PUBLIC DISCLOSURE COPY

Form **9**

** 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.

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

OMB No. 1545-0047 J Open to Public Inspection

Department of the Treasury Internal Revenue Service			G		-	or instructions and	-	•		Open to Public Inspection
-			ar year, or tax y	ear beginning) APR 1, 20	23 an	d ending M	AR 31, 2024		
	heck if pplicable		forganization					D Employer ider	ntificati	on number
X	Addres	ss STUDEN	T VETERANS O	F AMERICA						
	Name change		usiness as					26-19712	79	
	Initial			O. box if mail is	not delivered to st	reet address)	Room/suite	E Telephone nun	nber	
	Final return/		TH ST NW			,	320	(202)223-		
	termin- ated	-	own, state or pro	vince, country	y, and ZIP or fore	ign postal code		G Gross receipts \$		3,719,636.
	Ameno	ded WASHIN	IGTON, DC 20	005	-	-		H(a) Is this a grou	ip returi	n
	Application	F Name a	nd address of pri	for subordina	ates?	Yes X No				
pending SAME AS C ABOVE H(b) Are all subordinates included										
<u> 1</u>	ax-exe	empt status: [<u>X 501(c)(3)</u>	501(c) () (insert	no.) 4947(a)(1) or 📃 527	If "No," attac	h a list.	. See instructions
J١	Vebsit	te: WWW.ST	UDENTVETERAN	S.ORG				H(c) Group exem		umber
		·	X Corporation	Trust	Association	Other	L Year	of formation: 2008	M St	tate of legal domicile: MI
Pa	art I	Summary								
ø								NS WITH RESOURC	ES,	
anc.		SUPPORT, AL				UCATION AND BE				
Governance		Check this bo		-			osed of more	than 25% of its net	assets	
Š			•	v v	body (Part VI, lin	,			3	11
						dy (Part VI, line 1b)			4	10
5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a								33		
tivit									6	3282
Act					VIII, column (C), li				7a	0.
	d	Net unrelated	business taxable	income from	Form 990-1, Par	t I, line 11		Prior Year	7b	 Current Year
									6	2,782,423.
ne			•					2,081,28		837,438.
Revenue			ce revenue (Part					11,99		64,149.
Re						and 11e)		19,03		35,626.
						olumn (A), line 12)		3,262,57	_	3,719,636.
						3)		150,33		164,500.
			to or for member		(A) [,	0.	0.
	45	-				umn (A), lines 5-10)		2,350,83	1.	2,848,160.
Expenses	16a								0.	0.
per	b		ing expenses (Pa				,224.			
ы	17							3,737,86	3.	5,217,654.
						(A), line 25)		6,239,02	:8.	8,230,314.
								-2,976,45	4.	-4,510,678.
or							Be	ginning of Current Ye	ar	End of Year
Net Assets or Fund Balances	20	Total assets (F	²art X, line 16)					13,439,75	4.	8,799,987.
t As:	21	Total liabilities	(Part X, line 26)					450,24	_	321,156.
				ubtract line 2	1 from line 20			12,989,50	9.	8,478,831.
	art II	Signature								
									f my kno	owledge and belief, it is
true,	correc	t, and complete.	. Declaration of pre	parer (other tha	n officer) is based	on all information of v	vhich preparer	has any knowledge.		

Sign	Signature of off	icer		Date								
Here	JARED S. LY	JARED S. LYON, PRESIDENT & CEO										
	Type or print na	me and title										
	Print/Type prepa	arer's name	Preparer's signature		Date	CI	heck	PTIN				
Paid	SUE ROBISON		SUE ROBISON		02/13/25	5 I ^{II} SE	elf-employed	P00560072				
Preparer	Firm's name	RSM US LLP				Firm's E	IN 42-	0714325				
Use Only	Firm's address	920 5TH AVENUE, SUITE 280	0									
SEATTLE, WA 98104 Phone no. 206-24								31-4444				
May the I	RS discuss this	return with the preparer shown abo	ve? See instructions					X Yes	No			
LHA For	Paperwork Re	duction Act Notice, see the separ	ate instructions.	332001 12-21-23				Form 99	0 (2023)			

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2023)

Form	1990 (2023) STUDENT VETERANS OF AMERICA	26-1971279	Page 2
	rt III Statement of Program Service Accomplishments		r uge =
	Check if Schedule O contains a response or note to any line in this Part III		X
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?		Yes 🗴 No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	easured by expen	ses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		
	revenue, if any, for each program service reported.	,	-,
4a	(Code:) (Expenses \$3,888,776. including grants of \$164,500.) (Revenue	\$	0.)
	PROGRAMS AND CHAPTER SERVICES		,
	STUDENT VETERANS OF AMERICA SUPPORTS A NETWORK OF OVER 1,600 CHAPTERS		
	NATIONWIDE, IMPACTING THE LIVES OF MORE THAN 750,000 STUDENTS VETERANS		
	EACH YEAR. THESE STUDENT-LED CHAPTERS PROVIDE A VITAL SENSE OF		
	COMMUNITY AND PEER-TO-PEER SUPPORT THAT FOSTERS ACADEMIC SUCCESS		
	LEADERSHIP DEVELOPMENT, AND PERSONAL GROWTH. TO EMPOWER THESE CHAPTERS,		
	SVA OFFERS ROBUST PROGRAMMING AT THE LOCAL, REGIONAL, AND NATIONAL		
	LEVELS. LOCALLY, CHAPTERS RECEIVE TAILORED GUIDANCE THROUGH		
	CONSULTATION SESSIONS TO HELP DEVELOP STRATEGIC PLANS AND IMPLEMENT		
	BEST PRACTICES THAT MEET THE UNIQUE NEEDS OF THEIR CAMPUS COMMUNITIES.		
	THESE EFFORTS EMPOWER CHAPTERS TO BUILD VIBRANT, ENGAGED GROUPS THAT		
	FOSTER A SENSE OF BELONGING AND FACILITATE ACADEMIC AND PROFESSIONAL		
416		•	581,529.)
4b	(Code:) (Expenses \$2,202,720. including grants of \$) (Revenue SVA NATIONAL CONFERENCE (NATCON)	\$	<u> </u>
	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 STUDENT VETERANS,		
	MILITARY-CONNECTED STUDENTS, FAMILY MEMBERS, CAREGIVERS, AND SURVISORS		
	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 NATCON TO LEARN HOW TO MANAGE SOME OF THE MOST		
	SUCCESSFUL STUDENT ORGANIZATIONS IN THE COUNTRY, AND TO NETWORK WITH		
	THEIR PEERS AS TOMORROW'S LEADERS. NOTABLE SPEAKERS IN FISCAL YEAR 2024		
4c)
	LEADERSHIP INSTITUTE		
	THE SVA LEADERSHIP INSTITUTE IS AN IMMERSIVE LEADERSHIP DEVELOPMENT		
	PROGRAM DESIGNED TO EMPOWER THE NEXT GENERATION OF CHANGEMAKERS. THIS		
	PROGRAM BRINGS TOGETHER THE TOP 1% OF CHAPTER LEADERS THROUGH A		
	COMPETITIVE APPLICATION PROCESS FOR INTENSIVE TRAINING THAT EMPHASIZES		
	PERSONAL GROWTH, STRATEGIC THINKING, AND TEAM LEADERSHIP. FACILITATED		
	BY EXPERIENCED MENTORS, MANY OF WHOM ARE SVA ALUMNI, THE LEADERSHIP		
	INSTITUTE PROVIDES PARTICIPANTS WITH PRACTICAL TOOLS AND INSIGHTS TO		
	STRENGTHEN THEIR CHAPTERS AND ENGAGE THEIR CAMPUS COMMUNITIES.		
	ATTENDEES EXPLORE THEIR LEADERSHIP STYLES, LEARN TO NAVIGATE		
	CHALLENGES, AND DEVELOP STRATEGIES TO IMPLEMENT MEANINGFUL INITIATIVES.		
	GRADUATES OF THE LEADERSHIP INSTITUTE RETURN TO THEIR CAMPUSES EQUIPPED		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 6,681,742.		

