*** PUBLIC DISCLOSURE COPY ***

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

▶ 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.

Inspection

A	or the	e 2020 calendar year, or tax year beginning	and ending		
В	Check if applicab	C Name of organization		D Employer identifi	cation number
	Addre				
	Name	Doing business as		26-19712	79
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suit	E Telephone numbe	r
Г	Final	1012 14TH CTREET NW	1200	(202) 22	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,423,436.
Г	Amen return	ded WACHINGTON DC 20005		H(a) Is this a group re	
F	Applic			for subordinates	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	=
$\overline{\mathbf{T}}$	Toy ov	empt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) 4947(a)(1) or 52		list. See instructions
		te: NWW • STUDENTVETERANS • ORG)(1) 01 32	H(c) Group exemptio	
		forganization: X Corporation Trust Association Other	I Vaa		M State of legal domicile: MI
	art I	Summary	L Yea	r or formation. ZOOOF	M State of legal doffliche, MI
		Briefly describe the organization's mission or most significant activities: PRO	OVITOR VI	EMEDANC WIMU	DECOTIDATE
é	1				
and	١.	SUPPORT AND ADVOCACY TO SUCCEED IN HIGH			
ä	2	Check this box if the organization discontinued its operations or discontinued its operations or discontinued its operations.	sposed of mor	1	1
Š	3			3	8
ص ص	4	Number of independent voting members of the governing body (Part VI, line 1			7
es	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			22
Activities & Governance	6	Total number of volunteers (estimate if necessary)			7678
Ć.	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			367.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.
				Prior Year	Current Year
ø.	8	Contributions and grants (Part VIII, line 1h)		2,063,296.	3,311,010.
ž	9	Program service revenue (Part VIII, line 2g)		1,086,747.	1,019,822.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,219.	-220.
ĕ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		21,493.	23,312.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 13		3,174,755.	4,353,924.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		100,000.	164,492.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1		1,648,237.	1,723,433.
Expenses	160	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
en	h	Total fundraising expenses (Part IX, column (D), line 25)	184	•	<u> </u>
X	47			2,925,938.	2,493,734.
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,674,175.	4,381,659.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-1,499,420.	
	19	Revenue less expenses. Subtract line 18 from line 12			-27,735.
S O		T	<u> </u>	Seginning of Current Year	End of Year
Ssei	20	Total assets (Part X, line 16)		3,589,010.	3,243,056.
Net Assets or	21	Total liabilities (Part X, line 26)		1,026,874.	733,559.
		Net assets or fund balances. Subtract line 21 from line 20		2,562,136.	2,509,497.
	art II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying sche			/ knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of	of which prepare	er has any knowledge.	
Sig	n	Signature of officer		Date	
He	e	JARED S. LYON, PRESIDENT AND CEO			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	AARON M. FOX	r.	11/15/21 self-employ	
Pre	parer	Firm's name MARCUM LLP	/ "	Firm's EIN	11-1986323
Use	Only	Firm's address 1899 L STREET, NW, SUITE 850			
		WASHINGTON, DC 20036		Phone no. (2	
Ма	y the I	RS discuss this return with the preparer shown above? See instructions			X Yes No
0320	01 12-2	3-20 LHA For Paperwork Reduction Act Notice, see the separate instru	ictions.		Form 990 (2020)

Other program services (Describe on Schedule O.) 437 , 914 • including grants of \$ 144,000.) (Revenue \$

3,606,829.

Form 990 (2020)

TO THE FEDERAL LEVEL ENABLING PROACTIVE POLICY AND ADMINISTRATIVE

STUDENT VETERANS OF AMERICA 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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	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	L,		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		
8	, ,			x
•	Schedule D, Part III	8		<u> </u>
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?			7.7
	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			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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>		
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	I Lu		
D	, .	12b		X
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13	Did the appropriation projection of the control of the United Otelson			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	ا م		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	_ ـ		- v
	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			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</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> </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	X	

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Part IV	Checklist of Required Schedules	(continued)

	· · · · · · · · · · · · · · · · · · ·		Yes	No			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on						
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X				
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current						
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete						
	Schedule J	23	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		X			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease						
	any tax-exempt bonds?	24c					
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit						
	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		Х			
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		Х			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV						
	instructions, for applicable filing thresholds, conditions, and exceptions):						
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>						
	"Yes," complete Schedule L, Part IV	28a		Х			
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х			
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If						
	"Yes," complete Schedule L, Part IV	28c		Х			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation						
	contributions? If "Yes," complete Schedule M	30		Х			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>						
-	Schedule N, Part II	32		х			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>					
-	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	"					
٠.	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	000					
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	-					
•	If "Yes," complete Schedule R, Part V, line 2	36		х			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	"					
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х			
38	, ,						
-		38	Х				
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	, 55					
	Check if Schedule O contains a response or note to any line in this Part V						
	, , , , , , , , , , , , , , , , , , , ,		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable						
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	-					
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1					

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(gambling) winnings to prize winners?

