457		
								Schedule	D (Form	990)	2020

HORATIO	ALGER	ASSN	OF
DISTING	JISHED	AMER	CANS,

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Part VII	Investments -	Other Securities
Schedule D	(Form 990) 2020	DISTINGUI

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

	in one of a cover and the second	
(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) OTHER INVESTMENTS	37,359,763.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨	37,359,763.	

INC.

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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 15.)	►
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 99	0, Part X, line 25.
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION LIABILITY	1,392,160.
(3) DEFERRED RENT	96,431.
(4) SCHOLARSHIPS PAYABLE	31,226,296.
(5) DUE TO RELATED PARTY	143,661.
(6)	
(7)	

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2020

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(8)

	HORATIO ALGER ASSN OF	2	
Sche	dule D (Form 990) 2020 DISTINGUISHED AMERICA	ANS, INC.	13-1669975 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial	Statements With Revenu	e per Return.
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements	3	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	<u>2c</u>	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e <u>12.)</u>	
Par	t XII Reconciliation of Expenses per Audited Financia	I Statements With Expen	ses per Return.
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.	1 1
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	<u>2</u> a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I	ine 18.)	
Par	t XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE ENDOWMENT FUNDS ARE USED TO FUND UNDERGRADUATE AND GRADUATE

SCHOLARSHIPS IN HONOR OF HORATIO ALGER MEMBERS AT THE NATIONAL, STATE

LEVELS, AND WITHIN CANADA. THEY ARE ALSO USED TO ADVANCE THE

ASSOCIATION'S NATIONAL VISIBILITY INITIATIVES THROUGH PUBLIC SERVICE

ADVERTISING, CONCERTS, AND COMMUNICATIONS PROGRAM WHICH SHOULD ULTIMATELY

ASSIST IN RAISING VISIBILITY AND INCREASE CONTRIBUTIONS.

PART X, LINE 2:

HORATIO AND THE FUND HAVE BEEN RECOGNIZED AS EXEMPT FROM FEDERAL INCOME

TAXES BY THE INTERNAL REVENUE SERVICE UNDER SECTION 501(C)(3) OF THE

INTERNAL REVENUE CODE AND EACH HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT

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Schedule D (Form 990) 2020 Part XIII Supplemental Infor	HORATIO ALGER DISTINGUISHED mation _(continued)		INC.	13-1669975 Page 5
IS NOT A PRIVATE FO	UNDATION. HORA	FIO AND THE	FUND HAD NO NET	UNRELATED
BUSINESS INCOME TAX	DURING THE YEA	AR ENDED DEC	EMBER 31, 2020.	
MANAGEMENT EVALUATE	D THE TAX POSI	TIONS AND CO	NCLUDED THAT HO	DRATIO AND THE
FUND HAVE TAKEN NO	UNCERTAIN TAX	POSITIONS TH	AT REQUIRE ADJU	JSTMENT TO THE
CONSOLIDATED FINANC	IAL STATEMENTS	TO COMPLY W	ITH THE PROVIS	IONS OF THIS
GUIDANCE.				
				Schedule D (Form 990) 2020
032055 12-01-20				. , ,

SCHEDULE F	Stateme	nt of Act	ivities Outside the Ur	nited Sta	ites	OMB No. 1545-0047
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.					2020
Department of the Treasury	Attach to Form 990.					Open to Public
Internal Revenue Service	Go to v	www.irs.gov/Fo	rm990 for instructions and the latest	information.	Employer	Inspection
Name of the organization HORATIO ALGER A	SSN OF				Employer	identification number
DISTINGUISHED A	MERICANS	, INC.			13-166	59975
Part I General Info	rmation on A	ctivities Out	side the United States. Comple	ete if the orgar	ization answ	ered "Yes" on
Form 990, Part I	V, line 14b.					
-	-		ds to substantiate the amount of its gra he selection criteria used to award the			Yes X No
2 For grantmakers. Des United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistanc	e outside the
3 Activities per Region. (1	The following Part	I, line 3 table ca	n be duplicated if additional space is n	eeded.)		
(a) Region	(b) Number of offices in the region	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (gram service e specific type (s) in the regi	e expenditures for and investments
NORTH AMERICA - CANADA AND MEXICO,				TO PROVIDE ASSISTANCE		[P
BUT NOT THE UNITED				PROMISING H		
STATES	0	0	PROGRAM SERVICES	STUDENTS AT	TEND COLLI	EGE 669,618.
3 a Subtotal	0	0				669,618.
b Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)	0	0				669,618.
HA For Paperwork Reduc	tion Act Notice	see the Instruct	tions for Form 990		Scher	dule F (Form 990) 2020

ap SEE PART V FOR COLUMN (E) DESCRIPTIONS Г (Г U)

