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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

A I	For the	$lpha$ 2022 calendar year, or tax year beginning \Box AN $oldsymbol{\perp}$, $oldsymbol{2}$ $oldsymbol{2}$ and endi	ng M	AR 31, 2022	4		
В	Check if applicabl	C Name of organization		D Employer identi	fication number		
	Addre	STUDENT VETERANS OF AMERICA					
	Name chang	Doing business as		26-1971	279		
F	Initial return Final return	1012 14TH CTPRET NW 120	m/suite) 0	E Telephone numb	er 23-4710		
	termin ated		-	G Gross receipts \$	12,989,345.		
	Amen			H(a) Is this a group			
F	return Applic tion			for subordinate			
	tion pendir	SAME AS C ABOVE					
_	T		7 507	H(b) Are all subordinates			
			527	•	a list. See instructions		
	Websit		I Voor	H(c) Group exempt	M State of legal domicile: MI		
	art I	Summary	L Year (or formation. Z000	M State of legal doffliche, P11		
		Briefly describe the organization's mission or most significant activities: PROVIDE	· VE	TERANS WITH	I RESOURCES.		
S	'	SUPPORT AND ADVOCACY TO SUCCEED IN HIGHER EI					
Governance	2	Check this box if the organization discontinued its operations or disposed or					
Ver	3	Number of voting members of the governing body (Part VI, line 1a)		ı	1		
Ĝ	4	Number of independent voting members of the governing body (Part VI, line 1b)					
		Total number of individuals employed in calendar year 2022 (Part V, line 2a)					
<u>i</u>	6	Total number of volunteers (estimate if necessary)					
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12					
ĕ	b	Net unrelated business taxable income from Form 990-T, Part I, line 11					
Revenue				Prior Year	Current Year		
	8	Contributions and grants (Part VIII, line 1h)		5,773,922	12,569,860.		
	9	Program service revenue (Part VIII, line 2g)		228,457			
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		590			
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		32,427			
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,035,396			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		172,964	7,554.		
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0			
"	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,919,264			
ses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Expenses	. b	Total fundraising expenses (Part IX, column (D), line 25) 101,971.					
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	_	1,634,117	1,290,771.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,726,345			
	19	Revenue less expenses. Subtract line 18 from line 12		2,309,051	11,147,414.		
or or	3		Beg	ginning of Current Year	End of Year		
ets	20	Total assets (Part X, line 16)		5,791,656	16,534,482.		
ASS	21	Total liabilities (Part X, line 26)		973,108	568,520.		
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		4,818,548	15,965,962.		
Pa	art II	Signature Block					
Und	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and	stateme	nts, and to the best of r	ny knowledge and belief, it is		
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which p	reparer	has any knowledge.			
Sig	n	Signature of officer		Date			
Hei	'e	JARED S. LYON, PRESIDENT AND CEO					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature		Pate Check	PTIN		
Paid		AARON M. FOX	0	2/15/23 self-emp			
	parer	Firm's name MARCUM LLP		Firm's EIN	11-1986323		
Use	Only	Firm's address 1899 L STREET, NW, SUITE 850			000) 005 4000		
_		WASHINGTON, DC 20036		Phone no. (
Ma	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No		

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF STUDENT VETERANS OF AMERICA IS TO ACT AS A CATALYST FOR
	STUDENT VETERAN SUCCESS BY PROVIDING RESOURCES, NETWORK SUPPORT AND
	ADVOCACY TO, THROUGH, AND BEYOND HIGHER EDUCATION.
_	
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 995,823. including grants of \$) (Revenue \$)
	SVA NATIONAL CONFERENCE (NATCON) -
	NAMOON TO MUE LABOROM ANNUAL CONTINUADO OR OMURRAM MEMBRANG IN MUR
	NATCON IS THE LARGEST ANNUAL CONVENING OF STUDENT VETERANS IN THE
	COUNTRY, BRINGING TOGETHER SVA'S CHAPTER LEADERS, STAKEHOLDERS,
	ADVOCATES, AND SUPPORTERS WHO WORK ON BEHALF OF VETERANS AND
	MILITARY-CONNECTED STUDENTS IN HIGHER EDUCATION. THE PURPOSE IS TO
	CONVENE STUDENT VETERANS WITH THOSE BEST EQUIPPED TO SUPPORT AND
	EMPOWER THEM, TRAIN THEM ON CHAPTER MANAGEMENT AND SALIENT TOPICS
	PERTINENT TO SUCCESS IN HIGHER EDUCATION AND BEYOND, AND REFRAME THE
	POSSIBLE FOR THESE DIVERSE STUDENTS. STUDENT VETERANS ATTEND NATIONS
	LEARN HOW TO MANAGE SOME OF THE MOST SUCCESSFUL STUDENT ORGANIZATIONS
	IN THE COUNTRY, AND TO NETWORK WITH THEIR PEERS AS TOMORROW'S LEADERS. (Code:)(Expenses \$ 107,225. including grants of \$ 7,554.) (Revenue \$ 118,527.)
4b	(Code:) (Expenses \$107,225. including grants of \$7,554.) (Revenue \$118,527.) PROGRAMS AND CHAPTER SERVICES -
	FROGRAMS AND CHAPTER SERVICES -
	A DEDICATED NETWORK OF CHAPTERS AND CHAPTER LEADERS ARE CENTRAL TO
	SVA'S MISSION. EVERY DAY THESE PASSIONATE LEADERS WORK TO PROVIDE THE
	NECESSARY RESOURCES, NETWORK SUPPORT, AND ADVOCACY TO ENSURE STUDENT
	VETERANS CAN EFFECTIVELY CONNECT, EXPAND THEIR SKILLS, AND ULTIMATELY
	ACHIEVE THEIR GREATEST POTENTIAL, WITH THE UNDERSTANDING THAT
	PEER-TO-PEER SUPPORT FACILITATES POST-SECONDARY SUCCESS. THESE CHAPTERS
	ARE BUILT UPON THE GRASSROOTS EFFORTS OF INDIVIDUAL STUDENT VETERANS
	WHO RECOGNIZE THE NEED FOR A COMMUNITY OF SUPPORT ON THEIR CAMPUS.
	CHAPTER SERVICES AND PROGRAMS FROM THE NATIONAL HEADQUARTERS SUPPORT
	THE CREATION, SUSTAINMENT, AND GROWTH OF CHAPTERS. WE ADVISE ON THE
40	(Code:) (Expenses \$ 90,634 • including grants of \$) (Revenue \$
40	STRATEGIC PROGRAMMATIC SUPPORT -
	AS CHAMPIONS OF DATA-DRIVEN DECISION MAKING, STRATEGIC SUPPORT
	REPRESENTS A KEY PILLAR OF SVA'S WORK. SVA CONDUCTS LEADING INDEPENDENT
	RESEARCH ON TOPICS AFFECTING THE VETERAN COMMUNITY TO PROVIDE INSIGHT
	TO NOT ONLY OUR INTERNAL PROGRAMS AND SERVICES, BUT ALSO POLICY MAKERS,
	STAKEHOLDERS, AND THOUGHT LEADERS. SVA RESEARCH EXPANDS OUR
	UNDERSTANDING OF THE BARRIERS TO A SUCCESSFUL TRANSITION VETERANS FACE
	WHEN GOING TO COLLEGE. THESE FINDINGS ASSIST IN UPDATING SVA
	PROGRAMMING, TRAINING CHAPTER LEADERS, AND BUILDING STRONGER STUDENT
	VETERAN SUPPORT COMMUNITIES ON COLLEGE CAMPUSES. FURTHERMORE, THE
	RESEARCH IS SHARED WITH POLICY MAKERS AND STAKEHOLDERS FROM THE LOCAL
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 248,528 • including grants of \$) (Revenue \$)
4e	Total program service expenses 1,442,210.
	Form 990 (2022)