Form 990 (2020) STUDENT VETERANS OF AMERICA

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

	Continued)					
		 		Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	22				
	filed for the calendar year ending with or within the year covered by this return	2a 22	01	Х		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	Λ		
2-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	,	2-		х	
			3a 3b			
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule At any time during the calendar year, did the organization have an interest in, or a signature or other a		SD			
та	financial account in a foreign country (such as a bank account, securities account, or other financial a	-	4a		x	
h	If "Yes," enter the name of the foreign country		-1 4			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBAR).				
5a			5a		х	
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions and taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions.		5b		Х	
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?		6a		Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts				
	were not tax deductible?		6b			
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			l	
	to file Form 8282?		7с		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X	
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g			
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.		8			
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a			
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b			
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?		13a			
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	l I				
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c	44		v	
			14a		X	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		15		x	
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		15			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		х	
.5	If "Yes," complete Form 4720, Schedule O.		.5			
	1 Too, Complete Form 4720, Companie C.		Ганга	990	(0000)	

Form **990** (2020)

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

						X					
Sec	tion A. Governing Body and Management										
					Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	8	3							
	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.										
b	Enter the number of voting members included on line 1a, above, who are independent	1b	7	<u>'</u>							
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										
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 wa	s filed?	4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ets?		5		X					
6	Did the organization have members or stockholders?			6		Х					
7a	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?										
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockho	lders, or								
	persons other than the governing body?			7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year										
а	The governing body?			8a	Х						
b	Each committee with authority to act on behalf of the governing body?			8b		Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed a	at the								
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re										
			,		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 characteristics.	apters	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 before filing the form?										
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," c	lescribe								
	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 approval	l by in	dependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official			15a		X					
b	Other officers or key employees of the organization			15b		X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent w	rith a								
	taxable entity during the year?			16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	izatio	า'ร								
	exempt status with respect to such arrangements?			16b							
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ▶MI										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	ıd 990)-T (Section 501(c)(3)s only)	availa	ble					
	for public inspection. Indicate how you made these available. Check all that apply										
	X Own website Another's website X Upon request Other (explain	on S	chedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict (of interest policy, an	d finan	cial						
	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	ks an	d records 🕨								
	JARED S. LYON - (202) 223-4710										
	1012 14TH STREET NW NO. 1200 WASHINGTON DC 200	05									

Form **990** (2020)

032006 12-23-20

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

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

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

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

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

(A)	eck this box if neither the organization nor any related organization (A) (B)			((C)			(D)	(E)	(F)
Name and title	Average	(do		Pos	itior	l than d	ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	an	compensation	compensation	amount of
	week	_	1 1		recid	ector/truste		from	from related	other
	(list any hours for	lirecto				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or	stee			nsateo		(W-2/1099-MISC)	(** 27 1000 141100)	organization
	organizations	truste	nal tru		oyee	om pe		(** = *********************************		and related
	below	Individual trustee or director	Institutional trustee	Jec	Key employee	Highest compensated employee	ner			organizations
	line)	lndi	Inst	Officer	Key	High	Former			
(1) JARED S. LYON	40.00									
PRESIDENT AND CEO	 	Х		Х				224,548.	0.	15,417.
(2) LAUREN AUGUSTINE	40.00	-								
VP OF GOVERNMENT AFFAIRS	 					X		131,820.	0.	9,051.
(3) WILLIAM HUBBARD	40.00	1								
CHIEF OF STAFF	 					X		143,931.	0.	9,883.
(4) CHRIS CATE	40.00									
VP OF RESEARCH	1					X		106,432.	0.	7,307.
(5) RYAN RABAC	40.00							405 504		
VP OF COMMUNICATIONS AND MARKETING	1000					X		107,691.	0.	0.
(6) PAMELA ERICKSON	10.00	ļ		l						
CHAIRMAN	1000	Х		Х				0.	0.	0.
(7) MAJOR GENERAL CHRIS CORTEZ	10.00	ļ		l						
VICE CHAIR	1000	Х		Х				0.	0.	0.
(8) FRANK GAUDIO	10.00	ļ		l						
TREASURER - AS OF 01/2020	1000	Х		Х				0.	0.	0.
(9) JOHN FAKHOURY	10.00									
TREASURER - UNTIL 01/2020	10.00	Х		Х				0.	0.	0.
(10) DR. KIERSTEN DOWNS	10.00	.,		,,					_	
SECRETARY - UNTIL 01/2020	 	Х		Х				0.	0.	0.
(11) GENERAL GEORGE W. CASEY, JR.	5.00	. ,							_	
BOARD MEMBER (12) J. FORD HUFFMAN	F 00	Х						0.	0.	0.
BOARD MEMBER	5.00	х						0.	0.	0.
(13) SHERRY SHI	5.00	Λ						0.	0.	· ·
BOARD MEMBER	3.00	Х						0.	0.	0.
(14) FONTAINE STEGALL	5.00	Δ						0.	0.	0.
BOARD MEMBER	3.00	Х						0.	0.	0.
- STATE PARTIES	+	^			\vdash			0.	<u>U•</u>	
		1								
	+									
		1								
	+									
		1								

Form **990** (2020)

