Form **990**

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.

2021
Open to Public Inspection

OMB No. 1545-0047

Dep	artment of	the Tre	asury
Inte	rnal Reven	ue Serv	rice ´

A For the 2021 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change STUDENT VETERANS OF AMERICA Name change 26-1971279 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 1012 14TH STREET, NW 1200 (202) 223-47106,035,396. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return WASHINGTON, DC 20005 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: JARED S. LYON for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X = 501(c)(3) = 501(c)) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ► WWW.STUDENTVETERANS.ORG **H(c)** Group exemption number K Form of organization: X Corporation Association Other -L Year of formation: 2008 M State of legal domicile: MI Trust Part I Summary Briefly describe the organization's mission or most significant activities: PROVIDE VETERANS WITH RESOURCES Activities & Governance SUPPORT AND ADVOCACY TO SUCCEED IN HIGHER EDUCATION AND BEYOND. if the organization discontinued its operations or disposed of more than 25% of its net assets. 9 Number of voting members of the governing body (Part VI, line 1a) 8 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year Current Year** 3,311,010. 5,773,922. Contributions and grants (Part VIII, line 1h) 1,019,822. 228,457. Program service revenue (Part VIII, line 2g) -220.590. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 23,312. 32,427. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 4,353,924. 6,035,396. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 164,492. 172,964. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,919,264. 1,723,433. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 2,493,734. 1,634,117. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,381,659. 3,726,345. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -27,735. 2,309,051. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 20, 3,243,056. 5,791,656. 20 Total assets (Part X, line 16) 733,559. 973,108. 21 Total liabilities (Part X, line 26) 巨巨 509,497. 4,818,548 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign JARED S. LYON, PRESIDENT AND CEO Here Type or print name and title PTIN Date Print/Type preparer's name Preparer's signature 11/15/22| "self-employed P01365820 AARON M. FOX Paid Firm's name MARCUM LLP Firm's EIN ▶ 11-1986323 Preparer Firm's address 1899 L STREET, NW, SUITE 850 Use Only Phone no. (202) 227-4000WASHINGTON, DC 20036

May the IRS discuss this return with the preparer shown above? See instructions

X Yes

Pai	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	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?	0
_	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?	0
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1,505,973. including grants of \$172,964.) (Revenue \$144,263.	
	PROGRAMS AND CHAPTER SERVICES -	- ′
	A DEDICATED NETWORK OF CHAPTERS AND CHAPTER LEADERS ARE CENTRAL TO	
	SVA'S MISSION. EVERY DAY THESE PASSIONATE LEADERS WORK TO PROVIDE THE	
	NECESSARY RESOURCES, NETWORK SUPPORT, AND ADVOCACY TO ENSURE STUDENT	
	VETERANS CAN EFFECTIVELY CONNECT, EXPAND THEIR SKILLS, AND ULTIMATELY	
	ACHIEVE THEIR GREATEST POTENTIAL, WITH THE UNDERSTANDING THAT	
	PEER-TO-PEER SUPPORT FACILITATES POST-SECONDARY SUCCESS. THESE CHAPTERS	
	ARE BUILT UPON THE GRASSROOTS EFFORTS OF INDIVIDUAL STUDENT VETERANS	
	WHO RECOGNIZE THE NEED FOR A COMMUNITY OF SUPPORT ON THEIR CAMPUS.	
	CHAPTER SERVICES AND PROGRAMS FROM THE NATIONAL HEADQUARTERS SUPPORT	
	THE CREATION, SUSTAINMENT, AND GROWTH OF CHAPTERS. WE ADVISE ON THE	
4b	(Code:) (Expenses \$463,340. including grants of \$) (Revenue \$) STRATEGIC PROGRAMMATIC SUPPORT -	_)
	DIMILOTE INCOMMENTIC BOTTONI	_
	AS CHAMPIONS OF DATA-DRIVEN DECISION MAKING, STRATEGIC SUPPORT	_
	REPRESENTS A KEY PILLAR OF SVA'S WORK. SVA CONDUCTS LEADING INDEPENDENT	_
	RESEARCH ON TOPICS AFFECTING THE VETERAN COMMUNITY TO PROVIDE INSIGHT	_
	TO NOT ONLY OUR INTERNAL PROGRAMS AND SERVICES, BUT ALSO POLICY MAKERS,	
	STAKEHOLDERS, AND THOUGHT LEADERS. SVA RESEARCH EXPANDS OUR	
	UNDERSTANDING OF THE BARRIERS TO A SUCCESSFUL TRANSITION VETERANS FACE	
	WHEN GOING TO COLLEGE. THESE FINDINGS ASSIST IN UPDATING SVA	
	PROGRAMMING, TRAINING CHAPTER LEADERS, AND BUILDING STRONGER STUDENT	
	VETERAN SUPPORT COMMUNITIES ON COLLEGE CAMPUSES. FURTHERMORE, THE	
	RESEARCH IS SHARED WITH POLICY MAKERS AND STAKEHOLDERS FROM THE LOCAL	
4c	(Code:) (Expenses \$	_)
	SVA NATIONAL CONFERENCE (NATCON) -	
	NAMEON TO MUE LADOROM ANNUAL CONTINUES OF CHILDREN VEHEDANC AND	
	NATCON IS THE LARGEST ANNUAL CONVENING OF STUDENT VETERANS AND POST-9/11 VETERANS IN THE COUNTRY, BRINGING TOGETHER SVA'S CHAPTER	_
	LEADERS, STAKEHOLDERS, ADVOCATES, AND SUPPORTERS WHO WORK ON BEHALF OF	_
	VETERANS AND MILITARY-AFFILIATED STUDENTS IN HIGHER EDUCATION. STUDENT	_
	VETERANS ATTEND NATCON TO LEARN HOW TO MANAGE SOME OF THE MOST	_
	SUCCESSFUL STUDENT ORGANIZATIONS IN THE COUNTRY, AND TO NETWORK WITH	_
	THEIR PEERS AS TOMORROW'S LEADERS. NOTABLE SPEAKERS IN 2021 INCLUDED	_
	FIRST LADY DR. JILL BIDEN, AND PAST SPEAKERS INCLUDE PRESIDENT GEORGE	_
	W. BUSH, VICE PRESIDENT JOE BIDEN, VA SECRETARY BOB MCDONALD, AND MANY	_
	OTHERS. EACH NATCON FEATURES GROUNDBREAKING KEYNOTES AND BREAKOUT	_
4d	Other program services (Describe on Schedule O.)	
_	(Expenses \$ 291,942 • including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 2,657,975.	