Form 990 (2022) 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? See instructions	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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>	- '-		1
8	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	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 Light of the Light of the Control			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	l		.
	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. See instructions	17		<u> X</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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
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	

232003 12-13-22

Form	1 990 (2022) STUDENT VETERANS OF AMERICA 26-1971	.279	Р	age 4
Pai	rt 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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
ŭ	"Yes," complete Schedule L, Part IV	28a		Х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
·		28c		Х
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive more than \$25,000 in nor-cash contributions: 17 Yes, complete scriedule in	25		
30		30		Х
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		X
32		31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		х
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		-25
33		33		х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		-22
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		х
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
	•	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
00	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?			v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Fal	Objects (October 10 October 10 Oc			
	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 1a 0	_		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

022) STUDENT VETERANS OF AMERICA

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

					Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2a	0				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?		2b			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b			
	At any time during the calendar year, did the organization have an interest in, or a signature or other a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	nt)?	4a		X	
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccoun	ts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?		5b		X	
С	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	e orga	nization solicit				
	any contributions that were not tax deductible as charitable contributions?			6a		_X_	
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gifts				
	were not tax deductible?			6b			
7	Organizations that may receive deductible contributions under section 170(c).						
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		_X_	
				7b			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•					
	to file Form 8282?			7с		X	
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	•			37	
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		t?	7e		X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		<u> </u>	
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, airplanes, or other vehicles, did the organization of cars, airplanes, or other vehicles, did the organization of cars, airplanes, or other vehicles, did the organization of cars, airplanes, or other vehicles, did the organization of cars, airplanes,			7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?	•		8			
sponsoring organization nave excess business noidings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds.							
a Did the sponsoring organization make any taxable distributions under section 4966?							
				9a 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					
	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		I				
	organization is licensed to issue qualified health plans	13b					
	Enter the amount of reserves on hand	13c				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		Х	
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.			15		Λ	
16	ne?	16		Х			
10		10		-22			
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any actions.	tivitio					
• •	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17			
	If "Yes," complete Form 6069.						
	, , ,						

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15050215 150872 193502

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.

800						X					
Sec	tion A. Governing Body and Management				T.,	·					
		۱.	1:		Yes	No					
па	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	<u> </u>	4							
	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.		4.								
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	<u>-</u>							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with	any other								
	officer, director, trustee, or key employee?			2		X					
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision			l					
	of officers, directors, trustees, or key employees to a management company or other person?			3		<u> </u>					
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X					
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?										
6	Did the organization have members or stockholders?			6		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or								
	more members of the governing body?			7a		X					
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?										
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year										
а	The governing body?			8a	X						
b	Each committee with authority to act on behalf of the governing body?			8b		X					
9											
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O										
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)								
					Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a	X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	s, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	X						
11a	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b											
12a	12a 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	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? $If = Y$	es," a	lescribe								
	on Schedule O how this was done			12c	_	<u> </u>					
13	Did the organization have a written whistleblower policy?			13	X						
14	Did the organization have a written document retention and destruction policy?			14	X						
15	Did the process for determining compensation of the following persons include a review and approva	ıl 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 on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	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	te its p	articipation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization	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	nd 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 So	chedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	of interest policy, ar	d finar	icial						
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks an	d records								
	JARED S. LYON - (202) 223-4710										
	1012 14TH STREET, NW, 1200, WASHINGTON, DC 20005		· · ·								

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

X

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** 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 the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	(do box	not c	Pos heck	ition		one n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) JARED S. LYON	40.00	.,		,,					_	
PRESIDENT AND CEO (2) MAJOR GENERAL CHRIS CORTEZ	10 00	Х		Х				0.	0.	0.
(2) MAJOR GENERAL CHRIS CORTEZ CHAIR	10.00	Х		х				0.	0.	0.
(3) FRANK GAUDIO	10.00							•	•	•
VICE CHAIR & TREASURER	1000	х		x				0.	0.	0.
(4) J. FORD HUFFMAN	5.00	ļ <u></u>								
SECRETARY		х		х				0.	0.	0.
(5) JOHN EDELMAN	5.00							<u> </u>	<u> </u>	
BOARD MEMBER		Х						0.	0.	0.
(6) PAMELA ERICKSON	5.00									
BOARD MEMBER		Х						0.	0.	0.
(7) NICK MARARAC	5.00									
BOARD MEMBER		Х						0.	0.	0.
(8) KATHERINE MARTINEZ	5.00									
BOARD MEMBER		Х						0.	0.	0.
(9) ALANAH ODOMS	5.00									
BOARD MEMBER		Х						0.	0.	0.
(10) JOE SAUTTER	5.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(11) SHERRI SHI	5.00									
BOARD MEMBER		Х						0.	0.	0.
(12) FONTAINE STEGALL	5.00									
BOARD MEMBER	-	Х						0.	0.	0.
		-								
	+									
		-								
	+									
		1								
-										
		1								
		_		_		_				