Form	990 (2023) STUDENT VETERANS OF AMERICA 26-19712	79	Р	age 3
Pa	t 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes." <i>complete</i>			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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,			
u	Part VI	11a	х	
h	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
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			
u		11d		x
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	x	
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	х	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
IZd		120	x	
L	Schedule D, Parts XI and XII	12a		
a		104		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		A
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			v
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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	1-		
	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			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u></u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		Х

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Pa	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	<u> </u>				
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current							
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete							
	Schedule J	23	Х	<u> </u>				
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the							
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete							
	Schedule K. If "No," go to line 25a	24a		X				
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>				
с	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease							
h	any tax-exempt bonds?	24c 24d						
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u>24u</u>		<u> </u>				
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x				
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254						
D D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete							
	Schedule L, Part I	25b		x				
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current							
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%							
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x				
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,							
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled							
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III							
28								
	instructions for applicable filing thresholds, conditions, and exceptions):							
а	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If							
	"Yes," complete Schedule L, Part IV	28a		X				
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X				
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If							
	"Yes," complete Schedule L, Part IV	28c		X				
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation							
	contributions? If "Yes," complete Schedule M	30		X				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete							
~~	Schedule N, Part II	32		X				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x				
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33						
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x				
35 2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x				
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	004						
D D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b						
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?							
	If "Yes," complete Schedule R, Part V, line 2							
37								
	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?		[
	Note: All Form 990 filers are required to complete Schedule O	38	х					
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance							
	Check if Schedule O contains a response or note to any line in this Part V		<u></u>					
			Yes	No				
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a1	_						
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	<u>ן</u>						

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 33			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	-		
-	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a h	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			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter:			
11				
	Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against 1			
b				
1 2 a	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	100		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
-	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	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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Pa	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	a "No" r	respor	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a1	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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b1	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			x
	more members of the governing body?	7a		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	76		x
•	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0.0	x	
a L	The governing body?	8a		x
ь 9	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		
	(This Section & requests information about policies not required by the internal Revenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
		12b	х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b		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 arrangement with a			
	taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	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 Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finano	cial	
~-	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JARED S. LYON - (202)223-4710 655 15TH ST NW, 320, WASHINGTON, DC 20005			

Form 990 (2023)	STUDENT VETERANS OF AMERICA	26-1971279 Page 7
Part VII Compens	sation of Officers, Directors, Trustees, Key Employees,	Highest Compensated
Employee	es, and Independent Contractors	
Check if Sch	nedule O contains a response or note to any line in this Part VII	
Section A. Officers, D	irectors, Trustees, Key Employees, and Highest Compensated Empl	oyees
1a Complete this table f	for all persons required to be listed. Report compensation for the calenda	ar year ending with or within the organization's tax year.
0	nization's current officers, directors, trustees (whether individuals or org	anizations), 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.

• 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.

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

(A)	(B)	(C) Position						(D)	(E)	(F)
Name and title	Average hours per	box	not c , unle:	heck ss pe	more rson i	than o s both r/trus	n an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated		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	50.00									
PRESIDENT AND CEO		Х		х				288,939.	0.	12,299.
(2) ANTHONY PAOLINO	50.00									
CHIEF OPERATIONS OFFICER						X		179,848.	0.	12,833.
(3) ABRA KINCH	50.00									
VP OF PROG & CHAPTER SVCS						X		156,349.	0.	13,397.
(4) VANESSA RYAN	50.00									
VP OF PROGRAMS AND CHAPTER SERVICES						X		130,000.	0.	4,037.
(5) TAMMY BARLET VP OF GOVERNMENT AFFAIRS	50.00					x		114 077	0.	3 063
(6) LESLIE DESLIS	50.00							114,877.	0.	3,962.
VP OF DEVELOPMENT	50.00					x		105,591.	0.	<i>C</i> 09F
(7) J. FORD HUFFMAN	10.00							105,591.	0.	6,085.
CHAIR	10.00	x		x				0.	0.	0
(8) SCOTT BLACKBURN	10.00	~		^				0.	0.	0.
VICE CHAIR		х		x				٥.	0.	0.
(9) JOSEPH SAUTTER	10.00									
TREASURER		х		x				0.	0.	0.
(10) PHILOMENA MANTELLA	10.00									
SECRETARY		х		x				0.	0.	0.
(11) JOHN EDELMAN	5.00									
BOARD MEMBER		х						0.	0.	0.
(12) VIVIAN GREENTREE	5.00									
BOARD MEMBER		х						٥.	٥.	0.
(13) JOSHUA JONES	5.00									
BOARD MEMBER		х						٥.	0.	0.
(14) LISA MCCOY	5.00									
BOARD MEMBER		х						٥.	0.	0.
(15) MARY REDING	5.00									
BOARD MEMBER		х						0.	0.	0.
(16) ALLEXIS SMITH	5.00									
BOARD MEMBER		X						0.	0.	0.

Form 990 (2023) STUDENT VETE										71279)	P	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,			ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box,	(C) Position (do not check more than on box, unless person is both a officer and a director/truster				n an	(D) Reportable compensation from	(E) Reportable compensatio from related	tion ted		(F) stimate nount other	
	(list any hours for related organizations below line)	ndividual trustee or director	nstitutional trustee	Officer	key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MK 1099-NEC)	SC/	fr org and	pensa om th anizat d relat anizati	e ion ed
		<u></u>	LI.	0	¥	Ξē	Ŀ						
1b Subtotal								975,604.		0.		52,	613.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A							0. 975,604.		0.			0. 613.
 2 Total number of individuals (including but n compensation from the organization 								eceived more than \$100,	000 of reportable	e			6
3 Did the organization list any former officer,	director, truste	ee, k	ey e	empl	oye	e, or	hig	hest compensated emp	loyee on	ſ		Yes	No
line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s 4 For any individual listed on line 1a, is the su	um of reportable	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		3		X
and related organizations greater than \$1505 Did any person listed on line 1a receive or a	accrue compen	satio	on fr	om	any	unre	elate	ed organization or individ	dual for services		4	X	
rendered to the organization? <i>If</i> "Yes," con Section B. Independent Contractors	plete Schedule	e J fo	or su	ich i	oers	on .					5		X
1 Complete this table for your five highest co										oensat	ion fro	om	
the organization. Report compensation for (A) Name and business		<u>ear e</u>	nan	<u>ig w</u>		or wi		(B) Description of s		Co	(C ompe	;) nsatio	n
THE BRIDGESPAN GROUP, INC, 2 COPLEY	PLACE,												
SUITE 3700B, BOSTON, MA 02116 DIESEL JACK MEDIA, 1506 E FRANKLIN S	T STE							STRATEGY CONSULTAN	T			480,	000.
102 SUITE 102, CHAPEL HILL, NC 27514								CREATIVE SERVICES				256,	783.
RSM US LLP 5155 PAYSPHERE CIRCLE, CHICAGO, IL 6	0674							ACCOUNTING AND IT SERVICES	CONSULTING			232.	547.
CONFERENCE INCORPORATED CORPORATE EVENT MANAGEMENT												<u> </u>	
11709 BOWMAN GREEN DRIVE, RESTON, V MARCUM, LLP, 750 THIRD AVENUE 11TH F								SERVICES				165,	580.
NEW YORK, NY 10017	,						į	ACCOUNTING SERVICE	S			129,	250.
2 Total number of independent contractors (i \$100.000 of compensation from the organi	•	ot lin	nitec	d to i		se lis 5	ted	above) who received mo	ore than				

