Form 990 (Rev. January 2020) Department of the Treasury

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

2019
Open to Public Inspection

OMB No. 1545-0047

A For the 2019 calendar year, or tax year beginning and ending Check if applicable: D Employer identification number C Name of organization Address change STUDENT VETERANS OF AMERICA Name change 26-1971279 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 1012 14TH STREET, NW 1200 (202) 223-47103,174,755. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return WASHINGTON, DC 20005 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: JARED S. LYON for subordinates? Yes X No SAME AS C ABOVE Yes **H(b)** Are all subordinates included? Tax-exempt status: **X** 501(c)(3) 501(c) (4947(a)(1) or) **◄** (insert no.) If "No," attach a list. (see instructions) J Website: ► WWW.STUDENTVETERANS.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other -Year of formation: 2008 M State of legal domicile: MI Trust Part I Summary Briefly describe the organization's mission or most significant activities: TO PROVIDE MILITARY VETERANS Activities & Governance WITH THE RESOURCES AND SUPPORT TO SUCCEED IN HIGHER EDUCATION. if the organization discontinued its operations or disposed of more than 25% of its net assets. 10 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 10 4 28 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 7670 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 39 0. 7h **Current Year Prior Year** 2,062,269. 2,063,296. 8 Contributions and grants (Part VIII, line 1h) Revenue 927,388. 1,086,747. 9 Program service revenue (Part VIII, line 2g) 3,096. 3,219. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 58,763. 21,493. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,051,516. 3,174,755. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 505,917. 100,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,416,858. 1,648,237. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,877,555. 2,925,938. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 3,800,330. 4,674,175. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -748,814. -1,499,420. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** o 3,589,010. 5,230,713. Total assets (Part X, line 16) $1,169,\overline{711}$ 1,026,874. 21 Total liabilities (Part X, line 26) 4,061,002. 2,562,136 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 11/4/2020 State (Signature of officer Sign JARED S. LYON, PRESIDENT AND CEO Here Type or print name and title Date PTIN Preparers signature Print/Type preparer's name 11/03/20 P01365820 AARON M. FOX self-employed Paid Firm's name MARCUM LLP Firm's EIN ▶ 11-1986323 Preparer Firm's address 1899 L STREET, NW, SUITE 850 Use Only Phone no. (202) 227-4000 WASHINGTON, DC 20036 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

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Pai	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: STUDENT VETERANS OF AMERICA (SVA) IS THE PREMIER ORGANIZATION LEADING
	SERVICE, RESEARCH, PROGRAMS, AND ADVOCACY FOR VETERANS IN HIGHER
	EDUCATION. SVA ELEVATES THE ACADEMIC, PROFESSIONAL, AND PERSONAL
	DEVELOPMENT OF STUDENT VETERANS AND MILITARY-AFFILIATED STUDENTS
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?
	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 \$1, 474, 254. including grants of \$) (Revenue \$) (Revenue \$)
	NATIONAL CONFERENCE (NATCON)
	NATCON IS THE LARGEST ANNUAL CONVENING OF STUDENT VETERANS AND
	POST-9/11 VETERANS IN THE COUNTRY, BRINGING TOGETHER OUR NATION'S
	CHAPTER LEADERS, STAKEHOLDERS, ADVOCATES, AND SUPPORTERS WHO WORK ON
	BEHALF OF VETERANS AND MILITARY-AFFILIATED STUDENTS IN HIGHER
	EDUCATION. STUDENT VETERANS ATTEND NATCON TO LEARN HOW TO MANAGE SOME
	OF THE MOST SUCCESSFUL STUDENT ORGANIZATIONS IN THE COUNTRY, AND TO
	NETWORK WITH THEIR PEERS AS TOMORROW'S LEADERS. PAST SPEAKERS INCLUDE
	PRESIDENT GEORGE W. BUSH, VICE PRESIDENT JOE BIDEN, VA SECRETARY BOB
	MCDONALD, AND MANY OTHERS. EACH NATCON FEATURES GROUNDBREAKING KEYNOTES
	AND MORE THAN 90 BREAKOUT SESSIONS IN ALL AREAS OF ACADEMIC AND
	PROFESSIONAL DEVELOPMENT, INCLUDING THE LATEST RESEARCH FINDINGS ON
4b	(Code:) (Expenses \$
	RESEARCH
	SVA'S LEARNING & MEASUREMENT STRATEGY FOCUSES ON BETTER UNDERSTANDING
	STUDENT VETERANS' EDUCATIONAL LIFE CYCLE JOURNEY-TO, THROUGH, AND
	BEYOND HIGHER EDUCATION. THE CORNERSTONE OF THIS WORK IS THE LIFE CYCLE
	ATLAS. THE PROJECT ANALYZES THE EDUCATION LIFECYCLE OF HUNDREDS OF
	STUDENT VETERANS, UNLOCKING KEY DECISION POINTS AND THE OUTCOMES ASSOCIATED WITH EACH DECISION. RESULTS OF THIS RESEARCH ARE PUBLISHED
	IN REAL TIME VIA INTERACTIVE DATA VISUALS THAT ILLUSTRATE PIVOTAL
	STUDENT VETERAN DECISIONS WITHIN THE EDUCATIONAL LIFE CYCLE. THE GOAL
	IS TO PROVIDE VETERANS FACING A DECISION AT ANY POINT IN THEIR
	EDUCATIONAL LIFECYCLE WITH AN INSTRUMENT TO EXPLORE AND EVALUATE
	DIFFERENT OUTCOMES BASED ON THE COLLECTIVE KNOWLEDGE AND EXPERIENCE OF
40	(Code:) (Expenses \$ 553,356 • including grants of \$) (Revenue \$
	CHAPTER SERVICES AND PROGRAMS
	A DEDICATED NETWORK OF CHAPTERS AND CHAPTER LEADERS ARE THE LIFEBLOOD
	OF SVA. EVERY DAY THESE PASSIONATE LEADERS WORK TO PROVIDE THE
	NECESSARY RESOURCES, NETWORK SUPPORT, AND ADVOCACY TO ENSURE STUDENT
	VETERANS CAN EFFECTIVELY CONNECT, EXPAND THEIR SKILLS, AND ULTIMATELY
	ACHIEVE THEIR GREATEST POTENTIAL, WITH THE UNDERSTANDING THAT
	PEER-TO-PEER SUPPORT FACILITATES POST-SECONDARY SUCCESS. THESE CHAPTERS
	ARE BUILT UPON THE GRASSROOTS EFFORTS OF INDIVIDUAL STUDENT VETERANS
	WHO RECOGNIZE THE NEED FOR A COMMUNITY OF SUPPORT ON THEIR CAMPUS.
	CHAPTER SERVICES AND PROGRAMS FROM THE NATIONAL HEADQUARTERS SUPPORT
	THE CREATION, SUSTAINMENT, AND GROWTH OF CHAPTERS. WE ADVISE ON THE
	CREATION AND IMPLEMENTATION OF A STRATEGIC PLAN TO HELP CHAPTERS FOCUS
	Other program services (Describe on Schedule O.)
	(Expenses \$ 1,103,227 ⋅ including grants of \$ 100,000 ⋅) (Revenue \$) Total program service expenses ▶ 3,822,681 ⋅
4e	Total program service expenses 3 , 822 , 681 .