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Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A)	(B)	` '				(D)	(E)			(F)			
	Name and title	Average	(do		Pos heck		າ than ເ	one	Reportable	Reportable	- 1	Estimated		
		hours per week					is both or/trus		compensation	compensation	- 1	ar	nount	of
		(list any			<u> </u>		T	,	from the	from related organization		000	other pensa	tion
		hours for	direct				Ļ		organization	(W-2/1099-MIS			rom th	
		related	ee or	stee			nsate		(W-2/1099-MISC)	(** =, *********************************	,		anizat	
		organizations	trust	nal tru		oyee	om pe					an	d relat	ed
		below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former				orga	anizati	ons
		line)	Indi	Inst	Officer	Key	Hig	Pu			\longrightarrow			
											\dashv			
							\vdash				\longrightarrow			
											\dashv			
							┢				\longrightarrow			
								<u></u>	714 400				1 6	
	Subtotal								714,422.		0.	4	1,6	
	Total from continuation sheets to Part VI								714,422.		0.		1,6	0.
	Total (add lines 1b and 1c)							<u> </u>		000 of		- 4	Ι, Ο	56.
2	Total number of individuals (including but no	ot ilmited to th	ose	liste	ac	oove	e) wn	o re	eceived more than \$100,	ooo of reportable	3			5
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director, truste	ee. k	ev e	lame	ove	e. or	hia	nhest compensated emp	lovee on	ſ			110
•	line 1a? If "Yes," complete Schedule J for si	,	,	,	•	,	1	_		,	ı	3		Х
4	For any individual listed on line 1a, is the su											_		
	and related organizations greater than \$150										ı	4	Х	
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes." com	•				•			· ·			5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest con	•	•							•	pensat	ion fro	om	
	the organization. Report compensation for t	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin		ear.				
	(A) Name and business	addroce							(B)	ervices	_		C) position	n
	ivairie and business	audiess						_	Description of s	ei vices	—— <u> </u>	ompe	nsatio	11

JW MARRIOTT L.A. LIVE, 900 W OLYMPIC HOTEL AND CONFERENCE BOULEVARD, LOS ANGELES, CA 90015 SERVICES 304,203. MARCUM LLP, 1899 L STREET, NW, SUITE 850, ACCOUNTING, TAX, AND WASHINGTON, DC 20036 206,542. HR SERVICES BRAND KNEW, LLC, 10351 SANTA MONICA BRANDING AND BOULEVARD, #202, LOS ANGELES, CA 90025 175,342. CONSULTING SERVICES

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Form **990** (2020)

Form 990 (2020) STUDENT
Part VIII Statement of Revenue

		Check if Schedule O contains a response or	note to any lin	e in this Part VIII			
		CHOCK II CONSUMO C CONTAINS U 100 PONICO CI		(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
ω ω	4	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b					
يَّ ق				-			
fts, Ar							
ig ig		- · · · · · · · · · · · · · · · · · · ·					
ns, Sim		Government grants (contributions)		-			
a tio		f All other contributions, gifts, grants, and	11 010				
들 된			<u>311,010.</u>	-			
ont Od		Noncash contributions included in lines 1a-1f		2 211 010			
<u>0</u> <u>e</u>		n Total. Add lines 1a-1f		3,311,010.			
		-	Business Code	004 000	062 000		600 000
ce		a CONFERENCE FEES	900099	884,822.	263,992.		620,830.
ē Ķ		BUSINESS ROUNDTABLE	900099	135,000.			135,000.
Sch	(·					
ran Jev		d					
Program Service Revenue		e					
4	1	f All other program service revenue					
		g Total. Add lines 2a-2f		1,019,822.			
	3	Investment income (including dividends, interest	t, and				
		other similar amounts)	>	1,545.			1,545.
	4	Income from investment of tax-exempt bond pro	oceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6	a Gross rents 6a					
		b Less: rental expenses 6b					
		Rental income or (loss) 6c					
		d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 67,558.					
		b Less: cost or other basis					
<u>o</u>		and sales expenses 76 69,323.					
her Revenue		Gain or (loss) 7c -1,765.					
ev Se		d Net gain or (loss)	•	-1,765.			-1,765.
무		a Gross income from fundraising events (not		_,			_,
Ğ		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
		b Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
		a Gross income from gaming activities. See					
	3	Part IV, line 19 9a					
		b Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10	a Gross sales of inventory, less returns	556.				
		and allowances 10a	189.				
		b Less: cost of goods sold 10b	109.	367.		367.	
		Net income or (loss) from sales of inventory	Puoiness Os de	307.		307.	
ठ		<u> </u>	Business Code	11 770			11 770
e eo	11	SUBLEASE INCOME	900099	11,772.			11,772.
Miscellaneous Revenue		REIMBURSEMENTS/REBATES	900099	11,173.			11,173.
Se Se		·					
Ξ̈́		d All other revenue		22 045			
		e Total. Add lines 11a-11d		22,945.	262 002	267	770 FFF
	12	Total revenue. See instructions		4,353,924.	263,992.	367.	778,555.