\$100,000 of compensation from the organization

						ANS OF	AMERICA			26-197127	9 Page 9
Pa	rt V	(111	Statement of Re	even	nue						
			Check if Schedule O	conta	ains a re	sponse	or note to any line	e in this Part VIII			
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1	а	Federated campaigns			1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues			1b					
Ū.			Fundraising events			1c					
iifts ar A			Related organizations			1d					
s, G milå			Government grants (conti			1e					
ion		f	All other contributions, gifts,	gran	ts, and						
but			similar amounts not included	d abov	ve	1f	2,782,423.				
d Dri		g	Noncash contributions included in	lines [·]	1a-1f	1g \$					
aSu		h	Total. Add lines 1a-1f					2,782,423.			
							Business Code				
e	2	а	CONFERENCE FEES				900099	837,438.	581,529.		255,909.
ervi		b									
Program Service Revenue		С									
lran Sev		d									
rog		е									
₽.			All other program service					837,438.			
		g	Total. Add lines 2a-2f					037,430.			
	3		Investment income (inclue					64,149.			64,149.
	4							01,119.			
	4 Income from investment of tax-exempt bond proc5 Royalties			r i i i i i i i i i i i i i i i i i i i							
	5		noyallies	<u></u>	(i)	Real	(ii) Personal				
	6	~	Gross rents	6a	<u> </u>	loui					
			Less: rental expenses	6b							
		c Rental income or (loss) 6c									
			Net rental income or (loss)	-			-				
			Gross amount from sales of	" 		curities	(ii) Other				
	'	a	assets other than inventory	7a			() C				
		h	Less: cost or other basis	74							
Ð		~	and sales expenses	7b							
evenue		с	Gain or (loss)								
Rev			Net gain or (loss)								
erF			Gross income from fundraisi								
Other	-		including \$	-							
•			contributions reported on								
			Part IV, line 18		·						
		b	Less: direct expenses								
		с	Net income or (loss) from	fund	draising	event <u>s</u>					
	9	а	Gross income from gamir	ng ac	tivities.	See					
			Part IV, line 19			9a					
			Less: direct expenses								
		с	Net income or (loss) from	gam	ing activ	/ities					
	10	а	Gross sales of inventory,								
			and allowances								
			Less: cost of goods sold								
		С	Net income or (loss) from	sale	s of inve	ntory .					
S			NT CODI I NUDOUC				Business Code	10.022			10.020
Miscellaneous Revenue	11		MISCELLANEOUS				900099 900099	19,930.			19,930.
llan (enu		~	SUBLEASE INCOME				500033	15,696.			15,696.
sce Bev		с С									
Ξ			All other revenue					35,626.			
	12		Total. Add lines 11a-11d Total revenue. See instruction					3,719,636.		0.	355,684.
	14			0113				-,,000.			,

STUDENT VETERANS OF AMERICA Form 990 (2023)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

0000	Charle if Schedule O contains a recorder		his Dart IV		X
	Check if Schedule O contains a respons	(A)	(B)	(C)	
	for include amounts reported on lines ob,	Total expenses	Program service	Management and	Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	500	500		
	and domestic governments. See Part IV, line 21	500.	500.		
2	Grants and other assistance to domestic	154 000			
	individuals. See Part IV, line 22	164,000.	164,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	311,584.	215,497.	64,563.	31,524.
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	2,154,917.	1,490,377.	446,518.	218,022.
8	Pension plan accruals and contributions (include	-	-		· · · ·
-	section 401(k) and 403(b) employer contributions)	54,668.	37,809.	11,328.	5,531.
9	Other employee benefits	127,347.	88,075.	26,388.	12,884.
10	Payroll taxes	199,644.	138,077.	41,368.	20,199.
11	Fees for services (nonemployees):			,	_ ,
	Management				
		1,560.		1,560.	
		189,991.	132,478.	38,133.	19,380.
	Accounting	2,212.	152,470.		2,212.
	Lobbying	2,212.			2,212.
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	1,886,767.	1,556,426.	198,446.	131,895.
12	Advertising and promotion	167,923.	137,172.		30,751.
13	Office expenses	120,737.	107,463.	8,905.	4,369.
14	Information technology	771,072.	689,858.	52,651.	28,563.
15	Royalties				
16	Occupancy	224,460.	155,254.	46,501.	22,705.
17	Travel	377,449.	347,180.		30,269.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,285,920.	1,280,476.	1,843.	3,601.
20	Interest			· · · ·	·
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	96,295.	66,605.	19,949.	9,741.
22		2,712.		2,712.	, · ··
23 24	Other expenses. Itemize expenses not covered	-,•		-, ·•	
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
-	amount, list line 24e expenses on Schedule 0.)	56,085.	47,362.	741.	7,982.
a	AWARDS & SPONSORSHIPS	,		4,646.	
b		32,049.	25,133.	, , , , , , , , , , , , , , , , , , , ,	2,270.
c	BUSINESS TAXES	2,052.	1,733.	27.	292.
d	MISCELLANEOUS EXPENSES	370.	267.	69.	34.
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	8,230,314.	6,681,742.	966,348.	582,224.
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)				
00004	1 12-21-23				Form 990 (2023)

^c orm 9 Part	<u> </u>	2023) STUDENT VETERANS OF Balance Sheet	AMERICA			26-19	71279 Page 11
Fail	^	Check if Schedule O contains a response or n	ote to any lin	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			55,088.	1	175,011
	2	Savings and temporary cash investments		I	8,997,118.	2	5,561,256
	3	Pledges and grants receivable, net			3,427,502.	3	2,030,276
	4	Accounts receivable, net			108,007.	4	20,062
	5	Loans and other receivables from any current			,		,
	Ũ	trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th				5	
	6	Loans and other receivables from other disqua					
	U	under section 4958(f)(1)), and persons describ	•			6	
	7	Notes and loans receivable, net				7	
ets	-			I		8	
Assets	8 9	Inventories for sale or use			79,045.	9	244,299
				·····	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9	
	IUa	Land, buildings, and equipment: cost or other		820,880.			
	h	basis. Complete Part VI of Schedule D		712,193.	204,350.	100	108,687
		Less: accumulated depreciation		· · · · · · · · · · · · · · · · · · ·	250,000.	10c	521,964
	11	Investments - publicly traded securities			230,000.	11	521,504
	12	Investments - other securities. See Part IV, line		F		12	
	13	Investments - program-related. See Part IV, lin		13			
	14 45	Intangible assets	318 644	14	138 /33		
	15	Other assets. See Part IV, line 11	318,644.	15	138,432		
	16	Total assets. Add lines 1 through 15 (must ed	13,439,754.	16	8,799,987		
	17	Accounts payable and accrued expenses		47,953.	17	199,876	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
	22	Loans and other payables to any current or fo					
		trustee, key employee, creator or founder, sub		ributor, or 35%			
		controlled entity or family member of any of th	-			22	
1	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelat				24	
1	25	Other liabilities (including federal income tax,)	-				
		parties, and other liabilities not included on lin		· /	400.000		101 000
		of Schedule D			402,292.	25	121,280
	26	Total liabilities. Add lines 17 through 25			450,245.	26	321,156
ω		Organizations that follow FASB ASC 958, cl	neck here	X			
e l		and complete lines 27, 28, 32, and 33.			6 826 101		0 000 550
	27	Net assets without donor restrictions		I	6,736,101.	27	2,800,558
	28	Net assets with donor restrictions			6,253,408.	28	5,678,273
<u> </u>		Organizations that do not follow FASB ASC	958, check l	here			
5		and complete lines 29 through 33.					
2 2	29	Capital stock or trust principal, or current func				29	
i 8	30	Paid-in or capital surplus, or land, building, or		Г		30	
; ک	31	Retained earnings, endowment, accumulated				31	· · - · · ·
	32	Total net assets or fund balances		······ -	12,989,509.	32	8,478,831
:	33	Total liabilities and net assets/fund balances			13,439,754.	33	8,799,987