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Part IV Checklist of Required Schedules

			Yes	No				
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?							
	If "Yes," complete Schedule A	1	X					
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х					
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for							
	public office? If "Yes," complete Schedule C, Part I	3		Х				
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect							
-	during the tax year? If "Yes," complete Schedule C, Part II	4	Х					
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or							
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X				
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>						
U		6		x				
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I							
′	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x				
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-						
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			 ₩				
	Schedule D, Part III	8_		X				
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for							
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			3,7				
	If "Yes," complete Schedule D, Part IV	9		<u> </u>				
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			l				
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X				
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X							
	as applicable.							
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,							
	Part VI	11a	Х					
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total							
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X					
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total							
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х				
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in							
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х				
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х					
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses							
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х					
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>						
ızu	•	12a	Х					
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	124		_				
b	•	12b		l x				
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13		X				
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X				
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		 ^				
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,							
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	441		x				
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>				
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		X				
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			3,7				
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>				
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,							
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>				
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines							
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> X</u>				
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"							
	complete Schedule G, Part III	19		X				
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X				
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b						
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or							
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х				

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Form 990 (STUDENT			
Part IV	Check	list of Required Sch	edules	(continue	ed)

	Continued)		Vaa	Na
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22		22	х	
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		- 11	
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			v
00	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		х
21	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
31 32	Did the organization required, terminate, or dissolve and cease operations / // "yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	October 1 to M. Douttle	32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- JZ		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٥.	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			لـــا
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
	(gambling) winnings to prize winners?	1c	X	

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Form **990** (2019) 2019.04030 STUDENT VETERANS OF AMERICA

Form 990 (2019) STUDENT VETERANS OF AMERICA

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

2a center the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements. 2a 28 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If this sum of lines 1a and 2a is greater than 250, you may be required to <i>e-fige</i> (see instructions). 3a Did the organization have unrelated business gross income of \$1,000 or more during the pear? 3a Did the organization have unrelated business gross income of \$1,000 or more during the pear? 3a A at any time during the calendary ear, did the organization have an interest in, or a significant on a Schedule O. 4a At any time the name of the foreign country. 5b If 1'Yes, 'has it filed a foreign gooutry (such as a bank account, securities account, or other financial account)? 5b If 1'Yes, 'negarization and the foreign country. 5c Was the organization and party or a prohibed tax whether transaction at any time during the tax year? 5c If 'Yes' to line 5a or 50, did the organization file Form 888617' 5c If 'Yes' to line 5a or 50, did the organization file Form 888617' 5c If 'Yes' to line 5a or 50, did the organization file Form 888617' 5c If 'Yes' to line 5a or 50, did the organization file Form 888617' 5d Does the organization and party making disease expert that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5d If 'Yes' to line 5a or 50, did the organization file Form 888617' 6d Does the organization experiment in excess of \$75 male partly as a contribution and partly for goods and services provided to the payor? 6d If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d Organization state in excess a payment in excess of \$75 male partly as a contribution and partly for goods and services provided to the payor of the organization services any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d I					Yes	No			
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e, die (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the celence of unity of the company of the co	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to \$_ib_0 (see instructions)\$ 3 3 3 6 11 12 13 13 13 13 13 13		filed for the calendar year ending with or within the year covered by this return	2a 28						
3a bit the organization have unrelated business gross income of \$1,000 or more during the year? 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 leuch as a bank account, securities account, or other financial accounts (FBAF). 5b if "Yes," enter the name of the foreign country leuch as a bank account, securities account, or other financial accounts (FBAF). 5c if "Yes" to line \$a or \$b, did for loreign country leuch as a bank account, securities account, or other financial accounts (FBAF). 5c if yes" to line \$a or \$b, did for loreign country leuch as a bank account, securities account, or other financial accounts (FBAF). 5c was the organization for loreign country leuch as a bank account, securities account, or other financial accounts (FBAF). 5c was the organization for the organization that it was or is a party to a prohibited tax shelter transaction? 5c was the organization lore the organization file Form 888B17; 5c was 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? 6c were not tax deductible? 6c were not tax deduction? 6c were not tax deduction of notified notified notified notified notified notified notified	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х				
b If Yes, *has it filled a Form 990-7 for this year? If *No* to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest it, or a signature or other authority over, a financial account in a foreign country yeur has a bank account, securities account, or other financial accounts (FBAF). 5b If Yes, *enter the name of the foreign country be sen instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Dick any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Dick any taxable party notify the organization file Form 8888-17? 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? 5c Does the organization shall may receive deductible contributions under section 170(c). 5d Did the organization shall may receive deductible contributions under section 170(c). 5d Did the organization shall may receive deductible contributions under section 170(c). 5d Did the organization shall may receive deductible contributions under section 170(c). 5d Did the organization shall may receive deductible contributions under section 170(c). 5d Did the organization shall may receive deductible contribution of under section 170(c). 5d Did the organization shall may receive deductible contributions of under section 170(c). 6d Did the organization receive any primed in excess of 37 male party as a contribution of organization received a contribution of underty organization received a contribution of underty organization received a contribution of underty or indirectly, to pay premiums on a personal benefit contract? 7d Did the organization received any funds, directly or indirectly, to pay premiums on		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions)						
4a At any time during the calendary 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 accounts (FBAR). 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 to a problem that it was or is a party to a prohibited tax shelter transaction? 5b Usin the regarization in the organization that it was or is a party to a prohibited tax shelter transaction? 5b Usin 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? 5c Usin the organization received aductible as charitable contributions? 5d Uffect organization that may receive deductible contributions under section 170(c). a bid the organization start may receive deductible contributions under section 170(c). a bid the organization start may receive deductible contributions under section 170(c). b if "Yes," did the organization notify the donor of the value of the goods or services provided to the payor? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8882? 8d If "Yes," include the number of Forms 8282 filed during the year 7c Did the organization eceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization have excess business holdings at any time during the year? 10 Forms receipts, included on Form		-		3a		X			
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9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	8	$\textbf{Sponsoring organizations maintaining donor advised funds.} \ \ \textbf{Did a donor advised fund maintained}$	by the						
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If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	15								
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.				15		X			
If "Yes," complete Form 4720, Schedule O.						7.5			
	16		income?	16		X			
		If "Yes," complete Form 4720, Schedule O.		_	000	(00.10)			

Form **990** (2019)

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.

C						X				
Sec	tion A. Governing Body and Management									
		1 .	1 10		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	10	-						
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		1.0							
	Enter the number of voting members included on line 1a, above, who are independent	_1b	10	-						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other							
	officer, director, trustee, or key employee?			2		X				
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision							
				3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X				
6										
7a	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?			7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	olders, or							
	persons other than the governing body?			7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ır by th	e following:							
а	The governing body?			8a	X					
b	Each committee with authority to act on behalf of the governing body?			8b		X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	at the							
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)							
	, , , , , , , , , , , , , , , , , , , ,		,		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a	X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apter	s, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	Х					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befo	re filing the form?	11a	X					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y									
	in Schedule O how this was done	,		12c	Х					
13	Did the organization have a written whistleblower policy?			13	Х					
14	Did the organization have a written document retention and destruction policy?			14	Х					
15	Did the process for determining compensation of the following persons include a review and approva									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	~,								
а	The organization's CEO, Executive Director, or top management official			15a		Х				
	Other officers or key employees of the organization			15b		X				
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		•••••	.55						
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent v	vith a							
·ou				16a		Х				
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			104						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		•							
	exempt status with respect to such arrangements?			16b						
Sec	tion C. Disclosure		•••••	וטט						
17 10	List the states with which a copy of this Form 990 is required to be filed MI Section 6104 requires an exemplation to make its Forms 1022 (1024 or 1024 A if applicable) 900 or	24 OO	T (Cootion 501/c)(0)	o only A	ove:le	blo				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	iu 99(7-1 (3ection 501(c)(3)	o UHIY)	avallä	nie				
	for public inspection. Indicate how you made these available. Check all that apply.	_								
40	X Own website Another's website X Upon request Other (explain		,							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict	or interest policy, and	tinano	ciai					
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks an	a records 🕨							
	JARED S. LYON - (202) 223-4710	١٥-								
	1012 14TH STREET, NW, NO. 1200, WASHINGTON, DC 200	105								