Section A. Officers, Directors, Trust	ees, Key Emp	ploye	ees,	and	l Hiç	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			(C	C)			(D)	(E)			(F)	
Name and title	Average	Position (do not check more than of					200	Reportable	Reportable	,	Es	stimate	ed
	hours per					tnan d s both		compensation	compensati		ar	nount	of
	week	offic	cer an	d a di	irecto	r/trus	tee)	from	from related organization	l t		other	
	(list any	ctor						the		ıs	com	pensa	tion
	hours for	Individual trustee or director				pa		organization	(W-2/1099-MIS	SC/	fr	om th	е
	related	tee o	nstee			ensat		(W-2/1099-MISC/	1099-NEC)		org	anizat	ion
	organizations	Itrus	nal tr		oyee	d mo		1099-NEC)			an	d relat	ed
	below	vidua	Institutional trustee	Ser	Key employee	lest o	ner				orga	anizati	ons
	line)	Indi	Inst	Officer	Key	Highest compensated employee	Former						
										-+			
						_				-			
dh Cubtatal						l		0.		0.			0.
1b Subtotal								0.		0.			0.
c Total from continuation sheets to Part VII								0.		0.			0.
d Total (add lines 1b and 1c)													0.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	9			_
compensation from the organization													0
												Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	сеу е	mpl	oye	e, or	hig	hest compensated empl	loyee on				
line 1a? If "Yes," complete Schedule J for so	ıch individual										3		X
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150											4		Х
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	•				,			J			5		Х
Section B. Independent Contractors	olete Scriedule	<i>J</i> 10	or su	ICII Ļ	bers	OH .							
	managet ad in d	lono			· ~ + ~ ·		,a +h	act received mare than C	100 000 of com		tion fr		
1 Complete this table for your five highest cor										Jensai	LIOII II	וווכ	
the organization. Report compensation for t	ne calendar ye	ear e	nair	ig w	ith c	or wi	tnin T		ear.				
(A)	addraaa	370						(B)	am ilaaa))		_
Name and business	address	NC	ONE	5			\dashv	Description of s	ervices		ompe	nsatio	11
										i			
										i			
										i			
										ì			
							\dashv						
										i			
O Total number of independent control	aludia a I	A 15	ni+	1 + - '	lle -	!! -	<u> </u>	obovo) who was the d	avo the				
2 Total number of independent contractors (in		ot IIN	ıııtec	ı tO 1	_		ιea	above) who received mo	ore than				
\$100,000 of compensation from the organiz	ation				(,							

Form 990 (2022) STUDENT
Part VIII Statement of Revenue

	Check if Schedule O contains a response or note to any line in this Part VIII										
				(A)	(B)	(C)	(D)				
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under				
					lunction revenue	business revenue	sections 512 - 514				
SΩ	1 a	Federated campaigns1a									
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b									
ي ق		Fundraising events 1c									
fts, r A		Related organizations 1d									
ig ig		e Government grants (contributions) 1e	288,487.								
Sin		All other contributions, gifts, grants, and	200 / 10 / 1								
utic le ri	'		12281373.								
ĕ₽	_		12201373.								
no n	_	Noncash contributions included in lines 1a-1f		12569860.							
Oa	n	Total. Add lines 1a-1f	Business Code	12309000.							
	•	CONFERENCE FEES	900099	388,227.	118,527.		269,700.				
ice			900099	25,000.	110,347.						
Program Service Revenue	b	BUSINESS ROUNDTABLE	900099	25,000.			25,000.				
n S	С	•									
lrar 3ev	c	<u> </u>									
5	е	·									
Δ.	f	All other program service revenue		44.0.00							
	g	Total. Add lines 2a-2f		413,227.							
	3	Investment income (including dividends, inter	est, and				4.0				
		other similar amounts)		143.			143.				
	4	Income from investment of tax-exempt bond p	oroceeds								
	5	Royalties									
		(i) Real	(ii) Personal								
	6 a	Gross rents 6a									
	b	Less: rental expenses 6b									
	c	Rental income or (loss) 6c									
	d	Net rental income or (loss)									
	7 a	Gross amount from sales of (i) Securities	(ii) Other								
		assets other than inventory 7a									
	b	Less: cost or other basis									
ē		and sales expenses 7b									
ē	С	Gain or (loss) 7c									
Pe		Net gain or (loss)									
ther Revenue		Gross income from fundraising events (not									
퉏		including \$ of									
		contributions reported on line 1c). See									
		Part IV, line 18	1								
	b	Less: direct expenses									
		Net income or (loss) from fundraising events	•								
		Gross income from gaming activities. See									
		Part IV, line 19	1								
	h	Less: direct expenses 9t									
		Net income or (loss) from gaming activities									
		Gross sales of inventory, less returns	T								
		and allowances10	a 191.								
	h	Less: cost of goods sold 10									
		Net income or (loss) from sales of inventory	<u>~, 51•</u>	137.		137.					
		The modified following and of mightory	Business Code	237		20,4					
sn	11 ~	SUBLEASE INCOME	900099	3,924.			3,924.				
Miscellaneous Revenue	ıı a	MISCELLANEOUS	900099	2,000.			2,000.				
Men Ven	C			2,000.							
Sce	ن د	All other revenue									
Ē	·	Total. Add lines 11a-11d		5,924.							
	12	Total revenue. See instructions		12989291.	118,527.	137	300,767.				
	14	I VI AI I CYCHUC. OCC HISHUUHIOHS		±4700111	,,						

232009 12-13-22

Form 990 (2022) STUDENT VETERANS OF AMERICA Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must compl	lete all columns. All othe	er organizations must com	nolete column (A)	
00011	Check if Schedule O contains a respons				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	7,554.	7,554.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	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	61,127.	36,676.	12,225.	12,226.
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	395,460.	217,752.	124,861.	52,847.
8	Pension plan accruals and contributions (include	46 4-6		- 10-	0 00-
	section 401(k) and 403(b) employer contributions)	16,453.	9,063.	5,185.	2,205. 5,116.
9	Other employee benefits	36,555.	20,300.	11,139.	
10	Payroll taxes	33,957.	18,910.	10,222.	4,825.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	50,094.		50,094.	
d	Lobbying				
е	, F				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	225 222	252 242	4.5.000	0 001
	column (A), amount, list line 11g expenses on Sch O.)	295,290.	268,319.	16,980.	9,991.
12	Advertising and promotion	3,131.	3,131.	- 12.5	
13	Office expenses	23,067.	19,507.	2,406.	1,154.
14	Information technology	34,796.	27,458.	6,471.	867.
15	Royalties	55.650	45.044	22 722	4 500
16	Occupancy	55,652.	17,344.	33,780.	4,528.
17	Travel	9,234.	6,132.	2,045.	1,057.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	4== = 4	4-4-4-4		
19	Conferences, conventions, and meetings	677,726.	676,936.		790.
20	Interest				
21	Payments to affiliates	22 22		10.000	·
22	Depreciation, depletion, and amortization	23,035.	7,179.	13,982.	1,874.
23	Insurance	3,868.	3,411.	297.	160.
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 O.)				
а	DUES & SUBSCRIPTIONS	59,527.	52,497.	4,573.	2,457.
b	AWARDS & SPONSORSHIPS	47,481.	43,054.	2,880.	1,547.
С	MISCELLANEOUS EXPENSES	7,870.	6,987.	556.	327.
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,841,877.	1,442,210.	297,696.	101,971.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					000