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Form **990** (2020)

Form 990 (2020) STUDENT VETERANS OF AMERICA Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must com	nplete column (A).	
	Check if Schedule O contains a respons	se or note to any line in t			X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	20,492.	20,492.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	144,000.	144,000.		
3	Grants and other assistance to foreign		===,		
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	239,965.	143,979.	47,993.	47,993.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,274,622.	1,112,902.	87,128.	74,592.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	871. 101,116.	762.	59.	50. 6,224.
9	Other employee benefits		87,693.	7,199.	6,224.
10	Payroll taxes	106,859.	88,930.	9,411.	8,518.
11	Fees for services (nonemployees):				
a	Management	1,404.		1,404.	
b	Legal	188,201.		188,201.	
		100/2011		100/2011	
e					
f	Investment management fees	420.		420.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	782,996.	566,736.	155,908.	60,352.
12	Advertising and promotion	34,171.	31,026.	1,376.	1,769.
13	Office expenses	64,500.	66,616.	-7,569.	5,453.
14	Information technology	92,547.	84,811.	4,061.	3,675.
15	Royalties	218,793.	181,646.	19,499.	17,648.
16 17	Occupancy Travel	59,550.	59,512.	20.	18.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	3373301	3373121	201	101
19	Conferences, conventions, and meetings	818,432.	818,009.	222.	201.
20	Interest	-,	.,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	84,155.	70,035.	7,412.	6,708.
23	Insurance	1,904.		1,904.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DUES & SUBSCRIPTIONS	91,124.	84,009.		7,115.
b	AWARDS & GIFTS	49,539.	45,671.		3,868.
С	BAD DEBT EXPENSE	5,998.		5,998.	
d					
е	. — — —	/ 201 CEA	2 606 020	E20 646	244 104
<u>25</u>	Total functional expenses. Add lines 1 through 24e	4,381,659.	3,606,829.	530,646.	244,184.
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

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Form **990** (2020) 10 2020.05000 STUDENT VETERANS OF AMERI 193502_1 Form 990 (2020)

Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or r	note to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			122,257.	1	113,493.
	2	Savings and temporary cash investments			1,299,818.	2	1,590,402.
	3	Pledges and grants receivable, net			855,419.	3	643,695
	4	Accounts receivable, net			61,904.	4	44,814
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	ostantial (contributor, or 35%			
		controlled entity or family member of any of the	nese pers	ons		5	
	6	Loans and other receivables from other disqu	sons (as defined				
		under section 4958(f)(1)), and persons describ		6			
ış	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
۲	9	Prepaid expenses and deferred charges			604,819.	9	173,610
	10a	Land, buildings, and equipment: cost or other	I				
		basis. Complete Part VI of Schedule D	10a	759,126. 415,572.			
	b	Less: accumulated depreciation	10b	309,995.	10c	343,554	
	11	Investments - publicly traded securities			11	305,341	
	12	Investments - other securities. See Part IV, lin		306,651.	12		
	13	Investments - program-related. See Part IV, lir			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 e			3,589,010.	16	3,243,056
	17	Accounts payable and accrued expenses			44,366.	17	89,158
	18	Grants payable	686 800	18	06 001		
	19	Deferred revenue	676,780.	19	96,221		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sul					
<u>ia</u>		controlled entity or family member of any of the				22	
-	23	Secured mortgages and notes payable to unr		· · · · · · · · · · · · · · · · · · ·		23	202 247
	24	Unsecured notes and loans payable to unrela				24	293,347
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin		•	305,728.		254,833.
		of Schedule D			1,026,874.		733,559
_	26	Total liabilities. Add lines 17 through 25			1,020,074.	26	133,339
ဖွ		Organizations that follow FASB ASC 958, cand complete lines 27, 28, 32, and 33.	neck ner				
ဗ္ဗ	27	Net assets without donor restrictions			70,483.	27	132,075
<u>a</u>	28	Net assets with donor restrictions Net assets with donor restrictions			2,491,653.	28	2,377,422.
힐	20	Organizations that do not follow FASB ASC			2,131,033.	20	2/3///122
ᆵ		and complete lines 29 through 33.	, 900, CII	eck fiele			
5 	29	Capital stock or trust principal, or current fund	de			29	
ets	30	Paid-in or capital surplus, or land, building, or			30		
488	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			2,562,136.	32	2,509,497.
z	02			3,589,010.	33	3,243,056.	

Form **990** (2020)

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	4,35	3,92	24.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,38	1,6	59.		
3	Revenue less expenses. Subtract line 2 from line 1	3		-27,735.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,56	2,13	36.		
5	Net unrealized gains (losses) on investments			96.			
6	Donated services and use of facilities	-2	5,00	00.			
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	2,50	9,49	97.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit					
	Act and OMB Circular A-133?		За		_X_		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				

Form **990** (2020)

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 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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))

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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.)