Form **990** (2019)

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

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

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

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

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

Check this box if neither the organization n (A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	(de		Pos	itior	l than c	nne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	amount of
	week		cer an	id a d	recto	r/trus	tee)	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	stee			sated		(W-2/1099-MISC)	(88-2/1099-181130)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		(** 27 1000 111100)		and related
	below	idual	tution	la la	Key employee	est co loyee	Jer.			organizations
	line)	Indi	Instii	Officer	Key	High emp	Former			
(1) JARED S. LYON	40.00									
PRESIDENT AND CEO		Х		Х				137,378.	0.	5,698.
(2) LAUREN AUGUSTINE	40.00									
VP OF GOVERNMENT AFFAIRS						X		120,753.	0.	10,130.
(3) WILLIAM HUBBARD	40.00									
CHIEF OF STAFF						X		110,918.	0.	1,927.
(4) JAMES SCHMELING, EXEC. VP OF	40.00									
STRATEGIC ENGAGEMENT - UNTIL 09/2019						X		108,584.	0.	1,594.
(5) PAMELA ERICKSON	10.00									
CHAIRMAN - AS OF 07/2019		Х		Х				0.	0.	0.
(6) PETER MEIJER	10.00									
CHAIRMAN - UNTIL 07/2019		Х		Х				0.	0.	0.
(7) MAJOR GENERAL CHRIS CORTEZ	10.00									
VICE CHAIR		Х		Х				0.	0.	0.
(8) JOHN FAKHOURY	10.00									
TREASURER		Х		Х				0.	0.	0.
(9) DR. KIERSTEN DOWNS	10.00								_	_
SECRETARY		Х		Х				0.	0.	0.
(10) GENERAL GEORGE W. CASEY, JR.	5.00									_
BOARD MEMBER		Х						0.	0.	0.
(11) FRANK GAUDIO	5.00									
BOARD MEMBER		Х						0.	0.	0.
(12) J. FORD HUFFMAN	5.00									
BOARD MEMBER		Х						0.	0.	0.
(13) SHERRY SHI	5.00									
BOARD MEMBER		Х						0.	0.	0.
(14) FONTAINE WILSON	5.00									
BOARD MEMBER		Х						0.	0.	0.
		l								
-										000

orm 990 (2019)

Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)			
	(A)	(B)			(0	C)			(D)	(E)		(F)	
	Name and title	Average	(do		Pos		l than c	nne	Reportable	Reportable	Es	stimate	ed .
		hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	ar	nount	of
		week		cer ar	la a a	recto	r/trus	iee)	from	from related		other	
		(list any hours for	irecto						the	organizations	1	pensa	
		related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	l	om the anizat	
		organizations	ruste	l trus		ee (ee	mpen		(***271099*****100)		ı -	d relat	
		below	Individual trustee or director	In stit utio nal tru stee	_	nploy	st co	er			l	anizati	
		line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former					
									477 622	0	1	<u> </u>	4.0
	Subtotal								477,633.	0.		9,3	
	Total from continuation sheets to Part VI								477,633.	0.	1	9,3	<u>0.</u>
a 2	Total (add lines 1b and 1c) Total number of individuals (including but n							o ro				<i>y</i> , J.	± 9 •
2	compensation from the organization	ot illilited to th	056	liste	u al	ove	, wii	O I E	ceived more than \$100,	ooo or reportable			4
	compensation from the organization											Yes	No
3	Did the organization list any former officer,	director, trust	ee. k	ev e	lame	ove	e, or	hiał	hest compensated emp	loyee on			
-	line 1a? If "Yes," complete Schedule J for s	•		•		•		•		•	3		Х
4	For any individual listed on line 1a, is the su												
	and related organizations greater than \$150										4		Х
5	Did any person listed on line 1a receive or a												
	rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ıch ı	oers	on .				5		X

Section B. Independent Contractors

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
DISNEY DESTINATIONS DLR GROUPS	HOTEL AND CONFERENCE	
P.O. BOX 101690, PASADENA, CA 91189	SERVICES	536,579.
JW MARRIOTT L.A. LIVE, 900 W OLYMPIC	HOTEL AND CONFERENCE	
BOULEVARD, LOS ANGELES, CA 90015	SERVICES	385,337.
BRAND KNEW, LLC, 10351 SANTA MONICA	BRANDING AND	
BOULEVARD, #202, LOS ANGELES, CA 90025	CONSULTING SERVICES	185,945.
MARCUM LLP, 1899 L STREET, NW, SUITE 850,	ACCOUNTING, TAX, AND	
WASHINGTON, DC 20036	HR SERVICES	166,476.
ALLIANCE AUDIO VISUAL LTD., CO.		
6204 EDITH BLVD NE, ALBUQUERQUE, NM 87107	CONFERENCE SERVICES	123,964.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	
\$100,000 of compensation from the organization > 7		
		000

Form **990** (2019)

Form 990 (2019) STUDENT
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	ne in this Part VIII			
		·		(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
10 10		Followsky discount in the last of the last					00011011010112 011
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns 1a		-			
Sra Iou		Membership dues 1b		-			
s, (Am		Fundraising events 1c		-			
E a	d	Related organizations 1d					
S, (е	Government grants (contributions)					
is is	f	All other contributions, gifts, grants, and					
he			,063,296.				
불다	ď	Noncash contributions included in lines 1a-1f					
Ν	_	Total. Add lines 1a-1f		2,063,296.			
0 10		Total Add lines to 11	Business Code				
	_	CONFERENCE FEES	900099	051 747	521,747.		330,000.
<u>8</u>				851,747.	341,747.		
Program Service Revenue	b	BUSINESS ROUNDTABLE	900099	235,000.			235,000.
S c	С	•					
ev ev	d	l					
ge H	е						
ď	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,086,747.			
	3	Investment income (including dividends, inter					
	•	other similar amounts)		3,219.			3,219.
	4	Income from investment of tax-exempt bond		3,2231			3,223
	4	•	•				
	5	Royalties(i) Real					
			(ii) Personal	-			
	6 a	Gross rents 6a		-			
	b	Less: rental expenses 6b		-			
	С	Rental income or (loss)					
	d	Net rental income or (loss)	>				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	h	Less: cost or other basis					
ø	_	and sales expenses					
Ĭ.	_			-			
ther Revenue		Gain or (loss) 7c					
Æ		Net gain or (loss)	<u> </u>				
te l	8 a	Gross income from fundraising events (not					
ŏ		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188	1				
	b	Less: direct expenses 88	,				
	С	Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
		Part IV, line 19	a				
	h	Less: direct expenses 98					
		Net income or (loss) from gaming activities					
			T				
	10 a	Gross sales of inventory, less returns					
		and allowances 10		-			
		Less: cost of goods sold10	<u>o</u>				
	С	Net income or (loss) from sales of inventory	<u></u>				
_ω			Business Code				
Miscellaneous Revenue		SUBLEASE INCOME	900099	20,502.			20,502.
ane Truck	b	REIMBURSEMENTS	900099	991.			991.
elk eve	С	;					
Sc B	d	All other revenue					
Σ		• Total. Add lines 11a-11d	>	21,493.			
	12	Total revenue. See instructions		3,174,755.	521,747.	0.	589,712.