Form **990** (2023)

Form	1990 (2023) STUDENT VETERANS OF AMERICA	26-1971279		Pad	_{ge} 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,	719,	636.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,	230,	314.
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,	510,	678.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12,	989,	509.
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	8,	478,	831.
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	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	L	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?	L	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	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?	L	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2023)

SCHEDULE A (Form 990)				rity Status an					OMB No. 1545-0047	
			Co	Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.						
Department of the Treasury				Attach to Form 990 or Form 990-EZ.						Open to Public
		nue Service		Go to www.irs.gov/	Form990 for instruction	is and the	latest inf	ormation.		Inspection
Nan	ie of t	he organizatio		T VETERANS OF A	MEDICA					identification number 26-1971279
Pa	rt I	Reason			(All organizations must c	omolete th	nis nart) S	ee instruction		20 19/12/9
					For lines 1 through 12, cl				3.	
1			-		on of churches described			I)(A)(i).		
2	\square				Attach Schedule E (Form			· · · · · · · · ·		
3					anization described in se		(b)(1)(A)(ii	i).		
4		A medical res	earch organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state	e:							
5		An organization	on operated fo	or the benefit of a co	llege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, stat	te, or local gov	vernment or governn	nental unit described in	section 17	′0(b)(1)(A)	(v).		
7	X	-		•	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	public described in
~		•		omplete Part II.)						
8		-			(1)(A)(vi). (Complete Part					
9		0			in section 170(b)(1)(A)(in ulture (see instructions).	· ·			Ū.	•
		university:	n a non-ianu-y	grant college of agric			lame, city	, and state of	the college	O
10			on that norma	Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns. membersh	ip fees, and	d aross receipts from
		•		•	t to certain exceptions; a				-	
		income and u	nrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.
		See section &	509(a)(2). (Cor	mplete Part III.)						
11		An organization	on organized a	and operated exclus	ively to test for public sat	ety. See	section 50)9(a)(4).		
12		An organizatio	on organized a	and operated exclus	ively for the benefit of, to	perform t	ne functior	ns of, or to ca	rry out the	purposes of one or
				-	ed in section 509(a)(1) o					Check the box on
		7	-	• •	f supporting organizatior				-	
а				-	upervised, or controlled	• • • •	-			
			-	complete Part IV, Se	gularly appoint or elect a	majonty o	in the direc	tors or truste	es or the st	ipporting
b		7 7		•	l or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hay	rina
				-	anization vested in the sa			-		-
		organization	n(s). You mus	t complete Part IV,	Sections A and C.	·		·	5 11	
с		Type III fun	ctionally inte	grated. A supportin	g organization operated	in connect	ion with, a	and functional	ly integrate	d with,
		its supporte	ed organization	n(s) (see instructions). You must complete I	Part IV, Se	ctions A,	D, and E.		
d		Type III noi	n-functionally	<pre>/ integrated. A supp</pre>	porting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)
			,	0 0	ation generally must sat	,		•	an attentiv	/eness
		7			nplete Part IV, Sections					
е			•		written determination from			Type I, Type	II, Type III	
f	Ento	runctionally er the number of		• •	nally integrated supportin	ng organiz	ation.			
				about the supporte	ed organization(s).					
		i) Name of suppo		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	fmonetary	(vi) Amount of other
		organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
_										
Tota	1									

Schodula	Δ	(Form	990) 2023	

Part II

STUDENT VETERANS OF AMERICA

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

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

Section A. Public Support Calendar year (or fiscal year beginning in) (d) 2022 (a) 2019 (b) 2020 (c) 2021 (e) 2023 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 3,311,010 5,773,922 12,569,860 2,081,286 2,782,423 26,518,501. 2 Tax revenues levied for the organization'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 3,311,010. 5,773,922, 12 569 860 2 081 286. 2 782 423. 26,518,501. 4 Total. Add lines 1 through 3 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) 6,541,326. 19,977,175. 6 Public support. Subtract line 5 from line 4. Section B. Total Support <u>(e) 2</u>023 <u>(a)</u> 2019 <u>(d)</u> 2022 Calendar year (or fiscal year beginning in) (b) 2020 (c) 2021 (f) Total 3,311,010, 5,773,922, 12,569,860, 2,081,286. 2,782,423, 26,518,501. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 13,317 4,067. 64,149. 16,286 11,990. 109,809. and income from similar sources 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.) 19,036, 35,626. 54,662 26,682,972. **11 Total support.** Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 74.87 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 14 % 15 Public support percentage from 2022 Schedule A, Part II, line 14 74.77 15 % 16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2023

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Page 2

 Schedule A (Form 990) 2023
 STUDENT VETERANS OF AMERICA

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disgualified persons						
k	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						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
	Amounts from line 6	(a) 2013	(b) 2020	(0) 2021	(u) 2022	(e) 2020	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	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.)	l organization's f	rot occord thind	fourth or fifth tour	I	1 (01(0)(2) arcia	
14	First 5 years. If the Form 990 is for the	0			•		
Ser	check this box and stop here						
	•	••		a aluman (f))		45	0/
	Public support percentage for 2023 (I		···· ·· · · · · · · · · · · · · · · ·			15	%
	Public support percentage from 2022 ction D. Computation of Invest		1			16	%
	•			(i)			0/
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2023. If the						line 1 / is not
t	more than 33 1/3%, check this box ar 33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies	as a publicly suppo	orted organiza	ation
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tl	his box and see ins	structions	

Schedule A (Form 990) 2023

STUDENT VETERANS OF AMERICA

1

Yes

No

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.)

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Caba	dule A (Form 990) 2023 STUDENT VETERANS OF AMERICA 26	5-1971279	D.	F
	rt IV Supporting Organizations (continued)	1971279	Pa	age 5
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		165	
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
a	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described on line 11a above?	11b		<u> </u>
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	115		
v	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			I
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officer directors, or trustees at all times during the tax year? <i>If</i> "No," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supporte organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the support of the organization for the trust of </i>	rs, ed		
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			
~	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 instruc	tions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructior	1 <u>s).</u>	
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.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

3b Schedule A (Form 990) 2023

3a

complete S	ov. 20, 1970 (<i>explain in</i> Sections A through E.	Part VI). See instruction
complete S	Sections A through E.	Part VI). See instruction
	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		
	(A) Prior Year	(B) Current Year (optional)
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		
		Current Year
1		
2		
3		
4		
5		
6		
	3 4 5 6 7 8 1a 1b 1c 1d 2 3 4 5 6 7 8 1c 3 4 5 6 7 8 1 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8	3 4 5 6 7 8 (A) Prior Year 1a 1b 1c 1d 1c 1d 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8 1 2 3 4 5 1 2 3 4 5