Form 990 (2022)
Part X Balance Sheet

<u>rar</u>	τx	Balance Sneet					
		Check if Schedule O contains a response or n	ote to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	145,547.	1	386,377		
	2	Savings and temporary cash investments			1,184,959.	2	10,335,819
	3	Pledges and grants receivable, net	3,000,000.	3	4,687,036		
	4	Accounts receivable, net	269,697.	4	356,898		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
		controlled entity or family member of any of th	ese perso	ns		5	
	6	Loans and other receivables from other disqua	alified pers	sons (as defined			
		under section 4958(f)(1)), and persons describ	ion 4958(c)(3)(B)		6		
ည	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			8		
ĕ	9				585,856.	9	153,021
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		805,126.			
	b	Less: accumulated depreciation		523,221.	272,190.	10c	281,905
	11	Investments - publicly traded securities	305,260.	11	305,279		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		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 ed			5,791,656.	16	16,534,482
	17	Accounts payable and accrued expenses			190,491.	17	383,803
	18	Grants payable	005 200	18			
	19	Deferred revenue	295,390.	19	0		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or for					
┋		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of th				22	
-	23	Secured mortgages and notes payable to unre			288,487.	23	0
	24	Unsecured notes and loans payable to unrelate			200,407.	24	U
	25	Other liabilities (including federal income tax, p	-				
		parties, and other liabilities not included on lin of Schedule D	es 17-24).	Complete Part X	198,740.	25	184,717
	26	Total liabilities. Add lines 17 through 25			973,108.		568,520
	20	Organizations that follow FASB ASC 958, cl			373,100.	20	300,320
ဖွ		and complete lines 27, 28, 32, and 33.	IECK HEIE				
ğ	27				417,379.	27	8,957,596
Sala	28	Net assets with donor restrictions			4,401,169.	28	7,008,366
	20	Organizations that do not follow FASB ASC			1,101,1051	20	.,,,,,,,,,
호		and complete lines 29 through 33.	000, 0110				
5	29	Capital stock or trust principal, or current fund		29			
ets	30	Paid-in or capital surplus, or land, building, or			30		
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances		4,818,548.	32	15,965,962	
		. 3.2		·····	5,791,656.	33	16,534,482

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,98	9,29	<u>91.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,84					
3	Revenue less expenses. Subtract line 2 from line 1	3	11,14	7,41	<u>14.</u>			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	15,96	5,96	52.			
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 on Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		_X_			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					

SCHEDULE A

(Form 990)

<u>Total</u>

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022 Open to Public

Inspection
Employer identification number

				NS OF AMERICA				2	6-1971279
Pa	ırt I	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions	3.	
The 1 2 3 4	organ	ganization 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).) 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:							
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv). (C		,	•	, 0			
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that normal	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	e general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Part	: II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the i	name, city	, and state of t	he college	or
		university:							
10		An organization that normal activities related to its exemincome and unrelated busin See section 509(a)(2). (Con	npt functions, subject ness taxable income	t to certain exceptions; a	ınd (2) no	more than	33 1/3% of its	support f	rom gross investment
11		An organization organized a	and operated exclusi	vely to test for public saf	ety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functior	ns of, or to car	ry out the	purposes of one or
		more publicly supported org	ganizations describe	d in section 509(a)(1) o	r section (509(a)(2).	See section 5	09(a)(3). (Check the box on
		_lines 12a through 12d that o	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated, su	upervised, or controlled I	oy its supp	orted orga	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	s of the su	pporting
		organization. You must c	complete Part IV, Se	ections A and B.					
b	,	Type II. A supporting orga	anization supervised	or controlled in connect	ion with its	s supporte	ed organization	n(s), by hav	ring
		control or management of	f the supporting orga	anization vested in the sa	ıme perso	ns that co	ntrol or manag	e the supp	ported
	_	organization(s). You mus	t complete Part IV,	Sections A and C.					
С	;	Type III functionally inte	grated. A supporting	g organization operated i	n connect	ion with, a	and functionall	y integrate	ed with,
	_	its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.		
d	I L							-	
		that is not functionally into	•	• ,	•		•	an attentiv	/eness
	_	requirement (see instructi	·	-					
е	•						Type I, Type I	I, Type III	
_		functionally integrated, or		nally integrated supportir	ng organiz	ation.			
		er the number of supported o		-1					
g		vide the following information i) Name of supported	(ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other
		organization	.,	(described on lines 1-10	in your governi Yes	No No	support (see in	•	support (see instructions)
				above (see instructions))	100	140			

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2062269.	2063296.	3311010.	5773922.	12569860 .	25780357.
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	2062269.	2063296.	3311010.	5773922.	12569860.	25780357.
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)						6412631.
6	Public support. Subtract line 5 from line 4.						19367726.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	2062269.	2063296.	3311010.	5773922.	12569860.	25780357.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	28,042.	23,721.	13,317.	16,286.	4,067.	85,433.
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						25868107.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12 3	3,710,548.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	column (f))		14	7 4. 87 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	73.60 %
16a	33 1/3% support test - 2022. If the	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organia	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	ck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s
		<u> </u>					(Form 990) 2022

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	elow, please comp	Diete Fait II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1)	(12)	(5)====	(-7	(5) = 5 = 5	χ,
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	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.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(2) = 3 : 3	(2) 20:0	(0) = 0 = 0	(4) = 5 = 1	(0) = 0 = 0	(1)
	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 on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		. —
	check this box and stop here	- O 1 D -					
	ction C. Computation of Publi						
	Public support percentage for 2022 (I		•	column (f))		15	%
	Public support percentage from 2021 ction D. Computation of Inves					16	%
	•			: 10!···-· (f)		147	0/
	Investment income percentage for 20					17	%
	Investment income percentage from					18	% 7 is not
198	a 33 1/3% support tests - 2022. If the					-41	
k	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	=	-	•	• •		
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14 19	a or 10h check th	nis hox and see in	structions	

232023 12-09-22

Schedule A (Form 990) 2022

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
90		
9c		
10a		
10b	- 000\	

232024 12-09-22

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

	Acquisition indebtedness applicable to non-exempt-use assets		
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	
Sec	tion 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	Enter 0.85 of line 1. Minimum asset amount for prior year (from Section B, line 8, column A)	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	

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

Schedule A (Form 990) 2022

instructions).

emergency temporary reduction (see instructions).