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Form **990** (2019)

Form 990 (2019) STUDENT VETERANS OF AMERICA Part IX Statement of Functional Expenses

Cooti	on F01(a)(2) and F01(a)(4) arganizations must some	loto all adjumna All atha	v organizations must con	anlata aalumn (A)	
Secti	on 501(c)(3) and 501(c)(4) organizations must comp			пріете соіитп (А).	X
_	Check if Schedule O contains a respons	Se or note to any line in t	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		одрошово	gerrarar expenses	одрание
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2		100,000.	100,000.		
3	individuals. See Part IV, line 22 Grants and other assistance to foreign	100,000.	100,000.		
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
	Compensation of current officers, directors,				
5		143,139.	100,166.	35,770.	7,203.
6	trustees, and key employees	143,137.	100,100.	33,770	7,203
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	1,288,545.	981,434.	177,501.	129,610.
7	Other salaries and wages	1,400,343.	JU1,4J4.	111,301.	149,010•
8	Pension plan accruals and contributions (include	381.	337.	40.	Л
^	section 401(k) and 403(b) employer contributions)	105,970.	80,387.	15,192.	10,391.
9	Other employee benefits	110,202.	83,282.	16,372.	10,391.
10	Payroll taxes	110,404.	03,282.	10,3/4.	10,548.
11	Fees for services (nonemployees):				
	Management				
	Legal	150,470.		150,470.	
	Accounting	130,470.		150,470.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	175.		175	
	Investment management fees	1/3.		175.	
g	Other. (If line 11g amount exceeds 10% of line 25,	006 007	610 624	00 224	116 240
	column (A) amount, list line 11g expenses on Sch O.)	826,207. 28,548.	619,624.	90,234.	116,349.
12	Advertising and promotion		25,905.	1,617.	1,026.
13	Office expenses	58,396.	53,213. 83,313.	1,731.	3,452. 5,328.
14	Information technology	93,650.	83,313.	5,009.	3,340.
15	Royalties	211 614	170 150	10 046	21 616
16	Occupancy	211,614.	170,152.	19,846.	21,616.
17	Travel	242,499.	237,094.	3,195.	2,210.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1 154 020	1 154 020		
19	Conferences, conventions, and meetings	1,154,939.	1,154,939.		
20	Interest				
21	Payments to affiliates	64 004	40 000	0 701	6 202
22	Depreciation, depletion, and amortization	64,804.	48,820.	9,781.	6,203.
23	Insurance	934.		934.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	02 000	74 406	202	0 260
a	DUES & SUBSCRIPTIONS	82,989. 10,713.	74,406. 9,609.	323. 481.	8,260. 623.
b	AWARDS & GIFTS	10,/13.	9,009.	401.	043.
C					
d	All all and an area and a second a second and a second an				
	All other expenses	4,674,175.	3,822,681.	528,671.	311 011
25	Total functional expenses. Add lines 1 through 24e	4,0/4,1/3.	3,044,001.	340,0/1.	322,823.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				000

Form **990** (2019)

932010 01-20-20

Form 990 (2019)
Part X Balance Sheet

Pai	rt X	Balance Sneet				
		Check if Schedule O contains a response or note to a	ny line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		53,751.	1	122,257
	2	Savings and temporary cash investments		2,534,241.	2	1,299,818
	3	Pledges and grants receivable, net		1,574,559.	3	855,419
	4	Accounts receivable, net	27,075.	4	61,904	
	5	Loans and other receivables from any current or forme				
		trustee, key employee, creator or founder, substantial	contributor, or 35%			
		controlled entity or family member of any of these pers	sons		5	
	6	Loans and other receivables from other disqualified pe				
		under section 4958(f)(1)), and persons described in sec	ction 4958(c)(3)(B) L		6	
S	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9			388,302.	9	604,819
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a	641,412.			
	b	Less: accumulated depreciation 10b	331,417.	320,675.	10c	309,995
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11	303,963.	12	306,651	
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		28,147.	15	28,147
	16	Total assets. Add lines 1 through 15 (must equal line	33)	5,230,713.	16	3,589,010
	17	Accounts payable and accrued expenses	84,723.	17	44,366	
	18	Grants payable		18		
	19	Deferred revenue		736,015.	19	676,780
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV			21	
es	22	Loans and other payables to any current or former offi				
ii ți		trustee, key employee, creator or founder, substantial				
Liabilities		controlled entity or family member of any of these pers			22	
_	23	Secured mortgages and notes payable to unrelated the			23	
	24	Unsecured notes and loans payable to unrelated third			24	
	25	Other liabilities (including federal income tax, payables				
		parties, and other liabilities not included on lines 17-24	I). Complete Part X	240 072		205 720
		of Schedule D		348,973.	25	305,728
	26		\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1,169,711.	26	1,026,874
S		Organizations that follow FASB ASC 958, check he	re 🕨 🔼			
ce		and complete lines 27, 28, 32, and 33.		175 200		70 402
alaı	27	Net assets without donor restrictions	-175,380. 4,236,382.	27	70,483 2,491,653	
Ä	28	Net assets with donor restrictions		4,230,302.	28	2,491,000
Ĕ		Organizations that do not follow FASB ASC 958, ch	eck here			
or F		and complete lines 29 through 33.				
ts (29	Capital stock or trust principal, or current funds			29	
SSE	30	Paid-in or capital surplus, or land, building, or equipme			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income,		1 061 002	31	2 562 126
ž	32	Total net assets or fund balances		4,061,002.	32	2,562,136
	33	Total liabilities and net assets/fund balances		5,230,713.	33	3,589,010

Form **990** (2019)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,1	L74,	755.
2	Total expenses (must equal Part IX, column (A), line 25)	2			175.
3	Revenue less expenses. Subtract line 2 from line 1	3			420.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,()61,	002.
5	Net unrealized gains (losses) on investments	5			554.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,5	562 <u>,</u>	136.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			_	Y	es 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	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>L</u> :	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?		<u>L</u>	2b 2	Σ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c 2	ζ
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi	t		
	Act and OMB Circular A-133?		<u>L</u> :	За	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit	t		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		;	3b	

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service **Employer identification number** Name of the organization STUDENT VETERANS OF AMERICA 26-1971279 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support			•			
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6855620.	1471687.	3880093.	2062269.	2063296.	16332965.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	6855620.	1471687.	3880093.	2062269.	2063296.	16332965.
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)						8146834.
	Public support. Subtract line 5 from line 4.						8186131.
							<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2015 6855620.	(b) 2016 1471687.	(c) 2017 3880093.	(d) 2018 2062269.	(e) 2019	(f) Total 16332965.
	Amounts from line 4	0033020.	14/100/•	3000033.	2002209.	2003290.	10332903.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	15,240.	8,862.	28,649.	28,042.	23,721.	104,514.
•	and income from similar sources	13,240.	0,002.	20,049.	20,042.	23,121.	104,314.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)				2,317.		2,317.
11	Total support. Add lines 7 through 10				2,317		16439796.
12	Gross receipts from related activities,	etc (see instruction	nne)				,491,328.
13	First five years. If the Form 990 is for	,	,	 I fourth or fifth ta			, 131, 310
	organization, check this box and stop				•		ightharpoonup
Sec	ction C. Computation of Publi		centage				
14	Public support percentage for 2019 (li	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	49.79 %
15	Public support percentage from 2018					15	50.26 %
16a	33 1/3% support test - 2019. If the o					ore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2018. If the o	organization did no	t check a box on li				
	and stop here. The organization quali	ifies as a publicly s	supported organiza	ition			▶□
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the "fac-	ts-and-circumstand	ces" test, check thi	is box and stop h	iere. Explain in Pai	t VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	oublicly supported	organization		
b	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th				-		e
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported orgar	nization	▶∐
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u> </u>