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

Schedule A (Form 990) 2023

Sche Par	dule A (Form 990) 2023 STUDENT VETERANS OF		nizations (continu		26-1971279 P	age 7
	on D - Distributions		nizations (continu	ea)	Current Year	
<u>Secu</u>	Amounts paid to supported organizations to accomplish exer	mot purposes		1	Gurrent rear	
2	Amounts paid to supported organizations to accomplish exer Amounts paid to perform activity that directly furthers exemp			<u> </u>		
2	organizations, in excess of income from activity	i pulposes of supported		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3		
4	Amounts paid to acquire exempt-use assets		,	4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	S	(iii) Distributable Amount for 202	3
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
a	From 2018					
b	From 2019					
C	From 2020					
d	From 2021					
e	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instructions)					
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
b	Applied to 2023 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j and 4c.					
8	Breakdown of line 7:					
а	Excess from 2019					
	Excess from 2020					
с	Excess from 2021					
	Excess from 2022					
е	Excess from 2023					

Schedule A (Form 990) 2023

STUDENT VETERANS OF AMERICA 26-1971279 Schedule A (Form 990) 2023 Page 8 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.) PART II, LINE 1-10: IN 2021, SVA'S BOARD APPROVED A PLAN TO CHANGE FROM A CALENDAR YEAR TO A FISCAL YEAR FILER. AS A RESULT, PRIOR YEAR COVERS THE SHORT YEAR BEGINNING JANUARY 1ST, 2022 AND ENDING MARCH 31ST, 2022.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

OMB No.	1545-0047

2023

Employer identification number

S	TUDENT	VETERANS	OF	AMERICA

26-1971279

Filers of:	Section:				
Form 990 or 990-EZ X 501(c)(³) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

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

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

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 for an *exclusively* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in t

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

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

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Schedule	B (Form 990) (2023)		Page
Name of o	rganization		Employer identification number
STUDENT	VETERANS OF AMERICA		26-1971279
Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
1		\$1,075	,000. Person X Payroll I Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
2		\$390	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
3		\$334	,530. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
4		\$195	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
5		\$165	,000. Person X Payroll I Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
6		\$100	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)

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	B (Form 990) (2023)			Page 2
Name of o	rganization		Employ	yer identification number
STUDENT	VETERANS OF AMERICA		26	5-1971279
Part I	Contributors (see instructions). Use duplicate copies of Part I i	f additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
7		\$89	<u>,600.</u>	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	20	(d) Type of contribution
8			,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)

	B (Form 990) (2023)		Page 3
Name of or	rganization		Employer identification number
STUDENT	VETERANS OF AMERICA		26-1971279
Part II	Noncash Property (see instructions). Use duplicate copies of Par	rt II if additional space is needeo	d.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	

3 (Form 990) (2023)		Page 4				
rganization		Employer identification number				
VETERANS OF AMERICA		26-1971279				
from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,) through (e) and the following line ent charitable, etc., contributions of \$1,000 or	try. For organizations				
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gif					
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(0) 000 01 girt					
	(e) Transfer of gif	[
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Transferee's name address a		ft Relationship of transferor to transferee				
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
(e) Transfer of gift						
Iransferee's name, address, a	na ZIP + 4	Relationship of transferor to transferee				
r	ganization VETERANS OF AMERICA Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious) Use duplicate copies of Part III if additional (b) Purpose of gift (b) Purpose of gift (b) Purpose of gift (b) Purpose of gift (c) Pur	ganization VETERANS OF AMERICA Exclusively religious, charitable, etc., contributions to organizations described in set from any one contributor. Complete columns (a) through (e) and the following line en completing Part III if additional space is needed. (b) Purpose of gift (c) Use of gift (e) Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (c) Use of gift (c) Use of gift (b) Purpose of gift (c) Use of gift (b) Purpose of gift (c) Use of gift (c) Use of gift (c) Use of gift (b) Purpose of gift (c) Use of gift				

SCHEDULE C	Po	litical Campaign	and Lobbyir	ng Activities		OMB No. 154	45-0047
Form 990)	For Orga	anizations Exempt From Incom	ne Tax Under Section	501(c) and Section 5	527	202	23
epartment of the Treasury ternal Revenue Service	•	e if the organization is describe to www.irs.gov/Form990 for i			-EZ.	Open to F Inspect	
 Section 501(c)(3) org. Section 501(c) (other Section 527 organization answers Section 501(c)(3) org. Section 501(c)(3) org. the organization answers answers Section 501(c)(4), (5), ame of organization 	anizations: Com than section 50 titions: Complete yered "Yes" on anizations that h anizations that h yered "Yes" on uctions), then: or (6) organizat	Form 990, Part IV, line 4, or Fo have filed Form 5768 (election un have NOT filed Form 5768 (electi Form 990, Part IV, line 5 (Proxy	mplete Part I-C. Parts I-A and C below orm 990-EZ, Part VI, li nder section 501(h)): C ion under section 501(y Tax) (see separate i	n. Do not complete Par ine 47 (Lobbying Acti omplete Part II-A. Do n h)): Complete Part II-B nstructions) or Form	t I-B. vities), the not comple . Do not c 990-EZ, I Employe	en: ete Part II-B. omplete Part II-/ Part V, line 35c er identification 26-1971279	(Proxy
					Li orgu		
2 Political campaign a3 Volunteer hours for	activity expendit political campai				\$		
1 Enter the amount of	any excise tax	incurred by the organization unc	ler section 4955				
	•	incurred by organization manage					
		n 4955 tax, did it file Form 4720				Yes	
4a Was a correction ma b If "Yes," describe in						Yes	N
		anization is exempt und	er section 501(c).	except section	501(c)(3).	
		by the filing organization for se				,-	
	•	ization's funds contributed to ot			Ψ <u> </u>		
exempt function act			C C		\$		
·		. Add lines 1 and 2. Enter here a			···· ·		
line 17b	·				\$		
		ALCO DOL 6 HILL O				Yes	N
made payments. Fo contributions receiv	r each organizat ed that were pro	nployer identification number (El tion listed, enter the amount pair omptly and directly delivered to a additional space is needed, prov	d from the filing organi a separate political org	zation's funds. Also en anization, such as a s	nter the an	nount of politica	ıl
(a) Name		(b) Address	(c) EIN	(d) Amount paid filing organizatio funds. If none, ent	on's co er-0	(e) Amount of p pontributions rece promptly and c delivered to a se political organi If none, ente	eived an lirectly eparate zation.

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

Schedule C (Form 990) 2023 Part II-A Complete if the org section 501(h)).			OF AMERICA npt under section	1 501(c)(3) and file			Page 2
	•		liated group (and list in expenditures).	Part IV each affiliated	group member's nam	e, address, EIN	,
B Check if the filing organiza	tion checked b	box A a	nd "limited control" pro	visions apply.			
	ts on Lobbying ditures" mean		nditures Ints paid or incurred.)		(a) Filing organization's totals	(b) Affiliated totals	group
1a Total lobbying expenditures to influ	lence public o	pinion (grassroots lobbying)				
b Total lobbying expenditures to influ	uence a legislat	tive boo	ly (direct lobbying)				
c Total lobbying expenditures (add li							
d Other exempt purpose expenditure							
e Total exempt purpose expenditure							
f_Lobbying nontaxable amount. Enter							
If the amount on line 1e, column (a) o			bying nontaxable am				
not over \$500,000,	• •						
· · · · · · · · · · · · · · · · · · ·			the amount on line 1e.	ever \$500.000			
over \$500,000 but not over \$1,000,000, \$100,000 plus 15% of the excess over \$500,000. over \$1,000,000 but not over \$1,500,000, \$175,000 plus 10% of the excess over \$1,000,000.							
over \$1,500,000 but not over \$17,0			00 plus 5% of the exces	ss over \$1,500,000.			
over \$17,000,000,		\$1,000,	000.				
g Grassroots nontaxable amount (en		,					
h Subtract line 1g from line 1a. If zero	o or less, enter	r-0					
i Subtract line 1f from line 1c. If zero							
j If there is an amount other than zer	ro on either line	e 1h or	line 1i, did the organiza	ation file Form 4720			
reporting section 4911 tax for this	year?	<u></u>				Yes	No
	4-Y	ear Av	eraging Period Under	Section 501(h)			
(Some organizations the	hat made a se	ction 5	01(h) election do not l	have to complete all c	of the five columns b	elow.	
	See the	e separ	ate instructions for lin	nes 2a through 2f.)			
	Lobbying	g Expe	nditures During 4-Yea	ar Averaging Period			
Calendar year (or fiscal year beginning in)	(a) 2020	D	(b) 2021	(c) 2022	(d) 2023	(e) Tota	I
2a Lobbying nontaxable amount							
b Lobbying ceiling amount							
(150% of line 2a, column(e))							
c Total lobbying expenditures							
d Grassroots nontaxable amount							
e Grassroots ceiling amount							
(150% of line 2d, column (e))							