7

Total annual distributions. Add lines 1 through 6.

(provide details in Part VI). See instructions.

8 Distributions to attentive supported organizations to which the organization is responsive

	provide details in Faire 11). See metrastione.			-	
9	Distributable amount for 2022 from Section C, line 6		9		
10	Line 8 amount divided by line 9 amount	10			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ıs	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
<u>i_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7:				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
<u>a</u>	Excess from 2018				
<u>b</u>	Excess from 2019				
<u>c</u>	Excess from 2020				
<u>d</u>	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

7

8

General 7 (10111 330) 2022 21 21 21 21 21 21 21 21 21 21 21 21 2
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, 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, line 1; Part IV, Section 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, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
OTHER INCOME
2018 AMOUNT: \$ 2,317.
SCHEDULE A
IN 2021, SVA'S BOARD APPROVED A PLAN TO CHANGE FROM A CALENDAR YEAR TO
A FISCAL YEAR FILER. AS A RESULT, THIS RETURN COVERS THE SHORT YEAR
BEGINNING JANUARY 1ST, 2022 AND ENDING MARCH 31ST, 2022.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

26-1971279

Name of the organization Employer identification number

STUDENT VETERANS OF AMERICA

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

STUDENT VETERANS OF AMERICA

Name of organization Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

26-1971279

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
		<u> </u>	
(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
			Schedule B (Form 990) (2022)

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)

Com

Political Campaign and Lobbying Activities

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

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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) organizations: Complete Part III.

Name of orga	enization	ions. Complete Part III.		1 =	mployer identification number
Mairie of Orga		VETERANS OF AME	DTCX		26-1971279
Part I-A		anization is exempt und		or is a section 527	
1 Provide2 Political	a description of the organiz	ation's direct and indirect politic	al campaign activities in	n Part IV.	\$
Part I-B	Complete if the org	anization is exempt und	er section 501(c)(3	3).	
	e amount of any excise tax	incurred by the organization und incurred by organization manage	der section 4955		
		n 4955 tax, did it file Form 4720			
	describe in Part IV.				
Part I-C	Complete if the org	anization is exempt und	er section 501(c),	except section 50	1(c)(3).
1 Enter th	e amount directly expended	by the filing organization for se	ction 527 exempt functi	ion activities	. \$
2 Enter th	e amount of the filing organ	ization's funds contributed to ot	her organizations for se	ction 527	
•					\$
		. Add lines 1 and 2. Enter here a			
		1120-POL for this year?			
made pa contribu	ayments. For each organiza	nployer identification number (El tion listed, enter the amount pai omptly and directly delivered to additional space is needed, prov	d from the filing organiz a separate political orga	ation's funds. Also ente inization, such as a sep	er the amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization funds. If none, enter	s contributions received and

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

Schedule C (Form 990) 2022

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Schedule C (Form 990) 2022			ERANS OF AM.		∠0-1	_9/12/9 Page 2
Part II-A Complete if the org	ganizatior	ı is exen	npt under sectior	1 501(c)(3) and file	d Form 5768 (ele	ection under
section 501(h)).				D + N/ + 600 + 1		
• •	_			Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and sha		, ,	. ,			
B Check if the filing organiz	ation checke	d box A ar	nd "limited control" pro	visions apply.		fr. 3. A const
	its on Lobby				(a) Filing organization's	(b) Affiliated group totals
(The term "expen	iaitures" me	ans amou	ints paid or incurred.)		totals	
1a Total lobbying expenditures to inf	luence public	c opinion (grassroots lobbying)			
b Total lobbying expenditures to inf	luence a legi	slative bod	ly (direct lobbying)			
c Total lobbying expenditures (add	lines 1a and	1b)				
d Other exempt purpose expenditure						
e Total exempt purpose expenditure	es (add lines	1c and 1d)			
f _Lobbying nontaxable amount. Ent	ter the amou	nt from the	e following table in both	n columns.		
If the amount on line 1e, column (a)	or (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,00	00,000	\$100,00	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,		\$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17		\$225,000 plus 5% of the excess over \$1,500,000.				
Over \$17,000,000		\$1,000,000.				
	•					
g Grassroots nontaxable amount (e	nter 25% of I	ine 1f)				
h Subtract line 1g from line 1a. If ze		,				
i Subtract line 1f from line 1c. If zer						
j If there is an amount other than ze	•					
reporting section 4911 tax for this			,			Yes No
	-		eraging Period Under			
(Some organizations			• •	, ,	f the five columns b	elow.
	See	the separa	ate instructions for lir	nes 2a through 2f.)		
	Lobby	ying Expe	nditures During 4-Yea	r Averaging Period		
Calendar year	(a) 2	010	(b) 2020	(c) 2021	(d) 2022	(e) Total
(or fiscal year beginning in)	(a) 2	013	(b) 2020	(6) 2021	(u) 2022	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
(123,121,111,121,111,111,111,111,111,111,						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						

Schedule C (Form 990) 2022

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(b)	
of the lobbying activity.	Yes	No	Amou	ınt
During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Notunteers?		X		
a Volunteers?b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х	- 23		
c Media advertisements?		Х		
d Mailings to members, legislators, or the public?		X		
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?		Х		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Х		1	,033.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i Other activities?		Х		
j Total. Add lines 1c through 1i			1	,033.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec	tion	
501(c)(6).				
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Part III-B Complete if the organization is exempt under section 501(c)(4), section		• •		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	'No" OR	(b) Part I	II-A, line (3, is
answered "Yes."				
Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	cal			
expenses for which the section 527(f) tax was paid).				
a Current year				
b Carryover from last year				
c Total				
		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
expenditures next year?		4		
5 Taxable amount of lobbying and political expenditures. See instructions Part IV Supplemental Information		5		
	liath. David II	A lines 4 s	-10/0	
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	iist), Part II-	A, ilities i ai	iu ∠ (See	
instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART II-B, LINE 1, LOBBYING ACTIVITIES:				
TAKI II D, DINE I, DODDIING ACIIVIIIED.				-
SVA STAFF PARTICIPATE IN CONGRESSIONAL HEARINGS AND SU	BMIT 1	TESTIM	ONY AT	
THE INVITATION OF VARIOUS LEGISLATIVE OFFICIALS. SVA S	TAFF A	ALSO		
PARTICIPATE IN EXECUTIVE-BRANCH EVENTS UPON REQUEST. N	O ADDI	TIONA	<u> </u>	
EXPENDITURES WERE MADE FOR LOBBYING. AS NOTED, STAFF T	'IME IS	S INVO	LVED	
WITH MEETING/HEARING PARTICIPATION.		Schedu	le C (Form 9	200) 2022 200) 2022