Schedule A (Form 990 or 990-EZ) 2019

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		T				
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b				ļ	<u> </u>	
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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	· ·			•	. , . ,	·
800	check this box and stop here						>
	Etion C. Computation of Public			aluma (f)\		45	
	Public support percentage for 2019 (li	, , , , , , , , , , , , , , , , , , , ,	,	(,,		15	<u>%</u>
	Public support percentage from 2018 ction D. Computation of Inves					16	%
	Investment income percentage for 20			ne 13 column (fl)		17	0/
	Investment income percentage for 20					18	<u>%</u>
	33 1/3% support tests - 2019. If the						
198	more than 33 1/3%, check this box ar						. —
j.	33 1/3% support tests - 2018. If the						
i.	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

932023 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

Part IV Supporting Organizations

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

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 (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- 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 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

Yes No 1 2 За 3b Зс 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Par	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	•		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sect	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ons).		
а	The organization satisfied the Activities Test. Complete line 2 below.	,		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instructions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	,			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer (a) and (b) below.			
		0-		
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	Supposed organizations. If rest describe in the tole played by the organization in this redaft.	1 35		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	Nov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must o	omplete Sec	ctions 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 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	↑ V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	 S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	•	(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
_	Excess from 2010			

Schedule A (Form 990 or 990-EZ) 2019

Part IV, Section A, I line 1; Part IV, Secti	Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; ines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, ion D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, 5a, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
SCHEDULE A, PART	II, LINE 10, EXPLANATION FOR OTHER INCOME:
OTHER INCOME	
2015 AMOUNT: \$	0.
2016 AMOUNT: \$	0.
2017 AMOUNT: \$	0.
2018 AMOUNT: \$	2,317.
2019 AMOUNT: \$	0.

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

2019

Name of the organization Employer identification number

STUDENT VETERANS OF AMERICA 26-1971279 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules 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. 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, 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.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

STUDENT VETERANS OF AMERICA

26-1971279

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 610,050.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>313,130.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>121,137.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and ZIF + 4	\$ 121,100.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$107,730.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

STUDENT VETERANS OF AMERICA

26-1971279

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$50,000.	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 Oncash Complete Part II for noncash contributions.)

Name of organization Employer identification number

STUDENT VETERANS OF AMERICA

26-1971279

	Noncash Property (see instructions). Use duplicate copies of Pa	irt ii ii additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of organization **Employer identification number** STUDENT VETERANS OF AMERICA 26-1971279 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

Tax) (see	separate instructions), then				
Sectio	n 501(c)(4), (5), or (6) organizat	tions: Complete Part III.			
Name of o	rganization			Empl	oyer identification number
	STUDENT	VETERANS OF AME	RICA		26-1971279
Part I-A	Complete if the org	janization is exempt und	er section 501(c)	or is a section 527 or	ganization.
1 Provi	de a description of the organiz	cation's direct and indirect politic	al campaign activities i	n Part IV.	
2 Politi	cal campaign activity expendit	rures		 \$	
3 Volur	nteer hours for political campai	ign activities			
Part I-E	Complete if the org	janization is exempt und	er section 501(c)(3).	
1 Enter	the amount of any excise tax	incurred by the organization und	der section 4955	▶\$	
		incurred by organization manage			
		n 4955 tax, did it file Form 4720			
	s." describe in Part IV.				
Part I-0	Complete if the org	janization is exempt und	er section 501(c),	except section 501(c)(3).
1 Enter	the amount directly expended	d by the filing organization for se	ction 527 exempt funct	ion activities >\$	
2 Enter	the amount of the filing organ	ization's funds contributed to ot	her organizations for se	ection 527	
exem	pt function activities			▶\$	
3 Total	exempt function expenditures	s. Add lines 1 and 2. Enter here a	and on Form 1120-POL,	1	
4 Did th	ne filing organization file Form	1120-POL for this year?			Yes No
	,	nployer identification number (Ell	,	•	0 0
		tion listed, enter the amount paid			
	•	omptly and directly delivered to		·	e segregated fund or a
politio	cal action committee (PAC). If	additional space is needed, prov	ride information in Part	IV.	_
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0	contributions received and promptly and directly
				lunas. Il none, enter -u	delivered to a separate
					political organization.
					If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2019

LHA

932041 11-26-19

Part II-A Complete if the organization 501(h)).	anizatio	n is exer	npt under sectio	n 501(c)(3) and file		ection under
A Check if the filing organizate expenses, and share	e of exces	s lobbying (expenditures).	n Part IV each affiliated	group member's nam	ne, address, EIN,
Limit	s on Lobb	ying Expe	nd "limited control" pr nditures ints paid or incurred		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence nubl	ic oninion (grassroots Johnving)			
b Total lobbying expenditures to influ	•					
c Total lobbying expenditures (add lir	_					
d Other exempt purpose expenditure						
e Total exempt purpose expenditures			`			
f _Lobbying nontaxable amount. Ente	r the amou	unt from the				
If the amount on line 1e, column (a) or	(b) is:	The lob	bying nontaxable an	nount is:		
Not over \$500,000		20% of	the amount on line 1e).		
Over \$500,000 but not over \$1,000	,000	\$100,00	00 plus 15% of the ex	cess over \$500,000.		
Over \$1,000,000 but not over \$1,50	00,000	\$175,00	00 plus 10% of the ex	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	000,000	\$225,000 plus 5% of the excess over \$1,500,000.				
Over \$17,000,000		\$1,000,	000.			
g Grassroots nontaxable amount (ent h Subtract line 1g from line 1a. If zero i Subtract line 1f from line 1c. If zero j If there is an amount other than zer reporting section 4911 tax for this y	o or less, e or less, er o on eithe /ear?	nter -0- nter -0- r line 1h or 4-Year Ave	line 1i, did the organiz eraging Period Unde	r Section 501(h)		Yes N
			ate instructions for I			
	Lobb	ying Expe	nditures During 4-Ye	ear Averaging Period		<u> </u>
Calendar year (or fiscal year beginning in)	(a) 2	2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount (150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
• Grassroots labbying expanditures						

Schedule C (Form 990 or 990-EZ) 2019

Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	1)	(k	
of the lobbying activity.	Yes	No	Amo	unt
During the year, did the filing organization attempt to influence foreign, national, state, or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?		X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
c Media advertisements?		X		
d Mailings to members, legislators, or the public?		X		
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?		X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Х			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		<u> </u>		
i Other activities?		X		
j Total. Add lines 1c through 1i				0
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(<i>5</i>	al or sec	tion	
501(c)(6).	11 00 1(0)(0), or sec	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
00 1(0)(0)!			Yes	No
Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
2 Did the didanization make only inflouse iobbying expenditules of \$2,000 or less?				
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the	e prior year?	? 3	tion	
	e prior year? n 501(c)(5	3 5), or sec		3, is
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).	e prior year? n 501(c)(5	3 5), or sec		3, is
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	e prior year? In 501(c)(5 "No" OR	3 b), or sec (b) Part		3, is
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	e prior year? n 501(c)(\$ "No" OR	3 b), or sec (b) Part		3, is
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

STUDENT VETERANS OF AMERICA

Employer identification number 26-1971279

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	onferring
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of a	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a		1 1
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the o	rganization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser	rvation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
•			(4)(D)(:)
8	Does each conservation easement reported on line 2(d) above		
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservati		
9	balance sheet, and include, if applicable, the text of the footr	·	
	organization's accounting for conservation easements.	lote to the organization's imancial statement	its that describes the
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under FASB ASC 95		d balance sheet works
	of art, historical treasures, or other similar assets held for pul	•	
	service, provide in Part XIII the text of the footnote to its final	, ,	•
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	,	,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2019