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HORATIO ALGER ASSN OF DISTINGUISHED AMERICANS, INC.

13-1669975

Schedule F (Form 990) 2020

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA -						
		CANADA AND						
		MEXICO, BUT NOT THE UNITED STATES	GENERAL PURPOSES	669 618	WIRE TRANSFER	0.		
		THE UNITED STRIES	GENERAL FORFOSES	009,018.	WIKE IKANSFER	0.		
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax								
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 3 Enter total number of other organizations or entities							
3 Enter total number of other organizations or entities								

Schedule F (Form 990) 2020

HO	RATIO	ALGER	ASSN	OF

13-1669975

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

Schedule F (Form 990) 2020

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2020

Page 3

HORATIO ALGER ASSN OF DISTINGUISHED AMERICANS,

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Schedu	JIE F (Form 990) 2020 DISTINGUISHED AMERICANS, INC.	13-1669975	Page 4
Part			9
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2020

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HORATIO ALGER ASSN OF Schedule F (Form 990) 2020 DISTINGUISHED AMERICANS, INC. 13–1669975 Page 5 Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PART I, LINE 3, COLUMN (E):
REGION: NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES
(E) SPECIFIC TYPES OF SERVICES IN REGION: TO PROVIDE SCHOLARSHIP
ASSISTANCE TO HELP PROMISING HIGH SCHOOL STUDENTS ATTEND COLLEGE AND TO
SPREAD THE MESSAGE REGARDING THE OPPORTUNITIES A FREE ENTERPRISE SYSTEM
PROVIDES.

Schedule F (Form 990) 2020

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SCHEDULE I (Form 990)	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.												
Department of the Treasury Internal Revenue Service		Go to www.ir	Attach to For s.gov/Form990 fo		nation.		Open to Public Inspection						
Name of the organization HORATIO A DISTINGUI		OF ICANS, INC.					Employer identification number $13 - 1669975$						
Part I General Information on Grants a													
 Does the organization maintain records t criteria used to award the grants or assis Describe in Part IV the organization's pro- 	tance?												
Part II Grants and Other Assistance to I					anization answered "Y	es" on Form 990, Part	IV, line 21, for any						
recipient that received more than	5,000. Part II can	be duplicated if addition	onal space is need	ed.	(s) Mathead of	1							
1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance							(h) Purpose of grant or assistance						
RANDOLPH-MACON ACADEMY 200 ACADEMY DRIVE FRONT ROYAL, VA 22630	54-0505939	501(C)(3)	31,553.	0.	BOOK		EDUCATIONAL GRANT						
THE MORTEL FAMILY CHARITABLE FOUNDATION - 1229 SAND HILL ROAD - HUMMELSTOWN, PA 17036	23-2875876	501(C)(3)	50,000.	0.	воок		EDUCATIONAL GRANT						
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE NO 500 MINNEAPOLIS, MN 55455	41-6042488	501(C)(3)	45,000.	0.	воок		EDUCATIONAL GRANT						
MAKING WAVES FOUNDATION 3045 RESEARCH DR RICHMOND, CA 94806	68-0204312	501(C)(3)	161,000.	0.	BOOK		EDUCATIONAL GRANT						
2 Enter total number of section 501(c)(3) ar	nd government orc	ganizations listed in the	e line 1 table										
3 Enter total number of other organizations	. .	, , , ,											

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

HORATIO ALGER ASSN OF

Schedule I (Form 990) 2020

0) 2020 DISTINGUISHED AMERICANS, INC.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
NATIONAL SCHOLARS PROGRAM	392	2,156,753.	0.		
STATE SCHOLARSHIP PROGRAMS	2225	5,358,436.	0.		
WASHINGTON GRADUATE AND OTHER SCHOLARSHIP PROGRAMS	1428	2,747,591.	0.		