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

STUDENT VETERANS OF AMERICA

Employer identification number 26-1971279

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Donor advised failus	(b) i dilas ana otner accounts
1 2	Total number at end of year		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
Ū	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor of		
Par			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		2a
	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired a		
_	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	ctan and relations made develop to memoring, inspecting,	Thanking of Violations, and officially con-	oor valien easements daring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	3, 1 3,	3	3
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 95	· ·	
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furt	herance 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 tre		al gain, provide
	the following amounts required to be reported under FASB A		•
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	5 IUI FUIII 99U.	Schedule D (Form 990) 2022

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

3 Using the organization acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): a Public exhibition d Loan or exchange program b Scholarly research d Direction c Preservation for future generations c Preservation for future generations d Provide a description of the organization is collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicitor or receive donations of art, historical treasures, or other similar assets to be adolt or inside funds trained as part of the organization answered "Yes" on Form 900, Part IV, line 9, or reported an amount on Form 900, Part X, line 21. 1a Is the organization and Quistodial Arrangements. Complete if the organization answered "Yes" on Form 900, Part IV, line 9, or reported an amount on Form 900, Part X, line 21. 1a Is the organization and part, fustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. 1a Is the organization and part, fustee, custodial account liability Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 14 1 Destinations during the year 14 1 Destinations during the year 15 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII 2 Did the organization include an amount on Form 990, Part X, line 20, live years back (d) line years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) I we years back (d) line years back (e) Four years b			ollections of Art			asures. or	Other			(continu		.ge ~
a Public exhibition d Loan or exchange program b Scholarly research e Other C Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold for usine funds rather than to be maintained as part of the organization's collection? Yes No Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization and pent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c Individual Indi	_	•								COITUIL	ieu)	
a Public exhibition d Loan or exchange program b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they turther the organization's exempt purpose in Part XIII. 5 During the year, did the organization soloit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Ves No part IV Exorow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X. line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? It is a list the organization and intermedial account intermedial account intermedial account intermedial account tability? It is a list the organization include an amount on Form 990, Part X, line 21, for escrivo or custodial account tability? If ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrivo or custodial account tability? If ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrivo or custodial account tability? If a Beginning of year balance 3a Beginning of year balance 3a Beginning of year balance 3a Beginning of year balance 4b Contributions 5c Not Investment earnings, gains, and losses 5d Grants or scholarships 6d Other expenditures for facilities 6d Ordans or scholarships 6d Ordans or scholarships 7d Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 8a Beard designated or quasi-endrowment 96 8a Beard designated or quasi-endrowment 96 97 The percentages on lines 2a, 2b, and 2c should equal 10096. 8a Are there endowment funds not in the possession of the organization has a required on Schedule R? 1 Description of property 1 Description of property 1 Description of property 1 D	3		on, and other records	s, crieck	arry or tire i	ollowing triat	make si	grillicarit	ase or its			
b Scholarly research e Other Description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.	_		d		l oan or ovo	hango progra	ım					
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization is collection? Yes												
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part XII Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XX line 21. 1b Is the organization and part, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XX line 21. 1c Beginning balance 1d Additions during the year 1 Ending balance 2 Did the organization during the year 1 Ending balance 2 Did the organization for the organization answered "Yes" on Form 990, Part XI line 21, for escrow or custodial account liability? 1a Beginning of year balance 1b Contributions 1c Net investment earnings, gains, and losses 1d Current year 1d (a) Current year 1d (b) Prior year 1d (b) Prior years (b) Prior years (b) Prior year 1d (b) Prior years back (d) Times years back (e) Four years back 1d Grants or scholarships 1d Current year on the organization that are held and administered for the organization by: 1d Administrative expenses 2d End of year balance 1d Administrative expenses 2d End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 2 Board designated or quasi-endowment 96 Term endowment 96 Term endowment 96 Term endowment 96 Term endowment 97 Term endowment 98 Term Part XIII in the related organization is inted as required on Schedule P? 1 Description of property 1a Land 1b Buildings 1a			e	· L ·	Oti 16i							—
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported any amount on Form 990, Part IV, line 9, or reported any amount on Form 990, Part IV, line 9, or reported any amount on Form 990, Part IV, line 9, or reported any form of the part IV, line 9, or reported any form of the part IV, line 9, or reported any form of the part IV, line 9, or reported any form of the part IV, line 9, or reported any form of the part IV, line 9, or reported on Form 990, Part IV, line 10, and 11 the part IV, line 10, and 11 the part IV, line 10, and 11 the part IV, line 11 the part IV, line 11 the part IV, line 12, for escrow or custodial account liability?			Mostions and synlain	how th	ov further th	o organizatio	n'a ayan	ant nurna	oo in Dort	VIII		
to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Tall is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Tall is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21 the following table:									se iii Fait	AIII.		
Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Vee	3									7 v.s		Na
reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Par											NO
Tall Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves				ste ii tile	Organizatio	ii aiisweieu	165 011	roiiii 990	, raitiv,	ii le 9, Oi		
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Amount Amount	12			iany for c	ontributions	s or other ass	ets not i	ncluded				
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance	ıu									Vac		No
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Distributions during the year f Ending balance 3 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	h									_ 103	ш	140
c Beginning balance d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If "Yes" explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (f) Two years	b	in res, explain the arrangement in rait Am	and complete the for	lowing to	abie.					Amount		
d Additions during the year Distributions during the year 1d 1e 1f 1e 1f	_	Reginning halance						10				
e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (for the prior year shappens back) [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (for the prior year shappens back) [a] Current year (b) Prior year (c) Two years back (for the prior years back) [a] Beginning of year balance [b] Contributions [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (for the years back) [a] Beginning of year balance [b] Contributions [c] Other expenditures for facilities [a] Grants or scholarships [b] Cher expenditures for facilities [a] Grants or scholarships [b] Other expenditures for facilities [a] Grants or scholarships [b] Cher expenditures for facilities [a] Grants or scholarships [b] Other expenditures for facilities [a] Grants or scholarships [b] Other expenditures for facilities [a] Grants or scholarships [b] Other expenditures for facilities [a] Grants or scholarships [b] Other expenditures for facilities [c] Administrative expenses [c] End of year balance [c] Other expenditures for facilities [c]												
f Ending balance												
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IX, line 10. Contributions	_											
Describe in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.										Vec		No
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three		_						•		_	H	140
a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships c Other expenditures for facilities and programs d Grants or scholarships d Grants												
1a Beginning of year balance		Complete							ears back	(e) Four	ears b	ack
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	10	Reginning of year halance	,	(2):	,	(0)) 64	5 54511	(-,	ouro suom	(0) . 0	, 00. 0 2	
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment												
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment												
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment												
and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment												
g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	-											
g End of year balance	£											
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment												
a Board designated or quasi-endowment				lino 10	oolumn (a)) hold oo:						
b Permanent endowment			•	•	i, coluitiit (a)	ij rielu as.						
c Term endowment												
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements 4 Equipment 265,932. 194,525. 71,407. d Equipment 256,001. 199,800. 56,201. e Other												
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements 4 Equipment 265,932. 194,525. 71,407. d Equipment 283,193. 128,896. 154,297.	C		* =									
Ves No Sa(i) Unrelated organizations Sa(i) Selated organizations Sa(ii) Selated organizations Sa(ii) Selated organizations Sa(ii) Selated organizations Sa(ii) Selated organizations Selective of the related organization's endowment funds. Selective in Part XIII the intended uses of the organization's endowment funds. Selective in Part XIII the intended uses of the organization's endowment funds. Selective in Part X, line 10. Selective in Part X, line 10. Selective if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Selective in Part X, line 10.	2-	, ,	•	tion that	e ara bald an	ad administar	ad far th	_				
(i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements 265,932. 194,525. 71,407. d Equipment 256,001. 199,800. 56,201. e Other 283,193. 128,896. 154,297.	Sa	·	ssion of the organiza	llion mai	are neid ar	ia administen	ea for th	е		Г	/as	No
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment 265,932. 194,525. 71,407. d Equipment 256,001. 199,800. 56,201. e Other 283,193. 128,896. 154,297.												-
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other Observed the related organizations listed as required on Schedule R? (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 265,932 194,525 71,407 depreciation 265,932 194,525 71,407 depuipment 256,001 199,800 56,201 depuipment 283,193 128,896 154,297											-+	
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other 283,193. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1 265,932. 194,525. 71,407. 283,193. 128,896.	h	If "Voc" on line 20(ii) are the related organize	tions listed as requir		hodulo D2						-+	
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land Description of property (a) Book value b Buildings Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation c Leasehold improvements 265,932 194,525 71,407 71,407 71,407 71,407 72,407 73,407 74,207 75,201	4									3D		—
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation	Par	t VI I and Ruildings and Fourinm	ent	wment it	unus.							—
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation				Part IV	line 11a S	ee Form 990	Part X	line 10				
basis (investment) basis (other) depreciation 1a Land 265,932. 194,525. 71,407. b Buildings 265,932. 194,525. 71,407. d Equipment 256,001. 199,800. 56,201. e Other 283,193. 128,896. 154,297.		· · · · · · · · · · · · · · · · · · ·								(d) Daale		
1a Land b Buildings c Leasehold improvements 265,932. 194,525. 71,407. d Equipment 256,001. 199,800. 56,201. e Other 283,193. 128,896. 154,297.		Description of property	1 , , , , , ,							(a) Book	value	
b Buildings c Leasehold improvements 265,932. 194,525. 71,407. d Equipment 256,001. 199,800. 56,201. e Other 283,193. 128,896. 154,297.		Land	,	norry	Dasis	(otrici)	uel	J. COIALIOIT				
c Leasehold improvements 265,932. 194,525. 71,407. d Equipment 256,001. 199,800. 56,201. e Other 283,193. 128,896. 154,297.												
d Equipment 256,001. 199,800. 56,201. e Other 283,193. 128,896. 154,297.					26	5 932	1	19/1 5	25	71	<i>/</i> 1 ∩	7
e Other 283,193. 128,896. 154,297.										<u>, , , , , , , , , , , , , , , , , , , </u>	<u>, ± U</u>	1
				V				L	-			