Section A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1471687.	3880093.	2062269.	2063296.	3311010.	12788355.
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	1471687.	3880093.	2062269.	2063296.	3311010.	12788355.
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)						3798972.
	Public support. Subtract line 5 from line 4.						8989383.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	1471687.	3880093.	2062269.	2063296.	3311010.	12788355.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	8,862.	28,649.	28,042.	23,721.	13,317.	102,591.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)			2,317.			2,317.
11	Total support. Add lines 7 through 10						12893263.
12	Gross receipts from related activities,	•	,				<u>,454,977.</u>
13	First 5 years. If the Form 990 is for the	-		•			
_	organization, check this box and stop						.
	ction C. Computation of Publi					г	60.70
14	Public support percentage for 2020 (li					14	69.72 %
15	Public support percentage from 2019					15	49.79 %
16a	33 1/3% support test - 2020. If the c						, (37)
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2019. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	ū					•
	and if the organization meets the facts				•	VI how the organiz	ation
	meets the facts-and-circumstances te	-	•		-		
b	10% -facts-and-circumstances test	_					10% or
	more, and if the organization meets the						. —
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio	<u>n did not check a l</u>	<u>box on line 13, 16a</u>	a, 16b, 17a, or 17b	, check this box a	na see instructions	<u> </u>

Schedule A (Form 990 or 990-EZ) 2020

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

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business 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						
78	A Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
•	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)				1		<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		. —
<u>C-</u>	check this box and stop here						>
	ction C. Computation of Publi					T T	
	Public support percentage for 2020 (I		•			15	%
16	Public support percentage from 2019					16	%
	ction D. Computation of Inves			40		T 4= T	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	<u>%</u>
198	a 33 1/3% support tests - 2020. If the						. .
ŀ	more than 33 1/3%, check this box ar 33 1/3% support tests - 2019. If the						
•	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

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Schedule A (Form 990 or 990-EZ) 2020

V-- N-

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	162	NO
1		
2		
3a		
3b		
Зс		
4a		
4b		
4c		
40		
5a		
- Cu		
5b		
5c		
36		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

га	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 lines 11b and			
	11c below, the governing body of a supported organization?	11a	\vdash	
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	44-		
Sec	<u>detail in</u> Part VI. rtion B. Type I Supporting Organizations	11c		
	usi 21 Type i cupper unig engaminatione		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	110
-	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in 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 officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
_	supervised, or controlled the supporting organization.	2		
Sec	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			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
300	tion b. All Type III Supporting Organizations		Yes	Na
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		res	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	20		
b	that these activities constituted substantially all of its activities. Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	2a		
b	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b		3		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2020

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

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

Schedule A (Form 990 or 990-EZ) 2020

Part IV, Section A, line 1; Part IV, Sect	Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; lines 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, tion 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, 6, 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	
2016 AMOUNT: \$	0.
2017 AMOUNT: \$	0.
2018 AMOUNT: \$	2,317.
2019 AMOUNT: \$	0.
2020 AMOUNT: \$	0.
-	
-	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

	STUDENT VETERANS OF AMERICA	26-1971279
Organization type (che	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
, ,	tion is covered by the General Rule or a Special Rule. 01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	Rule. See instructions.
General Rule		
	zation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling any one contributor. Complete Parts I and II. See instructions for determining a contributor.	• • • • • • • • • • • • • • • • • • • •
Special Rules		
sections 509(any one contr	zation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppo a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16 ributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the am 0-EZ, line 1. Complete Parts I and II.	a, or 16b, and that received from
contributor, d	zation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from turing the year, total contributions of more than \$1,000 exclusively for religious, charitable, ucational purposes, or for the prevention of cruelty to children or animals. Complete Parts I	scientific,

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).

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 ______ **>** \$_

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

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

"N/A" in column (b) instead of the contributor name and address), II, and III.

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

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		\$ <u>1,111,778.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>1,041,120.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions \$ 150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$114,600 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	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 space is needed. (a) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person **Payroll** 100,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 8 X Person **Payroll** 80,000. Noncash (Complete Part II for noncash contributions.) (a) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for

noncash contributions.)

Name of organization Employer identification number

STUDENT VETERANS OF AMERICA

26-1971279

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if 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. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	20	 	990 990-F7 or 990-PF) (2020)

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

•	Section 501(c)(4), (5), or (6) organization	tions: Complete Part III.			
Nan	ne of organization			Empl	loyer identification number
	STUDENT	VETERANS OF AME	RICA		26-1971279
Pa	art I-A Complete if the org	janization is exempt und	er section 501(c)	or is a section 527 or	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures		▶ \$	
Pa	art I-B Complete if the org	janization is exempt und	er section 501(c)(3).	
1	Enter the amount of any excise tax				
	Enter the amount of any excise tax				
3	If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a	Was a correction made?				Yes No
	of If "Yes," describe in Part IV.				\(0\)
	·	janization is exempt und		<u> </u>	· · ·
	Enter the amount directly expended				
2	Enter the amount of the filing organ		•		
3	exempt function activities Total exempt function expenditures				'
Ū	line 17b		,		i <u> </u>
4					
5	Enter the names, addresses and en				
	made payments. For each organiza	tion listed, enter the amount paid	d from the filing organiz	ation's funds. Also enter the	e amount of political
	contributions received that were pr				e segregated fund or a
	political action committee (PAC). If	· · · · · · · · · · · · · · · · · · ·	1		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly
				iulius. Il florie, effici -0	delivered to a separate political organization.
					If none, enter -0
				1	