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

PART I, LINE 2:

SCHOLARSHIPS ARE AWARDED BASED ON EXTENSIVE SELECTION PROCESS AND DISBURSED

DIRECTLY TO APPLICANT'S SCHOOL.

13-1669975

SC	HEDULE J Compensation Information	1	OMB No. 1	545-004	47
(Fo	rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest		00	00	
1	Compensated Employees		20	ZU	J
	tment of the Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		Open to	Publi	ic
	tment of the Treasury Attach to Form 990. ■ Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		-
-		nployer ide	ntificatio	on nur	nber
	DISTINGUISHED AMERICANS, INC.	13-16	6997	5	
Pa	rt I Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990),			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	,			
	First-class or charter travel Housing allowance or residence for personal u	use			
	Travel for companions Payments for business use of personal reside				
	Tax indemnification and gross up payments Health or social club dues or initiation fees				
	Discretionary spending account	hef)			
		,			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or				
	a she was a start of the start		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	0			
	establish compensation of the CEO/Executive Director, but explain in Part III.				
	Compensation committee				
	Independent compensation consultant				
	Form 990 of other organizations	mittee			
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	Participate in or receive payment from a supplemental nonqualified retirement plan?		4b		Х
с	Participate in or receive payment from an equity-based compensation arrangement?		4c		X
	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
	Any related organization?		5b		X
	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:				
а	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		X
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		X
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.	Schedule	e J (Forn	n 990)	2020

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HORATIO ALGER ASSN OF

DISTINGUISHED AMERICANS, INC.

Schedule J (Form 990) 2020

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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) TERRENCE J. GIROUX	(i)	456,634.	150,000.	228,810.	25,731.	409,034.	1,270,209.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	244,036.	0.	0.	22,114.	11,129.	277,279.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	209,403.	0.	0.	15,385.	19,097.	243,885.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KRISTEN R. LAW	(i)	178,912.	0.	0.	18,482.	43,096.	240,490.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MARGARET SLIPEK	(i)	161,464.	1,868.	0.	15,153.	21,737.	200,222.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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Schedule J (Form 990) 2020

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2020

OMB No. 1545-0047 Supplemental Information to Form 990 or 990-EZ SCHEDULE O (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 Department of the Treasury Inspection Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service HORATIO ALGER ASSN OF Employer identification number Name of the organization DISTINGUISHED AMERICANS, INC. 13-1669975 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TO HELP PROMISING HIGH SCHOOL STUDENTS (WHO FIT THE HORATIO ALGER PROFILE) ATTEND COLLEGE, AND (2) TO SPREAD THE MESSAGE THAT AMERICA'S FREE ENTERPRISE SYSTEM PROVIDES THE GREATEST OPPORTUNITIES IN THE WORLD FOR PERSONAL ACHIEVEMENT AND SUCCESS. THE ASSOCIATION WAS FOUNDED MORE THAN 70 YEARS AGO TO COMBAT A GROWING ATTITUDE AMONG YOUNG PEOPLE THAT ECONOMIC OPPORTUNITY WAS A THING OF THE PAST. THE ASSOCIATION STRIVES TO MOTIVATE AND EDUCATE OUR NATION'S YOUNG PEOPLE TO THE ECONOMIC AND PERSONAL OPPORTUNITIES AFFORDED THEM BY THE PROMISE OF THE AMERICAN FREE-ENTERPRISE SYSTEM. THE ASSOCIATION BRINGS THE "HORATIO ALGER HEROES" OF TODAY TOGETHER WITH THOSE OF TOMORROW BY BESTOWING THE HORATIO ALGER AWARD ANNUALLY; HOSTING CAREER, PUBLIC SERVICE, AND COMMUNITY SERVICE SEMINARS; SPONSORING FREE-ENTERPRISE FORUMS; AWARDING SCHOLARSHIPS EACH YEAR; AND PROVIDING AN INTERNSHIP PROGRAM.