Schedule D (Form 990) 2022

	KANS OF AMER	1CA 26	-19/12/9 Page 3
Part VII Investments - Other Securities. Complete if the organization answered "Yes" o	n Form 000 Port IV line	11b Coo Form 000 Dort V line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
(4) =:	(b) Book value	(c) Welfied of Valuation. Cost of Cite	Tor year market value
(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" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(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" of	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			104 717
(2) DEFERRED RENT			184,717.
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
<u>(8)</u> (9)			
	25 \		184,717.
Total. (Column (b) must equal Form 990, Part X, col. (B) line	∠ɔ.)		10-1/11/0

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

Schedule D (Form 990) 2022

	dule D (Form 990) 202					1971279 Page
Par	t XI Reconcilia	ition of Revenue per Audited Fina	ancial Statements	With Revenue per Re	turn.	
	Complete if the	ne organization answered "Yes" on Form 99	90, Part IV, line 12a.			
1	Total revenue, gains,	and other support per audited financial sta	atements		1	12,989,345
2	Amounts included or	n line 1 but not on Form 990, Part VIII, line	12:	1		
	-	(losses) on investments		2a		
b	Donated services and	d use of facilities		2b		
С	Recoveries of prior ye	ear grants		2c		
d	Other (Describe in Pa	art XIII.)		2d		_
е	Add lines 2a through	2d			2e	0 (
3	Subtract line 2e from	n line 1			3	12,989,345
4	Amounts included or	n Form 990, Part VIII, line 12, but not on line	e 1:	1		
а	Investment expenses	s not included on Form 990, Part VIII, line 7	'b	4a		
b	Other (Describe in Pa	art XIII.)		4b -54.		
С	Add lines 4a and 4b				4c	-54
5	Total revenue. Add lin	nes 3 and 4c. (This must equal Form 990. I	Part I, line 12.)		5	12,989,291
Par	t XII Reconcilia	tion of Expenses per Audited Fir	nancial Statement	s With Expenses per l	Retur	n.
	Complete if th	ne organization answered "Yes" on Form 99	90, Part IV, line 12a.			
1	Total expenses and le	osses per audited financial statements			1	1,841,931
2	Amounts included or	n line 1 but not on Form 990, Part IX, line 2	5:	i		
а	Donated services and	d use of facilities		2a		
b	Prior year adjustmen	ts		2b		
С	Other losses			2c		
		art XIII.)		2d 54.		
е	Add lines 2a through	ı 2d			2e	54.
		n line 1			3	1,841,877
		n Form 990, Part IX, line 25, but not on line				
а	Investment expenses	s not included on Form 990, Part VIII, line 7	'bL	4a		
b	Other (Describe in Pa	art XIII.)		4b		
	Add lines 4a and 4b				4c	0.
5	Total expenses. Add	lines 3 and 4c. (This must equal Form 990	. Part I. line 18.)		5	1,841,877
Par	t XIII Suppleme	ntal Information.				
Provid	de the descriptions re	quired for Part II, lines 3, 5, and 9; Part III,	lines 1a and 4; Part IV, I	ines 1b and 2b; Part V, line	1; Part	X, line 2; Part XI,
		(II, lines 2d and 4b. Also complete this part				, ,
	,					
PAR	T X, LINE 2	2:				
SVA	EVALUATED	ITS UNCERTAINTY IN IN	ICOME TAXES I	FOR THE TAX YEA	R E	NDED MARCH
31,	2022, AND	DETERMINED THAT THERE	WERE NO MAT	TTERS THAT WOUL	D R	EQUIRE
REC	OGNITION IN	N THE FINANCIAL STATEM	MENTS OR THAT	MAY HAVE ANY	EFF	ECT ON ITS
TAX	-EXEMPT STA	ATUS.				
<u>PA</u> R	T XI, LINE	4B - OTHER ADJUSTMENT	:::			
<u>cos</u>	T OF GOODS	SOLD				-54.