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

Part II-A Complete if the org section 501(h)).	anization is e	xempt under sectio	n 501(c)(3) and file	d Form 5768 (el	ection under
	•	n affiliated group (and list i ing expenditures).	n Part IV each affiliated	group member's nam	ne, address, EIN,
B Check ▶ ☐ if the filing organiza	tion checked box	A and "limited control" pr	ovisions apply.		
Limi	ts on Lobbying E			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public opini	on (grassroots lobbying)			
b Total lobbying expenditures to influ					
c Total lobbying expenditures (add li					
d Other exempt purpose expenditure					
e Total exempt purpose expenditure					
f Lobbying nontaxable amount. Ente					
If the amount on line 1e, column (a) o		lobbying nontaxable an			
Not over \$500,000		6 of the amount on line 1e			
Over \$500,000 but not over \$1,000	0,000 \$10	0,000 plus 15% of the exc	cess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000 \$17	5,000 plus 10% of the exc	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000 \$22	5,000 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,	000,000.			
			_		
 g Grassroots nontaxable amount (en 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 zero reporting section 4911 tax for this 	o or less, enter -0- o or less, enter -0- ro on either line 1				Yes No
(Some organizations th	nat made a secti	Averaging Period Unde on 501(h) election do not eparate instructions for li	have to complete all o	f the five columns b	pelow.
	Lobbying E	xpenditures During 4-Ye	ear Averaging Period		_
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(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))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2020

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)).

1 During the year, clid 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?	For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
iccal legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? X			Yes	No	Amo	ount
or referendum, through the use of: a Volunteors? b Paid starf or management (include compensation in expenses reported on lines 1c through 1i)? C Media advertisements? d Mailings to members, legislators, or the public? Publications, or published or broadcast statements? C Publications, seminars, conventions, speeches, lectures, or any similar means? C Publications, seminars, conventions, speeches, lectures, or any similar means? C Publications, seminars, conventions, speeches, lectures, or any similar means? C Publications, seminars, conventions, speeches, lectures, or any similar means? C I Vers, "enter the amount of any tax incurred by organization managers under section 501(c)(3), section 501(c)(5), or section 501(c)(6). 1 Were substantially all (80% or more) dues received nondeductible by members? 2 Did the organization anake only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization anake only in-house lobbying applications or less? 3 Did the organization anake only in-house lobbying applications or sexempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6), and if either (a) BOTH Part IIII-IIII. D C	1	During the year, did the filing organization attempt to influence foreign, national, state, or				
a Volunteers? If We b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? If We b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? If We Publications, or published or broadcast statements? If Grants to other organizations for lobbying purposes? If Grants to other organizations for lobbying purposes? If Grants to other organizations, seminars, conventions, speeches, lectures, or any similar means? If Staff is the staff is the staff, so comment officials, or a legislative body? If I other activities? I other activities? I other activities? I other activities? I other activities in line 1 cause the organization to be not described in section 501(c)(3)? If I'ves, "enter the amount of any tax incurred under section 4912 If I'ves, "enter the amount of any tax incurred under section 4912 If I'ves, "enter the amount of any tax incurred by organization managers under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Were substantially all (80% or more) dues received nondeductible by members? I were substantially all (80% or more) dues received nondeductible by members? I were substantially all (80% or more) dues received nondeductible by members? I were substantially all (80% or more) dues received nondeductible by members? I were substantially all (80% or more) dues received nondeductible by members? I other activities? I were substantially all (80% or more) dues received nondeductible by members? I other activities? I other act		local legislation, including any attempt to influence public opinion on a legislative matter				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1ii? X						
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	WTT	'H MEETING/HEARING PARTICIPATION.				
Schedule C (Form 990 or 990-EZ) 2020		IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Schedu	le C (Form	990 or 990)-F7) 2020

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032043 12-02-20

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

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
	organization answered Tes On Form 990, Part IV, line	(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 w		ed funds
	are the organization's property, subject to the organization's e	•	
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Pai	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreat	ion 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 qualification	ed 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
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired at	fter 7/25/06, and not on a historic structu	ıre
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ement is located >	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cons	servation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enforcing conserva	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's financial statement	ents that describes the
Do	organization's accounting for conservation easements. rt III Organizations Maintaining Collections of	Art Historical Tracquires or Ot	har Similar Assata
Fai			nei Siiniai Assets.
	Complete if the organization answered "Yes" on Form		
па	If the organization elected, as permitted under FASB ASC 958	•	
	of art, historical treasures, or other similar assets held for public		·
	service, provide in Part XIII the text of the footnote to its finance		
р	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,
	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 trea		ı gain, provide
_	the following amounts required to be reported under FASB AS	_	• •
	Revenue included on Form 990, Part VIII, line 1		. .
		for Form 000	
LHA	For Paperwork Reduction Act Notice, see the Instructions	IUI FORM 990.	Schedule D (Form 990) 2020

to be sold to raise funds rather than to be maintained as part of the organization's collection?