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

	t III Organizations Maintaining Co	llections of Ar			asures o	r Other			11217	Page Z		
_									(continu	<u>'ed)</u>		
3	Using the organization's acquisition, accession	i, and other record	s, cneck	any of the	rollowing that	make sig	Initicant us	se or its				
	collection items (check all that apply):											
a	Public exhibition	C			change progra							
b												
С	Preservation for future generations											
4	Provide a description of the organization's coll							e in Part	XIII.			
5	During the year, did the organization solicit or								7			
D :	to be sold to raise funds rather than to be main								_ Yes	No		
Pai	t IV Escrow and Custodial Arrange		ete if the	organizatio	n answered	"Yes" on I	Form 990,	Part IV, I	ine 9, or			
	reported an amount on Form 990, Part											
1a	Is the organization an agent, trustee, custodiar								_			
	on Form 990, Part X?							L	Yes	No		
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the fol	llowing ta	able:								
									Amount			
С	Beginning balance						1c					
d	Additions during the year						1d					
е	Distributions during the year						1e					
f	Ending balance						1f					
2a	Did the organization include an amount on For						y?		Yes	No		
b	If "Yes," explain the arrangement in Part XIII. C											
Par	t V Endowment Funds. Complete if	the organization an	swered '	"Yes" on Fo	orm 990, Part	IV, line 10).					
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (d) Three ye	ars back	(e) Four y	ears back		
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains, and losses											
	Grants or scholarships											
	Other expenditures for facilities											
	and programs											
f	A disciplination and a second											
g	End of year balance											
2	Provide the estimated percentage of the currer		e (line 1a	column (a)) held as:	I						
a	Board designated or quasi-endowment	The your on a balance	%	,, 00,0,1,1,1 (0,	,,, mora ao.							
b	Permanent endowment	%	—′°									
	Term endowment > %											
·	The percentages on lines 2a, 2b, and 2c should											
22	Are there endowment funds not in the possess	•	ation that	are held a	ad administa	rad for the	organizat	ion				
Ja	·	sion of the organiza	ation that	are rielu ai	iu auriiriistei	eu ioi tile	Organizat	.1011	L.	res No		
	by:								3a(i)	es NO		
	(i) Unrelated organizations									-		
	(ii) Related organizations								3a(ii)			
4	If "Yes" on line 3a(ii), are the related organization								3b			
Par	Describe in Part XIII the intended uses of the of tVI Land, Buildings, and Equipme		wment it	unus.								
	Complete if the organization answered) Dort IV	lino 11a S	Soo Form 000	Dort V I	no 10					
	Description of property	(a) Cost or o						<u>, </u>	(d) Book			
	Description of property	basis (investr			t or other (other)		cumulated reciation	'	(a) Book	value		
	Land	,		Da313	(50101)	цор	. Solution					
	Land											
	Buildings			26	5,932.	1	28,04	-	137	,890.		
	Leasehold improvements				9,387.		42,78			,605.		
	Equipment				6,093.		60,59			,500.		
	Other					1	-			,995.		
rota	. Add lines 1a through 1e. (Column (d) must eau	uai Form 990. Part	x. colum	າກ (ʁ). line 1	UC.)				503	, , , , , , ,		

Schedule D (Form 990) 2019

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year	market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) FIXED-INCOME MUTUAL FUNDS	69,227.	END-OF-YEAR MARKET VALU	JE
(B) CASH HELD FOR INVESTMENT			
(C) PURPOSES	237,424.	END-OF-YEAR MARKET VALU	JE
(D)			
(E)			
(F)			
(G)			
(H)	206 654		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	306,651.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year	market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(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 1	1d See Form 990 Part X line 15	
	Description		Book value
(1)	·		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 15.)	>	
	on Form 000 Dart IV line 4	10 or 11f Soo Form 000 Dort V line 05	
Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line 1		Book value
		(6)) BOOK VAIUE
(1) Federal income taxes (2) DEFERRED RENT			305,728.
			303,720.
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			
(7)			
(8)			
(9)	05.)		305,728.
Total. (Column (b) must equal Form 990, Part X, col. (B) line	,	the organization's financial statements that renor	

Schedule D (Form 990) 2019

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

Complete if the organization engagered "Vest on Form 000 Best IV the s	120			
Tabel and the second all the second and the second and the second all the second			1	3,200,134.
				3,200,134.
·	22	554.		
		25 000.	-	
		23,0001	-	
			-	
			20	25,554.
				3,174,580.
				0,2:2,000
	42	175.		
			-	
			40	175.
				3,174,755.
art XII Reconciliation of Expenses per Audited Financial State	ements With	Expenses per F		า.
			1	4,699,000.
• • •	2a	25,000.		
		•		
,			2e	25,000.
			3	4,674,000.
	4a	175.		
	<u>-</u>		4c	175.
			5	4,674,175.
rt XIII Supplemental Information.				
vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b a	nd 2b; Part V, line 4	; Part)	K, line 2; Part XI,
s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional inform	ation.		
RT X, LINE 2:				
A EVALUATED ITS UNCERTAINTY IN INCOME TAX	ES FOR T	HE YEARS E	NDEI	DECEMBER
, 2019 AND 2018, AND DETERMINED THAT THER	RE WERE N	O MATTERS	THA	r WOULD
QUIRE RECOGNITION IN THE FINANCIAL STATEM	MENTS OR	THAT MAY H	AVE	ANY
FECT ON ITS TAX-EXEMPT STATUS.				
				· · · · · · · · · · · · · · · · · · ·
	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments Donated services and use of facilities Recoveries of prior year grants Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) IT XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. Indeet the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Form 12 (And II) (And III) (And	Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments Donated services and use of facilities Pecoveries of prior year grants Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) IT XII Reconciliation of Expenses per Audited Financial Statements With Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) IT XIII Supplemental Information. Inde the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b at 22 and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional inform 12 and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional inform 12 and 14b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional inform 12 and 12 and 12 and 12 and 12 and 13 and 14 and	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments Donated services and use of facilities Donated services and losses per audited financial statements Donated services and use of facilities Dona	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments Donated services and use of facilities Pecoveries of prior year grants 2c 2d 2d Amounts included on Form 190, Part VIII, line 12: Net unrealized by Part VIII (line 12: Investment expenses not included on Form 990, Part VIII, line 15: Investment expenses not included on Form 990, Part VIII, line 7b Add lines 2a through 2d 2e Subtract line 2e from line 1 Add lines 4a and 4b Add lines 4a and 4b Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a 25,000. Prior year adjustments 2b Other (Describe in Part XIII.) Add lines 2a through 2d 2c Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part IVII, line 7b Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Total expenses. Add lines 3 and 4b. Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Total expenses. Add lines 3 and 4c. (This must equal form 990, Part I, l

Schedule D (Form 990) 2019

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name	of the organization							Employer identification number
		ETERANS O	F AMERICA					26-1971279
Par								
1	Does the organization maintain records							
	criteria used to award the grants or assis	stance?						Yes X No
	Describe in Part IV the organization's pro							
Par						anization answered "\	es" on Form 990, Part	: IV, line 21, for any
	recipient that received more than			1		(f) Method of	Т	T
	(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	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2	Enter total number of section 501(c)(3) a	and government or	ganizations listed in th	e line 1 table		•		•
	Enter total number of other organization	•						>
	For Paperwork Reduction Act Notice							Schedule I (Form 990) (2019)

(a) Type of grant or assistance	(b) Number of	(c) Amount of cash grant	(d) Amount of non-	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	recipients	cash grant	cash assistance	(book, Fiviv, appraisal, other)	
IOLARSHIP	10	100,000.	0.		
t IV Supplemental Information. Provide the information	n required in Part I. line	e 2: Part III. column	(b): and any other ad	Iditional information.	
	,	,	, ,		