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

GREATEST OPPORTUNITIES IN THE WORLD FOR PERSONAL ACHIEVEMENT AND

SUCCESS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

NATIONAL SCHOLARS' CONFERENCE

EXPENSES \$ 791,535. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

SCHOLARS ALUMNI PROGRAMS

EXPENSES \$ 104,548. INCLUDING GRANTS OF \$ 0. REVENUE Ś 0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

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Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization HORATIO ALGER ASSN OF DISTINGUISHED AMERICANS, INC.	Employer identification number 13-1669975
	10 100000,0
EDUCATIONAL MEDIA AND PUBLICATIONS	
EXPENSES \$ 403,867. INCLUDING GRANTS OF \$ 0. REVENUE \$	1,374.
SCHOLAR SERVICES AND SUPPORT	
EXPENSES \$ 739,847. INCLUDING GRANTS OF \$ 0. REVENUE \$	0.
RESEARCH	
EXPENSES \$ 172,908. INCLUDING GRANTS OF \$ 0. REVENUE \$	0.
FIELD DIRECTORS PROGRAM	
EXPENSES \$ 108,556. INCLUDING GRANTS OF \$ 0. REVENUE \$	0.
NATIONAL VISIBILITY	
EXPENSES \$ 319,750. INCLUDING GRANTS OF \$ 0. REVENUE \$	0
EXPENSES \$ 515,750. INCLUDING GRANTS OF \$ 0. REVENUE \$	0.
MEMBER SUPPORT AND MEETINGS	
EXPENSES \$ 1,153,783. INCLUDING GRANTS OF \$ 0. REVENUE	\$ 0.
OTHER SCHOLARSHIP PROGRAMS	
EXPENSES \$ 3,614,292. INCLUDING GRANTS OF \$ 3,708,762.	REVENUE \$ 0.
FORM 990, PART VI, SECTION A, LINE 6:	
HORATIO ALGER ASSOCIATION, INC. IS A MEMBERSHIP ORGANIZATION	N. ADDITIONAL
MEMBERS ARE ELECTED EVERY YEAR THROUGH AN EXTENSIVE SELECT	ION PROCESS.
FORM 990, PART VI, SECTION A, LINE 7A:	
FULL MEMBERSHIP BODY VOTES FOR BOARD, BOARD MEMBERS VOTE FOR	DR EXECUTIVE
COMMITTEE AND OFFICERS.	dule O (Form 990 or 990-EZ) 2020

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Name of the organization HORATIO ALGER ASSN OF DISTINGUISHED AMERICANS, INC.

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

THE FORM 990 IS REVIEWED BY THE ASSOCIATION'S GOVERNANCE AND FINANCE

CONSULTANT, EXECUTIVE MANAGEMENT AND ELECTED PRESIDENT AND CHAIRMAN.

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

ALL BOARD MEMBERS AND EMPLOYEES ARE ASKED TO COMPLY WITH THE WRITTEN POLICY BY DISCLOSING ANY BUSINESS TRANSACTION IN WHICH BOARD MEMBER, STAFF OR THEIR FAMILIES HAVE A FINANCIAL INTEREST TO THE FULL BOARD. EXECUTIVE DIRECTOR PERSONALLY MONITORS ACTIVITIES OF MEMBERS TO ASSURE COMPLIANCE.

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

THE EXECUTIVE DIRECTOR'S COMPENSATION IS SET BY THE BOARD OF DIRECTORS AFTER RECEIVING A STUDY OF COMPARABLE ORGANIZATIONS BY WILLIS TOWERS WATSON. THE REVIEW INCLUDES SALARY AND BENEFITS. ALL OTHER POSITIONS ARE EVALUATED BY MERCER EVERY 3 YEARS, AND THEY PROVIDE THE ASSOCIATION WITH A STUDY OF COMPARABLE POSITIONS AND SALARY RANGES FOR EVERY JOB TITLE ON THE STAFF.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES AVAILABLE ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ONLY UPON REQUEST. AUDITED FINANCIAL STATEMENTS ARE POSTED ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

TRANSFER EXCESS FUNDS TO ENDOWMENT

-3,162,680.