Distributions during the year Ending balance

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

(a) Current year

Loan or exchange program

Other

(b) Prior year

b

С

collection items (check all that apply):

Preservation for future generations

reported an amount on Form 990, Part X, line 21.

If "Yes," explain the arrangement in Part XIII and complete the following table:

Public exhibition

1a Beginning of year balance

Other expenditures for facilities

Permanent endowment Term endowment

by:

Contributions Net investment earnings, gains, and losses Grants or scholarships

and programs Administrative expenses End of year balance

a Board designated or quasi-endowment

Scholarly research

Par	1 \	/I	l and	Ruildings	and	1 Fauinr	nent				
4	De	scrib	e in Pa	rt XIII the inte	ended	uses of th	e organ	ization'	s endow	ment fu	unds
D	11	165	OH III IE	e Sa(II), are trie	relat	eu organiz	alions i	isteu as	require	u on sc	neu

The percentages on lines 2a, 2b, and 2c should equal 100%.

answered "Yes" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10

Complete ii trie organization answered ii	es on Form 990, Part is	7, IIIIe TTa. See FOITH 990	, Fart A, lifte 10.				
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value			
1a Land							
b Buildings							
c Leasehold improvements		265,932.	157,590.	108,342.			
d Equipment		256,001.	175,534.	80,467.			
e Other		237,193.	82,448.	154,745.			
Total. Add lines 1a through 1e. (Column (d) must equa	Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)						

Schedule D (Form 990) 2020

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Schedule D (Form 990) 2020 STUDENT VET	ERANS OF AMER	TCA 2	6-1971279	Page
Part VII Investments - Other Securities.	DIVAND OF AMERICA	1Ch Z	0 1371273	raye
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11b. 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 e	end-of-year market v	alue
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market v	alue
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.		
(a)	Description		(b) Book va	ılue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		<u>▶</u>	

| Part X | Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

<u>1. </u>	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DEFERRED RENT	254,833.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990. Part X. col. (B) line 25.)	254,833.

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

Schedule D (Form 990) 2020

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Par	Reconciliation of Revenue per Audited Financial Statemen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	its With I	Revenue per Re	turn.	
1				1	4,946,034.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1	4,540,054.
	Net unrealized gains (losses) on investments	2a	96.		
b	Donated services and use of facilities	2b	598,243.		
	Recoveries of prior year grants	2c	33072131		
d	Other (Describe in Part XIII.)	2d	-5,998.		
	Add lines 2a through 2d			2e	592,341.
3	Subtract line 2e from line 1			3	4,353,693.
4	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	420.		
	Other (Describe in Part XIII.)		420. -189.		
	Add lines 4a and 4b			4c	231.
Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)t XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per P	eturr	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	4,998,673.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	623,243.		
	Prior year adjustments	2b			
	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	189.		
е	Add lines 2a through 2d			2e	623,432.
3	Subtract line 2e from line 1			3	4,375,241.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	420. 5,998.		
b	Other (Describe in Part XIII.)	4b	5,998.		
С	Add lines 4a and 4b			4c	6,418. 4,381,659.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	4,381,659.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi			;Part)	K, line 2; Part XI,
PAR	T X, LINE 2:				
	•	EOD 1	THE YEARS E	ושרוא) DECEMBED
D V F	EVALUATED ITS UNCERTAINTY IN INCOME TAXES	FOR 1	IIIE IEANS E.	1417171	D DECEMBER
<u>31,</u>	2020, AND DETERMINED THAT THERE WERE NO M	ATTERS	THAT WOUL	D RI	EQUIRE
REC	OGNITION IN THE FINANCIAL STATEMENTS OR TH	AT MAY	HAVE ANY	EFFI	ECT ON ITS
ጥልሄ	-FYFMDT CTATIC				
1712	-EXEMPT STATUS.				
PAR	T XI, LINE 2D - OTHER ADJUSTMENTS:				
	•				
BAD	DEBT EXPENSE				-5,998.
PAR	T XI, LINE 4B - OTHER ADJUSTMENTS:				
COS	T OF GOODS SOLD				-189.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020

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.

2020

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	EMEDANC O	- AMEDICA					Employer identification number $26-1971279$
Part I General Information on Grants a	ETERANS OF	- AMERICA					26-19/12/9
Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro	to substantiate the stance?				for the grants or assis		₹ 7 □
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990 Part	IV line 21 for any
recipient that received more than \$	=				amzation anoworda i	00 0111 01111 000, 1 411	17, 1110 21, 101 4119
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
STUDENT VETERANS OF AMERICA ILLINOIS - 16330 FAIRFIELD DRIVE -							
PLAINFIELD, IL 60586	47-3850313		20,492.	0.			PROGRAM SUPPORT
,							
2 Enter total number of section 501(c)(3) a	-						• <u>0.</u>
3 Enter total number of other organizations	s listed in the line 1	table					<u> </u>