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

STUDENT VETERANS OF AMERICA

Employer identification number 26-1971279

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THROUGH CHAPTER PROGRAMS AND SERVICES, OUTCOMES AND IMPACTS RESEARCH, AND ADVOCACY AT EVERY LEVEL. THROUGH A DEDICATED NETWORK OF MORE THAN 1,500 ON-CAMPUS CHAPTERS IN ALL 50 STATES AND THREE COUNTRIES OVERSEAS REPRESENTING MORE THAN 750,000 STUDENT VETERANS, SVA INSPIRES YESTERDAY'S WARRIORS BY CONNECTING STUDENT VETERANS WITH A CAMPUS COMMUNITY OF LIKE-MINDED CHAPTER LEADERS. EVERY DAY THESE PASSIONATE LEADERS WORK TO PROVIDE THE NECESSARY RESOURCES, NETWORK SUPPORT, AND ADVOCACY TO ENSURE STUDENT VETERANS CAN EFFECTIVELY CONNECT, EXPAND THEIR SKILLS, AND ULTIMATELY ACHIEVE THEIR GREATEST POTENTIAL. SVA'S TEAM OF LEGISLATIVE AND POLICY EXPERTS OVERSEE ADVOCACY EFFORTS INCLUDING PRESERVING THE INTEGRITY AND EVOLUTION OF THE GI BILL. PEER-REVIEWED ORIGINAL RESEARCH INFORMS OUR PROGRAMS AND ADVOCACY WORK, PROVIDING CLEAR LEARNING AND MEASUREMENT METRICS.

PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: FORM 990, STUDENT VETERAN SUCCESS AND ADVOCACY STRATEGIES. THOUSANDS OF ATTENDEES AND 100+ EXHIBITORS AND SPONSORS ATTEND NATCON EVERY YEAR.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: THE ENTIRE COMMUNITY. IN ADDITION, WE MAINTAIN A STRONG COMMITMENT TO MEASURING THE RETURN ON INVESTMENT (ROI) OF THE POST-9/11 GI BILL; FOUNDATION OF THIS WORK IS THE NATIONAL VETERAN EDUCATION SUCCESS TRACKER (NVEST) PROJECT A PUBLIC-PRIVATE PARTNERSHIP LED BY SVA IN COLLABORATION WITH THE U.S. DEPARTMENT OF VETERANS AFFAIRS AND THE Schedule O (Form 990 or 990-EZ) (2019) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

12031103 150872 SVOA

Name of the organization **Employer identification number** 26-1971279 STUDENT VETERANS OF AMERICA NATIONAL STUDENT CLEARINGHOUSE. CONTINUED NVEST RESEARCH WILL EXPAND TO INCLUDE STUDENT VETERANS' PATH TO THEIR INITIAL DEGREE, HIGHEST LEVEL OF DEGREE EARNED, AND IN-DEPTH COHORT ANALYSIS. SVA'S RESEARCH CONSISTENTLY PROVIDES AN ACCURATE PROFILE OF TODAY'S STUDENT VETERAN AND DEMONSTRATES THE BENEFITS OF STUDENT VETERANS EARNING A COLLEGE DEGREE. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: THEIR EFFORTS AND ESTABLISH CLEAR PRIORITIES WITH A FOCUS ON UNDERSTANDING THEIR UNIQUE CAMPUS COMMUNITY. WE SHARE LEADING PRACTICES AND FACILITATE MENTORSHIP VIA OUR CHAPTER CONSULTATION SESSIONS. WE ALSO OFFER ONLINE TRAINING FOR CAREER DEVELOPMENT OPPORTUNITIES IN WEBINAR-BASED SESSIONS. WE CONNECT OUR CHAPTERS WITH EACH OTHER TO PLAN REGIONAL EVENTS AND ENGAGE WITH STUDENT VETERANS ON ADVOCACY AND POLICY CHANGES AT THE CAMPUS, STATE, AND NATIONAL LEVELS. FINALLY, WE WORK DIRECTLY WITH CHAPTERS TO HELP MEMBERS BUILD MEANINGFUL RELATIONSHIPS WITH COMMUNITY, BUSINESS, AND INDUSTRY LEADERS. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: LEADERSHIP INSTITUTE THE LEADERSHIP INSTITUTE IS THE PREMIER STUDENT LEADERSHIP EXPERIENCE THAT BRINGS TOGETHER THE COUNTRY'S TOP CHAPTER LEADERS THROUGH AN IMMERSIVE EXPERIENCE DESIGNED TO EQUIP TOMORROW'S LEADERS TO SERVE AND CREATE A LASTING COMMUNITY OF IMPACT. ALUMNI MENTORS DIRECTLY COACH INSTITUTE PARTICIPANTS IN SMALL COHORTS GROUPS ON LEADERSHIP BEHAVIOR, PERSONAL BRANDING, FOSTERING RELATIONSHIPS, AND DRIVING IMPACT. THE NATIONAL HEADQUARTERS STAFF ALSO COACH PARTICIPANTS ON THE LATEST

DEVELOPMENTS IN NATIONAL POLICY AND ADVOCACY FOR STUDENT VETERANS,

Employer identification number Name of the organization STUDENT VETERANS OF AMERICA 26-1971279 SUPPORTERS, AND ALLIES. PARTICIPANTS ATTEND DIVERSE DISCUSSIONS AND TAKE PART IN TEAM BUILDING ACTIVITIES WITH MENTORS FOCUSED ON BUSINESS, NONPROFIT, AND ADVOCACY TRAINING. SELECTED THROUGH A COMPETITIVE APPLICATION PROCESS, TOP CHAPTER LEADERS WILL DEVELOP THEIR PERSONAL LEADERSHIP ETHOS-THAT "FORCE" THAT GUIDES BELIEFS, BEHAVIORS, AND ACTIONS-AS WELL AS A TIGHT-KNIT COMMUNITY OF FELLOW CHAPTER LEADERS AND MENTORS TO SUPPORT THEIR GROWTH. THE LEADERSHIP INSTITUTE PREPARES EACH PARTICIPATING CHAPTER LEADER TO EMPOWER AS MANY AS HUNDREDS OF OTHER STUDENT VETERANS AT EACH OF THEIR HOME CAMPUSES, AND TO BECOME LEADERS IN THEIR COMMUNITIES. EXPENSES \$ 485,732. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. PROGRAM SUPPORT EXPENSES \$ 233,735. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. REGIONAL SUMMITS REGIONAL SUMMITS PROVIDE THE TOOLS, TECHNIQUES, AND TACTICS NEEDED FOR STUDENT VETERANS TO MANAGE A SUCCESSFUL AND SUSTAINABLE STUDENT ORGANIZATION. REGIONAL SUMMITS ARE THE DEFINITIVE EXPERIENCE FOR CHAPTER LEADERS TO LEARN ABOUT PLANNING AND BUILDING A WORD-CLASS SVA CHAPTER. REGIONAL SUMMITS OFFER A VARIETY OF SESSIONS THAT GUIDE CHAPTER LEADERS TO GROW STRATEGICALLY AND NAVIGATE THE ACADEMIC YEAR IN SIX STEPS: 1: DEFINE THE CHAPTER - DEVELOP OR STRENGTHEN EACH CHAPTER'S MISSION STATEMENT AND MISSION-FOCUSED GOALS TO CREATE A STRATEGIC PLAN; 2: ENHANCE THE CHAPTER - ESTABLISH OBJECTIVES AND STRATEGIES THAT WILL HELP CHAPTER LEADERS ACHIEVE EACH GOAL; 3: ENGAGE THE CHAPTER - PLAN THE FRAMEWORK FOR ON-CAMPUS RECRUITING, EVENT PROGRAMMING, AND FUNDRAISING USING STRATEGIC PLANS; 4: ELEVATE CHAPTER LEADERSHIP -