f Grassroots lobbying expenditures

Schedule C (Form 990) 2023

Schedule C	(Form	990	2023
		330	1 2020

STUDENT VETERANS OF AMERICA

26-1971279 Page 3

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	(8	a)		(k)
of the lobbying activity.	Yes	N	o	Amo	ount
1 During the year, did the filing organization attempt to influence foreign, national, state, or					
local legislation, including any attempt to influence public opinion on a legislative matter					
or referendum, through the use of:					
a Volunteers?		Σ	۲. N		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		_		
c Media advertisements?			ζ -		
d Mailings to members, legislators, or the public?			ζ ζ		
Publications, or published or broadcast statements?			ζ		
f Grants to other organizations for lobbying purposes?g Direct contact with legislators, their staffs, government officials, or a legislative body?	x	2	7		2,212.
 g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? 		2	K		2,212.
i Other activities?			ζ		
j Total. Add lines 1c through 1i					2,212.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		2	ζ		,
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	า 501(c)(เ	5), or	sec	tion	
501(c)(6).					
		г		Yes	Νο
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?		Г	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			3	tion	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered					3 is
answered "Yes."		()	arer		0,10
1 Dues, assessments and similar amounts from members			1		
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures) 		····			
expenses for which the section 527(f) tax was paid).					
a Current year			2a		
b Carryover from last year		I	2b		
c Total			2c		
			3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess				
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			5		
Part IV Supplemental Information					
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	list); Part II-	A, line	es 1 a	nd 2 (see	
instructions); and Part II-B, line 1. Also, complete this part for any additional information.					
PART II-B, LINE 1, LOBBYING ACTIVITIES:					
SVA STAFF PARTICIPATE IN CONGRESSIONAL HEARINGS AND SUBMIT TESTIMONY AT					
THE INVITATION OF VARIOUS LEGISLATIVE OFFICIALS. SVA STAFF ALSO					
PARTICIPATE IN EXECUTIVE-BRANCH EVENTS UPON REQUEST. NO ADDITIONAL					

EXPENDITURES WERE MADE FOR LOBBYING. AS NOTED, STAFF TIME IS INVOLVED

WITH MEETING/HEARING PARTICIPATION.

90	HEDULE D	Supplementa	al Financial Statements		OMB No. 15	45-0047
	n 990)		202	ソ		
•	,	Part IV, line 6, 7, 8, 9, 10	nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		Open to	
	ment of the Treasury I Revenue Service		ttach to Form 990. 0 for instructions and the latest information.		Inspectio	
Nam	e of the organizati	on		Employe	r identification	number
		STUDENT VETERANS OF AMERICA			26-1971279	
Par		ations Maintaining Donor Advise n answered "Yes" on Form 990, Part IV, lin	d Funds or Other Similar Funds or Ad	ccounts.	Complete if the	Э
	organizatio	nanswered fes offform 990, Fartiv, in		(b) Funds an	d other accour	nte
1	Total number at er	nd of year				
2		f contributions to (during year)				
3		f grants from (during year)				
4		t end of year				
5			writing that the assets held in donor advised fund	ds		
	are the organizatio	on's property, subject to the organization's	exclusive legal control?		Yes	No No
6	•		dvisors in writing that grant funds can be used o			
	• •		r donor advisor, or for any other purpose conferr	•		
Par	impermissible prive		ganization answered "Yes" on Form 990, Part IV		Yes	No
		servation easements held by the organization		, line 7.		
1		of land for public use (for example, recreation)		orically impo	rtant land area	
		f natural habitat	Preservation of a cert			
		of open space			olidotaro	
2			ied conservation contribution in the form of a co	nservation e	asement on the	e last
	day of the tax year			Held	at the End of the	+ Tax Year
а	Total number of co	onservation easements		2a		
b	Total acreage rest	ricted by conservation easements		2b		
С	Number of conserv	vation easements on a certified historic stru	ucture included on line 2a	2c		
d		vation easements included on line 2c acqui				
				2d		
3		vation easements modified, transferred, rele	eased, extinguished, or terminated by the organ	ization during	g the tax	
4	year	 where property subject to conservation eas	comont is located			
5		tion have a written policy regarding the per				
Ū		orcement of the conservation easements it			Yes	No
6	•		handling of violations, and enforcing conservation			ar
7	Amount of expens	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation ea	sements dur	ing the year	
8		·	satisfy the requirements of section 170(h)(4)(B)(i	,		
•					Yes	└── No
9		c	on easements in its revenue and expense statem		the	
		ounting for conservation easements.	ote to the organization's financial statements th	at describes	uie	
Par	t III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Other S	imilar As	sets.	
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.			
1 a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and bala	ance sheet v	vorks	
	of art, historical tre	easures, or other similar assets held for pub	lic exhibition, education, or research in furthera	nce of public		
	service, provide in	Part XIII the text of the footnote to its finan	ncial statements that describes these items.			
b	-		8, to report in its revenue statement and balance			
			exhibition, education, or research in furtherance	e of public se	ervice,	
	-	ng amounts relating to these items.		۴		
2	. ,	, , , , , , , , , , , , , , , , , , , ,	asures, or other similar assets for financial gain,			
-	•	unts required to be reported under FASB A				
а	-		· · · · · · · · · · · · · · · · · · ·	\$		
b						
		eduction Act Notice, see the Instructions			dule D (Form	990) 2023
332051	09-28-23					

<u>Sch</u> e		TERANS OF AMERI						26-197		Pa	age 2
Par	t III Organizations Maintaining C	Collections of Ar	t, Historie	cal Treas	sures, or (Other S	Similar	Assets	(contir	nued)	
3	Using the organization's acquisition, access	ion, and other record	ls, check an	y of the foll	lowing that m	nake sigr	nificant u	se of its			
	collection items (check all that apply).										
а	Public exhibition	c	1 🗌 Loa	in or excha	inge program	I					
b	Scholarly research	e	e 🗌 Oth	er							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	n how they f	urther the	organization'	s exemp	t purpos	e in Part	XIII.		
5	During the year, did the organization solicit of		,		,				-		_
	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the org	anization a	nswered "Ye	s" on Fo	orm 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod								7		٦
	on Form 990, Part X?							∟	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table	e:					Amoun	+	
_	De situation la desa								Amoun		
с С	Beginning balance						1c				
u	Additions during the year						1d 1e				
f	Distributions during the year						1f				
	Ending balance Did the organization include an amount on F						· · · ·		Yes		No
	If "Yes," explain the arrangement in Part XIII						•]
Par											
	• •	(a) Current year	(b) Prior		(c) Two years		I) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur		e (line 1g, co	olumn (a)) h	neld as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	_%									
	The percentages on lines 2a, 2b, and 2c sho										
За	Are there endowment funds not in the posse	ession of the organiza	ation that are	e held and	administered	for the			ſ	Yes	No
	organization by:								0-(1)	165	NU
	(i) Unrelated organizations?								3a(i)		
h	(ii) Related organizations? If "Yes" on line 3a(ii), are the related organization of the related organization organization of the related organization of the related organization organiza	ationa listad as requir							3a(ii) 3b		
U A	Describe in Part XIII the intended uses of the									I	
Par	t VI Land, Buildings, and Equipm			5.							
	Complete if the organization answere), Part IV, lin	e 11a. See	e Form 990, F	Part X, lin	ne 10.				
	Description of property	(a) Cost or o basis (investr	other	(b) Cost or basis (ot	r other	(c) Acc	umulate eciation	d	(d) Boo	k value	э
1a	Land										
b	Buildings										
	Leasehold improvements			2	65,932.		253,6	520.		12,	312.
d	Equipment			2	71,755.		239,7	730.		32,	025.
<u>e</u>	Other			2	83,193.		218,8	343.		64,	350.
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, line 10c,	column (B))					108,	687.