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

Schedule I (Form 990) 2020

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIP	14	144,000.	0.		
		211,000.			
Part IV Supplemental Information. Provide the information	required in Part I, lin	ie 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
SVA MAKES GRANT DISBURSEMENTS VI	A REIMBURSE	MENT BY RE	EQUIRING TH	AT ANY	
REQUEST FOR FUNDS BE ACCOMPANIED	BY CORRESP	ONDING INV	OICES AND	RECEIPTS,	
THUS ENSURING THAT THE GRANT FALI					

SCHEDULE J (Form 990)

Compensation Information

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

Open to Public

26-1971279

Internal Revenue Service Name of the organization

Department of the Treasury

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

Inspection **Employer identification number**

OMB No. 1545-0047

STUDENT VETERANS OF AMERICA

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

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

Schedule J (Form 990) 2020



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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(6)(1)-(0)	reported as deferred on prior Form 990
(1) JARED S. LYON	(i)	184,548.	40,000.	0.	157.	15,260.	239,965.	0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) WILLIAM HUBBARD	(i)	143,931.	0.	0.	101.	9,782.	153,814.	0.
CHIEF OF STAFF	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							<u> </u>
	(i)							<u> </u>
	(ii)							
	(i)							
	(ii)						1	<u> </u>

Schedule J (Form 990) 2020



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



SCHEDULE 0

(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. Inspection

Internal Revenue Service Name of the organization

STUDENT VETERANS OF AMERICA

Employer identification number 26-1971279

OMB No. 1545-0047

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
SUCCESS AND ADVOCACY STRATEGIES. THOUSANDS OF ATTENDEES AND MORE THAN
100 EXHIBITORS AND SPONSORS ATTEND NATCON EVERY YEAR.
FORM 990, PART III, LINE 4B, 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 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
CHANGES THAT BENEFIT STUDENT VETERANS AND THE OVERALL VETERAN
COMMUNITY.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
INDIVIDUAL SUPPORT
EXPENSES \$ 221,079. INCLUDING GRANTS OF \$ 144,000. REVENUE \$ 0.
OTHER PROGRAMS
EXPENSES \$ 216,835. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization **Employer identification number** 26-1971279 STUDENT VETERANS OF AMERICA FORM 990, PART VI, SECTION A, LINE 8B:

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

NO COMMITTEE CAN ACT ON BEHALF OF THE GOVERNING BODY.

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 PROVIDED TO 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:

SVA FOLLOWS ALL FEDERAL AND LOCAL REGULATORY LAWS AND EXERCISES BEST

PRACTICES WHEN HIRING EMPLOYEES. CANDIDATES ARE RECRUITED OPENLY AND

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization STUDENT VETERANS OF AMERICA	Employer identification number 26-1971279
INTERVIEWED BASED ON CAREER EXPERIENCE AND EDUCATIONAL QUA	LIFICATIONS
INDICATED BY RESUMES AND COVER LETTERS. THE PRESIDENT AND	CEO AND HUMAN
RESOURCES LEADERSHIP MEET TO DISCUSS THE SALARY FOR EACH P	OSITION PRIOR TO
RECRUITING WHERE BENCHMARKS ARE DISCUSSED AND INTERNAL EQU	ITY IS
CONSIDERED. SALARIES ARE BASED ON A COMPARISON OF LOCAL CO	STS OF LIVING,
AVERAGE RATES OF COMPENSATION FOR SIMILAR POSITIONS, AND I	NTERNAL EQUITY.
COST OF LIVING AND PERFORMANCE INCREASES ARE DETERMINED BY	THE ANNUAL
BUDGET AS ASSESSED BY THE CEO AND APPROVED BY THE BOARD OF	DIRECTORS.
COMPENSATION AND BENEFITS FOR THE PRESIDENT & CEO ARE MANA	GED BY THE BOARD
OF DIRECTORS.	
FORM 990, PART VI, SECTION C, LINE 19:	
SVA'S FEDERAL FORM 990 AND AUDITED FINANCIAL STATEMENTS AR	E AVAILABLE ON
SVA'S WEBSITE. BYLAWS, CONFLICT OF INTEREST POLICY, AND OT	HER GOVERNING
DOCUMENTS ARE AVAILABLE BY REQUEST VIA A "CONTACT US" LINK	ON SVA'S
WEBSITE.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTING FEES:	
PROGRAM SERVICE EXPENSES	336,012.
MANAGEMENT AND GENERAL EXPENSES	145,343.
FUNDRAISING EXPENSES	56,096.
TOTAL EXPENSES	537,451.
AUDIO AND VISUAL SERVICES:	
PROGRAM SERVICE EXPENSES	194,063.
MANAGEMENT AND GENERAL EXPENSES	389.
FUNDRAISING EXPENSES	352.
032212 11-20-20 Scho	edule O (Form 990 or 990-EZ) 2020

Name of the organization STUDENT VETERANS OF AMERICA	Employer identification number 26-1971279
TOTAL EXPENSES	194,804.
PAYROLL SERVICES:	
PROGRAM SERVICE EXPENSES	36,661.
MANAGEMENT AND GENERAL EXPENSES	10,176.
FUNDRAISING EXPENSES	3,904.
TOTAL EXPENSES	50,741.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	782,996.
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