Schedule D (Form 990) 2022

54.

COST OF GOODS SOLD

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2022	STUDENT	VETERANS	OF	AMERICA	26-1971279	Page 5
Schedule D (Form 990) 2022 Part XIII Supplemental Information	mation (contin	uod)				
	(COITIII	ided)				
				<u> </u>		
-						

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.

2022Open to Public

Inspection

OMB No. 1545-0047

Employer identification number Name of the organization 26-1971279 STUDENT VETERANS OF AMERICA Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990. Part IV. line 21. for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) STUDENT VETERANS OF AMERICA ILLINOIS - 0N658 WINFIELD SCOTT DRIVE - WINFIELD, IL 60190 47-3850313 0 PROGRAM SUPPORT 7,554. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

(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
art IV Supplemental Information. Provide the information	n required in Part I, line	e 2; Part III, columi	 າ (b); and any other ad	ditional information.	
RT I, LINE 2:					
A MAKES GRANT DISBURSEMENTS VI	A REIMBURSE	MENT BY R	EQUIRING TH	AT ANY	
QUEST FOR FUNDS BE ACCOMPANIED	BY CORRESP	ONDING IN	VOICES AND	RECEIPTS,	
US ENSURING THAT THE GRANT FAL					

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

STUDENT VETERANS OF AMERICA

Employer identification number 26-1971279

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: NOTABLE SPEAKERS IN 2022 INCLUDED SECRETARY OF VETERANS AFFAIRS, DENIS MCDONOUGH , AND PAST SPEAKERS INCLUDE PRESIDENT GEORGE W. BUSH, FIRST (THEN) VICE PRESIDENT JOE BIDEN, VA SECRETARY BOB LADY DR. JILL BIDEN, MCDONALD, AND MANY OTHERS. EACH NATCON FEATURES GROUNDBREAKING KEYNOTES AND BREAKOUT SESSION S IN ALL AREAS OF ACADEMIC AND PROFESSIONAL DEVELOPMENT INCLUDING THE LATEST RESEARCH FINDINGS ON STUDENT VETERAN 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: CREATION AND IMPLEMENTATION OF A STRATEGIC PLAN TO HELP CHAPTERS FOCUS 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:

TO THE FEDERAL LEVEL ENABLING PROACTIVE POLICY AND ADMINISTRATIVE

CHANGES THAT BENEFIT STUDENT VETERANS AND THE OVERALL VETERAN

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

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

COMMUNITY.

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

PROGRAMMATIC COMMUNICATIONS AND MARKETING

EXPENSES \$ 248,528. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 8B:

NO COMMITTEE CAN ACT ON BEHALF OF THE GOVERNING BODY.

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

THE FEDERAL FORM 990 IS PREPARED BY OUR EXTERNAL PUBLIC ACCOUNTING FIRM,

MARCUM LLP. ONCE THE DRAFT FEDERAL FORM 990 IS COMPLETED, IT IS SUBMITTED

TO SVA'S PRESIDENT AND CEO FOR REVIEW. AFTER THE PRESIDENT AND CEO REVIEWS

THE DRAFT, IT IS 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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page **2**

Name of the organization STUDENT VETERANS OF AMERICA

Employer identification number 26-1971279

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

INTERVIEWED BASED ON CAREER EXPERIENCE AND EDUCATIONAL QUALIFICATIONS

INDICATED BY RESUMES AND COVER LETTERS. THE PRESIDENT AND CEO AND HUMAN

RESOURCES LEADERSHIP MEET TO DISCUSS THE SALARY FOR EACH POSITION PRIOR TO

RECRUITING WHERE BENCHMARKS ARE DISCUSSED AND INTERNAL EQUITY IS

CONSIDERED. SALARIES ARE BASED ON A COMPARISON OF LOCAL COSTS OF LIVING,

AVERAGE RATES OF COMPENSATION FOR SIMILAR POSITIONS, AND INTERNAL 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 MANAGED BY THE BOARD

OF DIRECTORS.

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

SVA'S FEDERAL FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON

SVA'S WEBSITE. BYLAWS, CONFLICT OF INTEREST POLICY, AND OTHER GOVERNING

DOCUMENTS ARE AVAILABLE BY REQUEST VIA A "CONTACT US" LINK ON SVA'S

WEBSITE.

PART VII, LINE 1A

ALTHOUGH THE CEO WAS COMPENSATED DURING THE SHORT YEAR, PER IRS

INSTRUCTIONS SVA IS NOT REPORTING HIS CALENDAR YEAR COMPENSATION IN

PART VII, SINCE SVA'S SHORT YEAR DOES NOT END WITH OR WITHIN A CALENDAR

YEAR. SHORT YEAR COMPENSATION RECEIVED BY SVA'S OFFICERS IS REPORTED ON

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

Schedule O (Form 990) 2022	Page 2
Name of the organization STUDENT VETERANS OF AMERICA	Employer identification number 26-1971279
PART IX, LINE 5.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
AUDIO AND VISUAL SERVICES:	
PROGRAM SERVICE EXPENSES	159,292.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	159,292.
CONSULTING FEES:	
PROGRAM SERVICE EXPENSES	109,027.
MANAGEMENT AND GENERAL EXPENSES	3,000.
FUNDRAISING EXPENSES	9,991.
TOTAL EXPENSES	122,018.
PAYROLL SERVICES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	13,980.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	13,980.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	295,290.