Schedule D (Form 990) 2023

	1 0111 330/ 2020		VETERANS	OF	AMERICA	26-1971279
Part VII	Investments - Oth	er Secu	rities			
	Complete if the organization	ation answ	vered "Yes"	on F	orm 990, Part IV, line 11b. See Form 990, Part X, line 12.	

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
2) Closely held equity interests		
3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Fotal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Other Assets Part IX

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Colu	Imn (b) must equal Form 990, Part X, line 15, col. (B))	
Part X	Other Liabilities	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability	(b) Book value

(1) Federal income taxes	
(2) DEFERRED RENT	121,280.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X, line 25, col. (B))	121,280.

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

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

Page 3

Sche	dule D (Form 990) 2023 STUDENT VETERANS OF AMERICA			26-1971279	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements	s With R	evenue per Ret	urn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		I		
1	Total revenue, gains, and other support per audited financial statements			1	4,747,806.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	1,028,170.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	1,028,170.
3	Subtract line 2e from line 1			3	3,719,636.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				3,719,636.
Pa	t XII Reconciliation of Expenses per Audited Financial Statement	ts With E	Expenses per R	eturn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	9,258,484.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	1,028,170.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	1,028,170.
3	Subtract line 2e from line 1			3	8,230,314.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	8,230,314.
Pa	t XIII Supplemental Information				

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

PART X, LINE 2:

SVA EVALUATED ITS UNCERTAINTY IN INCOME TAXES FOR THE TAX YEAR ENDED MARCH

31, 2023, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE

RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS

TAX-EXEMPT STATUS.

SCHEDULE I (Form 990) Department of the ² Internal Revenue Si	Treasury	Go	arants and Oth vernments, ar ete if the organizatio	nd Individua on answered "Yes" Attach to Form	ls in the Üni ' on Form 990, Pa n 990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047 2023 Open to Public Inspection
			GO to www.irs	s.gov/Form990 for	the latest morm	alion.		•
Name of the o	STUDENT VETER	ANS OF AMERICA	A					Employer identification number 26-1971279
Part I G	eneral Information on Grants a	nd Assistance						
criteria u 2 Describe Part II Gi	e organization maintain records t used to award the grants or assis e in Part IV the organization's pro rants and Other Assistance to 1	tance? cedures for monit Domestic Organiz	oring the use of grant zations and Domestic	funds in the United	d States. Complete if the org			X Yes No
	cipient that received more than \$ le and address of organization or government	(b) EIN	be duplicated if additi (c) IRC section (if applicable)	(d) Amount of cash grant	ed. (e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	tal number of section 501(c)(3) ar		•	le line 1 table	1	I	1	0.

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

Schedule I	(Form 990) 2023 STUDENT VETERANS OF AMERICA	26-1971279	Page 2
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.		
	Part III can be duplicated if additional space is needed.		

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CHOLARSHIPS	16	164,000.	0.		

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

PART I, LINE 2:

SVA MAKES GRANT DISBURSEMENTS VIA REIMBURSEMENT BY REQUIRING THAT ANY

REQUEST FOR FUNDS BE ACCOMPANIED BY CORRESPONDING INVOICES AND RECEIPTS,

THUS ENSURING THAT THE GRANT FALLS UNDER THE TAX-EXEMPT PURPOSE OF SVA.

Docusign Envelope ID: BB6CB9BB-1E96-4CC4-9F7B-95B6E5138411

SC	HEDULE J	Compensation Information	1	OMB No. 15	45-0047	
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		202	22	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23	3.	201	20	
	tment of the Treasury	Attach to Form 990.		Open to Public Inspection		
	al Revenue Service le of the organizatior	Go to www.irs.gov/Form990 for instructions and the latest information.	Employer ide			
Inall	le of the organization	STUDENT VETERANS OF AMERICA	26-197		Thumber	
Pa	rt I Question	s Regarding Compensation	20 19 1	1275		
					Yes No	
1a	Check the appropri	iate box(es) if the organization provided any of the following to or for a person listed on For	rm 990.			
104		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c		sonal use			
	Travel for com					
		cation and gross-up payments I Health or social club dues or initiation for				
		spending account Personal services (such as maid, chauf				
	,		, ,			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	•	provision of all of the expenses described above? If "No," complete Part III to explain		. 1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	-	ers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if ar	ny, of the following the organization used to establish the compensation of the organization	n's			
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organiza	ation to			
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation	n committee Written employment contract				
	Independent c	compensation consultant I Compensation survey or study				
	X Form 990 of o	other organizations I Approval by the board or compensation	n committee			
4	During the year, did	d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	elated organization:				
а	Receive a severanc	ce payment or change-of-control payment?		4a	X	
b	-	ceive payment from a supplemental nonqualified retirement plan?		4b	<u>X</u>	
С		ceive payment from an equity-based compensation arrangement?		4c	X	
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
-		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensa	tion			
	contingent on the re			_	v	
a ,	ine organization?			5a	X X	
b		zation?		5b	A	
~		or 5b, describe in Part III.				
6	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensa	tion			
_	contingent on the n	-		0.	x	
				6a 6b	X	
Ø		zation?		6b		
-		or 6b, describe in Part III.	-t			
1		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed paymer		-	x	
~		nes 5 and 6? If "Yes," describe in Part III		7		
	-	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to				
8	initial agenture of a con-				IY	
		eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		. 8	X	
	If "Yes" on line 8, d	eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III did the organization also follow the rebuttable presumption procedure described in n 53.4958-6(c)?		. 8	X	

Schedule J (Form 990) 2023 STUDENT VETERANS OF AMERICA 26-1971279

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JARED S. LYON	(i)	288,939.	0.	0.	11,100.	1,199.	301,238.	٥.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	٥.
(2) ANTHONY PAOLINO	(i)	179,848.	0.	0.	5,567.	7,266.	192,681.	0.
CHIEF OPERATIONS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ABRA KINCH	(i)	156,349.	0.	0.	5,156.	8,241.	169,746.	٥.
VP OF PROG & CHAPTER SVCS	(ii)	0.	0.	0.	0.	0.	0.	٥.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

Page 2

chedule J (Form 990) 2023 STUDENT VETERANS OF AMERICA Part III Supplemental Information	26-1971279	Pag
rovide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8,	and for Part II. Also complete this part for any additional informat	ion.
	· · · ·	