Name of the organization

Employer identification number

STUDENT VETERANS OF AMERICA 26-1971279 ACQUIRE SPECIFIC TOOLS AND TECHNIQUES TO IMPROVE LEADERSHIP SKILLS, WITH AN EMPHASIS ON VIRTUAL CHAPTER OPERATIONS; 5: CONNECT & EMPOWER CHAPTER LEADERS - CONNECT, NETWORK, ASK QUESTIONS, AND DISCUSS REGIONAL ISSUES IN FACILITATED SMALL GROUPS; 6: EXECUTE SUMMIT LESSONS -IMPLEMENT LESSONS LEARNED ON INDIVIDUAL CAMPUSES AND LEVERAGE AN ENHANCED REGIONAL NETWORK FOR SUPPORT. REGIONAL SUMMITS TRAIN HUNDREDS OF CHAPTER LEADERS EACH YEAR, THEREBY IMPACTING HUNDREDS OF THOUSANDS OF STUDENTS ACROSS THE COUNTRY THROUGH THEIR LEADERSHIP. EXPENSES \$ 229,046. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. SCHOLARSHIPS SVA PERIODICALLY AWARDS EDUCATIONAL SCHOLARSHIPS IN PARTNERSHIP WITH SPONSORS. SVA SCHOLARSHIPS ARE MERIT-BASED, AND THE AWARDS ARE DISTRIBUTED DIRECTLY TO STUDENTS. THEY ARE OPEN TO ALL STUDENT VETERANS, REGARDLESS OF THE PRESENCE OF AN SVA CHAPTER ON CAMPUS. SVA AWARDS HUNDREDS OF THOUSANDS OF DOLLARS PER YEAR IN SCHOLARSHIPS AND HAS AWARDED OVER ONE MILLION DOLLARS IN SCHOLARSHIPS TO DATE. REVENUE \$ 0. EXPENSES \$ 154,714. INCLUDING GRANTS OF \$ 100,000. FORM 990, PART VI, SECTION A, LINE 8B: NO COMMITTEE CAN ACT ON BEHALF OF THE GOVERNING BODY. FORM 990, PART VI, SECTION B, LINE 11B: THE FEDERAL FORM 990 IS PREPARED BY OUR EXTERNAL PUBLIC ACCOUNTING FIRM, MARCUM LLP. ONCE THE DRAFT FEDERAL FORM 990 IS COMPLETED, IT IS SUBMITTED TO SVA'S PRESIDENT AND CEO FOR REVIEW. AFTER THE PRESIDENT AND CEO REVIEWS THE DRAFT, IT IS SUBMITTED TO THE AUDIT COMMITTEE, WHICH CONSISTS OF FOUR

BOARD MEMBERS. AFTER BEING REVIEWED BY THE AUDIT COMMITTEE, THE DRAFT

932212 09-06-19

Name of the organization STUDENT VETERANS OF AMERICA **Employer identification number** 26-1971279

FEDERAL FORM 990 IS REVIEWED AND APPROVED BY THE FULL BOARD OF DIRECTORS BEFORE AUTHORIZING MARCUM LLP TO ELECTRONICALLY TRANSMIT IT TO THE INTERNAL REVENUE SERVICE.

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

THE BOARD OF DIRECTORS ADOPTED AN ETHICS AND CONFLICTS OF INTEREST POLICY. THE POLICY IS PROVIDED TO ALL LEADERS OF SVA AND MUST BE FILED ANNUALLY. THE BOARD OF DIRECTORS MONITORS AND ENFORCES COMPLIANCE VIOLATIONS. INDIVIDUAL TRUSTEES AND OFFICERS ARE REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST AS THEY PERTAIN TO THE INTERESTS OF SVA. SVA EVALUATES CONFLICTS OF INTEREST TO ENSURE TERMS ARE FAIR AND REASONABLE, CONSISTENT WITH ARMS-LENGTH TRANSACTIONS, WITHOUT INFLUENCE BY BOARD MEMBERS, AND ENSURING THAT THERE IS NO PRIVATE INUREMENT. SVA EXECUTIVE LEADERS TAKE INTO CONSIDERATION HIGH QUALITY SERVICES AND COMPETITIVE PRICING, AS WELL AS THE EXPECTED QUALITY OF SERVICES TO BE PROVIDED. SVA WILL CONSULT WITH LEGAL COUNSEL, AS NEEDED, TO REVIEW THE BOARD OF DIRECTORS' DECISION MAKING PROCESS AND TO ASSESS THE RELATIONSHIP. SVA ENSURES FULL BOARD DISCLOSURE.

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

HIRING AND SALARY DECISIONS ARE REVIEWED AND APPROVED INDEPENDENTLY BY A DESIGNATED BOARD MEMBER, UNDER AUTHORITY DELEGATED BY THE BOARD OF DIRECTORS. SALARIES ARE BASED ON A COMPARISON OF LOCAL COSTS OF LIVING, AVERAGE RATES OF COMPENSATION, AND IN RELATION TO THE PRESIDENT AND CEO'S SALARY. PAY IS ADJUSTED FOR CHANGES IN LOCATION IF THEY OCCUR DURING EMPLOYMENT. THIS IS REFLECTED IN THE CONTRACTS OF OFFICERS. THE PROCESS OF SETTING EMPLOYEE SALARIES IS INCORPORATED INTO THE EMPLOYEE SEARCH PROCESS.

Schedule O (Form 990 or 990-EZ) (2019)

THE PRESIDENT AND CEO SEARCH PROCESS WAS CONDUCTED BY A COMMITTEE OF THE

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization STUDENT VETERANS OF AMERICA	Employer identification number 26-1971279
BOARD OF DIRECTORS. ALL OTHER EMPLOYEE SEARCH AND HIRING	PROCESSES ARE
CONDUCTED BY THE PRESIDENT AND CEO AND SENIOR STAFF LEADER	RSHIP. A DELEGATED
BOARD MEMBER APPROVES ALL HIRING DECISIONS TO PROVIDE INDE	EPENDENT REVIEW
AND APPROVAL FROM THE BOARD OF DIRECTOR.	
FORM 990, PART VI, SECTION C, LINE 19:	
SVA'S FEDERAL FORM 990 AND AUDITED FINANCIAL STATEMENTS A	RE AVAILABLE ON
SVA'S WEBSITE. BYLAWS, CONFLICT OF INTEREST POLICY, AND O	THER GOVERNING
DOCUMENTS ARE AVAILABLE BY REQUEST VIA A "CONTACT US" LIN	K ON SVA'S
WEBSITE.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTING FEES:	
PROGRAM SERVICE EXPENSES	455,957.
MANAGEMENT AND GENERAL EXPENSES	75,524.
FUNDRAISING EXPENSES	109,239.
TOTAL EXPENSES	640,720.
AUDIO AND VISUAL SERVICES:	
PROGRAM SERVICE EXPENSES	133,988.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	133,988.
PAYROLL SERVICES:	
PROGRAM SERVICE EXPENSES	29,679.
MANAGEMENT AND GENERAL EXPENSES	14,710.
FUNDRAISING EXPENSES	7,110.
932212 09-06-19 Sche	edule O (Form 990 or 990-EZ) (2019)

Name of the organization STUDENT VETERANS OF AMERICA										Employer id	entification numbe	;r		
TOTAL	EXPEN	SES											51,499.	
TOTAL	OTHER	FEES	ON	FORM	990,	PART	IX,	LINE	11G,	COL	A		826,207.	
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