PART XII, LINE 2C

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Schedule O (Form 990 or 990-EZ) 2020

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Schedule O (Form 990 or 990-EZ) 2020 Name of the organization HORATIO ALGER ASSN OF	Page 2 Employer identification number
DISTINGUISHED AMERICANS, INC.	13-1669975
THE NEW PRESIDENT/CEO APPOINTS AN AUDIT COMMITTEE ONCE H	HE OR SHE
ASSUMES OFFICE. THE COMMITTEE APPOINTMENT COINCIDES WITH	H THE
PRESIDENT'S TENURE IN THE OFFICE.	
	Schedule O (Form 990 or 990-EZ) 2020

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2020.05000 HORATIO ALGER ASSN OF DIS 32372911

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	► Com	Related Organization plete if the organization answered Att Go to www.irs.gov/Form990	OMB No. 154 202 Open to F Inspect	20 Public				
Name of the organizati							lentification n 569975	number
Part I Identificati	on of Disregarded Entities. Comp	lete if the organization answered "Ye	es" on Form 990, Part IV, line 3	3.				
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) or Total inco	(e) End-of-year a	assets D	(f) irect controllin entity	ng
	on of Related Tax-Exempt Organiz	zations. Complete if the organizatio	n answered "Yes" on Form 990	0, Part IV, line 34, I	because it had one c	or more related ta	ax-exempt	
	(a) ne, address, and EIN related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct control entity	ling _{con}	(g) 1512(b)(13) htrolled ntity? No
HORATIO ALGER END 99 CANAL CENTER P ALEXANDRIA, VA 2		HOLDS AND MANAGES ENDOWMENT FUNDS	VIRGINIA	501(C)(3)	509(A)(3), TYPE 2		103	x
THE HORATIO ALGER 1410 STANLEY STRE MONTREAL, QUEBEC,	1	SCHOLARSHIP ASSISTANCE	CANADA					x
FRIENDS OF HAAC, 99 CANAL CENTER P ALEXANDRIA, VA 2	INC - 85-3582196 LAZA	CHARITABLE	VIRGINIA					x
For Danarwork Deduc	ction Act Notice, see the Instruction	Done for Form 990				Cobod	ule R (Form 9	

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HORATIO ALGER ASSN OF Schedule R (Form 990) 2020 DISTINGUISHED AMERICANS, INC.

13-1669975 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate ations?	amount in box 20 of Schedule	Gene mana partr	iging her?	Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	Share of total Share of		Sec 512(I contr ent	(i) ction b)(13) rolled tity?
		country)		0				Yes	No
]								
	1								
	1								

HORATIO ALGER ASSN OF

Schedule R (Form 990) 2020	DISTINGUISHED	AMERICANS,
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

INC.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b	X	
	Gift, grant, or capital contribution from related organization(s)	1c	X	
	Loans or loan guarantees to or for related organization(s)	1d	X	
	Loans or loan guarantees by related organization(s)	1e	X	
f	Dividends from related organization(s)	1f		X
g		1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
	Performance of services or membership or fundraising solicitations for related organization(s)	11	X	
	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p		Х
q	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r	X	
s	Other transfer of cash or property from related organization(s)	1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HORATIO ALGER ENDOWMENT FUND	С	7,752,383.	Cost
(2) THE HORATIO ALGER ASSOCIATION OF CANADA	В	649,000.	СОЗТ
(3) HORATIO ALGER ENDOWMENT FUND	Q	644,046.	соѕт
(4) HORATIO ALGER ENDOWMENT FUND	E	143,661.	соят
(5)			
<u>(6)</u>			

HORATIO ALGER ASSN OF Schedule R (Form 990) 2020 DISTINGUISHED AMERICANS, INC.

13-1669975 Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(e) Are a partners 501(c) orgs. Yes	sec. (3) ?	(f) Share of total income	(g) Share of end-of-year assets	Dispi tion alloca	n) ropor- nate tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) r Percentage ownership

Schedule R (Form 990) 2020

Schedule	R(Form	aau)	2020

HORATIO ALGER ASSN OF DISTINGUISHED AMERICANS, INC. 13-1669975 Page 5

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2020

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