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 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.	-EZ
Name of the organization	n STUDENT VETERANS OF AMERICA	Employer identification number 26-1971279
FORM 990, PART III	, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	20-13/12/3
SUCCESS. REGIONALL	Y, SVA HOSTS SUMMITS THAT BRING TOGETHER CHAPTERS	
WITHIN GEOGRAPHIC	AREAS TO SHARE INSIGHTS, COLLABORATE, AND PARTICIPATE	
IN LEADERSHIP AND	PROFESSIONAL DEVELOPMENT WORKSHOPS. THESE EVENTS	
CREATE OPPORTUNITI	ES FOR PEER-TO-PEER LEARNING AND BUILD STRONGER	
NETWORKS AMONG CHA	PTERS. NATIONALLY, SVA PROVIDES ACCESS TO RESOURCES	
AND TRAINING THAT	AMPLIFY CHAPTER IMPACT, INCLUDING VIRTUAL WEBINARS,	
TOOLKITS, AND CONN	ECTIONS TO NATIONAL ADVOCACY EFFORTS. THIS	
MULTI-TIERED APPRC	ACH ENSURES THAT CHAPTERS ARE SUPPORTED AT EVERY	
LEVEL, ALLOWING TH	EM TO CREATE MEANINGFUL, LASTING CHANGE FOR THE	
STUDENT VETERANS T	HEY SERVE.	
FORM 990, PART III	, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:	
INCLUDED SECRETARY	OF VETERANS AFFAIRS, DENIS MCDONOUGH, AND PAST	_
SPEAKERS INCLUDE P	RESIDENT GEORGE W. BUSH, FIRST LADY DR. JILL BIDEN,	
(THEN) VICE PRESID	ENT JOE BIDEN, VA SECRETARY BOB MCDONALD, AND MANY	
OTHERS. EACH NATCO	N FEATURES GROUNDBREAKING KEYNOTES AND BREAKOUT	
SESSIONS IN ALL AR	EAS OF ACADEMIC AND PROFESSIONAL DEVELOPMENT,	
INCLUDING THE LATE	ST RESEARCH FINDINGS ON STUDENT VETERAN SUCCESS AND	
ADVOCACY STRATEGIE	S. THOUSANDS OF ATTENDEES AND MORE THAN 100	
EXHIBITORS AND SPC	NSORS ATTEND NATCON.	
FORM 990, PART III	, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:	
TO ADDRESS THE NEE	DS OF THEIR DIVERSE COMMUNITIES. BY EQUIPPING THESE	
RISING LEADERS WIT	H COMPREHENSIVE LEADERSHIP TRAINING, SVA EXTENDS ITS	

IMPACT FAR BEYOND THE PROGRAM'S IMMEDIATE PARTICIPANTS, ULTIMATELY For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023	Page 2
Name of the organization	Employer identification number
STUDENT VETERANS OF AMERICA	26-1971279

FOSTERING HEALTHIER, MORE SUPPORTIVE LEARNING ENVIRONMENTS FOR

THOUSANDS OF FELLOW STUDENT VETERANS.

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,

RSM. 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 RSM

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 DIRECTORS AND OFFICERS ARE REQUIRED TO DISCLOSE ANY POTENTIAL

CONFLICTS OF INTEREST AS THEY PERTAIN TO THE INTERESTS OF SVA. SVA

EVALUATES CONFLICTS OF INTEREST TO ENSURE TERMS ARE FAIR AND REASONABLE.

CONSISTENT WITH ARMS-LENGTH TRANSACTIONS, WITHOUT INFLUENCE BY BOARD

MEMBERS AND ENSURING THAT THERE IS NO PRIVATE INUREMENT. SVA EXECUTIVE

LEADERS TAKE INTO CONSIDERATION HIGH-QUALITY SERVICES AND COMPETITIVE

PRICING, AS WELL AS THE EXPECTED QUALITY OF SERVICES TO BE PROVIDED. SVA

WILL CONSULT WITH LEGAL COUNSEL, AS NEEDED, TO REVIEW THE BOARD OF

DIRECTORS' DECISION-MAKING PROCESS AND TO ASSESS THE RELATIONSHIP. SVA

ENSURES FULL BOARD DISCLOSURE.

Schedule O (Form 990) 2023 Name of the organization		Page Employer identification number
STUDENT VETERANS OF AMERICA		26-1971279
FORM 990, PART VI, SECTION B, LINE 15A:		
15.A: THE EXECUTIVE COMMITTEE, UNDER AUTHORITY DELEGATED BY	THE BOARD,	
CONDUCTS AN ANNUAL PERFORMANCE EVALUATION OF THE PRESIDENT A	AND CEO AND SETS	
THE CEO'S COMPENSATION. THE ORGANIZATION UTILIZES THIRD-PART	ГУ ДАТА ТО	
COMPARE ITS COMPENSATION TO THOSE OF SIMILARLY QUALIFIED INI	DIVIDUALS IN	
FUNCTIONALLY COMPARABLE POSITIONS AT SIMILAR ORGANIZATIONS A	AND ENSURE THEY	
ARE REASONABLE. CONTEMPORANEOUS DOCUMENTATION IS KEPT BY SEC	CRETARY.	
FORM 990, PART VI, SECTION C, LINE 19:		
SVA'S FEDERAL FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE	AVAILABLE ON	
EVA'S WEBSITE. BYLAWS, CONFLICT OF INTEREST POLICY, AND OTH	ER GOVERNING	
DOCUMENTS ARE AVAILABLE BY REQUEST VIA A "CONTACT US" LINK (DN SVA'S	
NEBSITE.		
FORM 990, PART IX, LINE 11G, OTHER FEES:		
CONSULTING FEES:		
PROGRAM SERVICE EXPENSES	1,556,426.	
MANAGEMENT AND GENERAL EXPENSES	198,446.	
FUNDRAISING EXPENSES	131,895.	
TOTAL EXPENSES	1,886,767.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,886,767.	

Form	8868
(Rev.	January 2024)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Intification Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (er (TIN)	
Print						
	STUDENT VETERANS OF AMERICA 26-1971			26-1971279		
File by the due date for filing your return. See	Number, street, and room or suite no. If a P 1012 14TH ST NW, 1200	.O. box, see instruct	tions.			
instructions.	City, town or post office, state, and ZIP cod WASHINGTON, DC 20005	-			_	
Enter the	Return Code for the return that this application	n is for (file a separa	te application for each return)		. 01	
Application Is For		Return	Application Is For	For		
		Code			Code	
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)		09	
Form 472	0 (individual)	03	Form 5227		10	
Form 990	-PF	04	Form 6069		11	
Form 990	-T (sec. 401(a) or 408(a) trust)	05	5 Form 8870		12	
Form 990	-T (trust other than above)	06	Form 5330 (individual)		13	
Form 990	-T (corporation)	07	Form 5330 (other than individual)		14	
Form 104	1-A	08				
 After yo 	ou enter your Return Code, complete either Pa	rt II or Part III. Part II	I, including signature, is applicable	only for an extension of		
time to fil	e Form 5330.					
If this a	pplication is for an extension of time to file For	m 5330, you must e	nter the following information.			
Pla	n Name					
Pla	n Number					
Pla	n Year Ending (MM/DD/YYYY)					
	utomatic Extension of Time To File for Exem	pt Organizations (see instructions)			
	ooks are in the care of JARED S. LYON					
The bo						
	1012 14TH ST NW, one No. (202)223-4710	1200 - WASHINGI	ON, DC 20005			

● If box	this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)			ble group, check this xtension is for.
1	I request an automatic 6-month extension of time until FEBRUARY 18 , 20 25 the organization named above. The extension is for the organization's return for:	, to file the exem MAR 31	ipt organ	, 20 ²⁴
2	If the tax year entered in line 1 is for less than 12 months, check reason:	Final retur	n	
3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
с	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by	30	¢	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.