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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>			
0	, ,	8		x
0	Schedule D, Part III	-		
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?			x
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			.
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			
	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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
.5	·	19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	TOWN THE PLANT OF	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
4 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	domocio government orti artix, comunin (-), inte 1: II Tes. Complete Schedule I, Parts I and II	41	- 22	L

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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	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	. 27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? 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 non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		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			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			Ì
	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?			
		38	Х	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	, 30		
	Check if Schedule O contains a response or note to any line in this Part V			
	, , , , , , , , , , , , , , , , , , ,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	8		

	Check if Schedule O contains a response of hote to any line in this Fart v					
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	18			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portat	ole gaming			
	(gambling) winnings to prize winners?			1c	X	

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Form 990 (2021) STUDENT VETERANS OF AMERICA

Part 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	25						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruction	ıs							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ity over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)?	4a		X			
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	its (FBAR).						
5а	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	ction?		5b		_X_			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit						
	any contributions that were not tax deductible as charitable contributions?			6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ions o	r 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 set	rvices _I	provided to the payor?	7a		_X_			
	, , , , , , , , , , , , , , , , , , , ,			7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired						
	to file Form 8282?	 T	 I	7с		<u> </u>			
	If "Yes," indicate the number of Forms 8282 filed during the year	_7d	•	7e		Х			
_	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		<u>X</u>			
_	If the organization received a contribution of qualified intellectual property, did the organization file Fo		•	7g 7h					
 h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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?									
9 Sponsoring organizations maintaining donor advised funds.									
	Did the sponsoring organization make any taxable distributions under section 4966?			9a					
	Did the control in a control in a color of the transfer of the color o			9b					
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders	11a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		? 	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
L	Note: See the instructions for additional information the organization must report on Schedule O.								
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b							
_		13c							
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?		1	14a		X			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune								
	excess parachute payment(s) during the year?			15		Х			
	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 investmen	t inco	me?	16		Х			
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator 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.								

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

	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	1a	!	9							
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent	1b		3							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other								
	officer, director, trustee, or key employee?			2		Х					
3	Did the organization delegate control over management duties customarily performed by or under the	direc	supervision								
				3		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 wa	s filed?	4	Х						
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?		5		Х					
6	Did the organization have members or stockholders?			6		Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app										
	more members of the governing body?			7a		Х					
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?			7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year										
а	The governing body?			8a	X						
b	Each committee with authority to act on behalf of the governing body?			8b		Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac										
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue/	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 cha										
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	X						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.										
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	es," d	escribe								
	on Schedule O how this was done			12c	X						
13	Did the organization have a written whistleblower policy?			13	X						
14	Did the organization have a written document retention and destruction policy?			14	X						
15	Did the process for determining compensation of the following persons include a review and approval	by in	dependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official			15a		X					
b	Other officers or key employees of the organization			15b		Х					
	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 arrangem	ent w	ith a								
	taxable entity during the year?			16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	zation	'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 ▶MI										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 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 Sc	hedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor	nflict c	f interest policy, ar	nd finan	cial						
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's book	ks and	d records 🕨								
	JARED S. LYON - (202) 223-4710										
	1012 14TH STREET, NW, 1200, WASHINGTON, DC 20005										

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

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

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

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

(A)	(B)	nor any related organization compensate (B) (C)							(E)	(F)		
Name and title	Average	Average Pos						Reportable	Reportable	Estimated		
	hours per	box, unless person is both an officer and a director/trustee)				s both	an	compensation	compensation	amount of		
	week	-				tor/trustee)		from	from related	other		
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the		
	related	e or c	trustee			sated		(W-2/1099-MISC/	1099-NEC)	organization		
	organizations	truste	al trus		yee	mper		1099-NEC)	10001120)	and related		
	below	Individual trustee or director	Institutional t	er	Key employee	Highest compensated employee	ner			organizations		
	line)	ibu	Insti	Officer	Key	High	Former					
(1) JARED S. LYON	40.00	1										
PRESIDENT AND CEO		Х		Х				268,500.	0.	12,225.		
(2) LAUREN AUGUSTINE	40.00	1							_			
VP OF GOVERNMENT AFFAIRS						X		163,222.	0.	15,516.		
(3) ABBY KINCH	40.00	1							_			
VP OF PROGRAMS & SERVICES						X		119,097.	0.	15,017.		
(4) CHRIS CATE	40.00	1										
VP OF RESEARCH	10.00					Х		116,699.	0.	10,468.		
(5) RYAN RABAC	40.00	1						111 010				
VP OF COMMUNICATIONS & MARKETING	1000					X		114,312.	0.	7,660.		
(6) PAMELA ERICKSON	10.00	l		l								
CHAIR	10.00	Х		Х				0.	0.	0.		
(7) MAJOR GENERAL CHRIS CORTEZ	10.00								_			
VICE CHAIR	10.00	Х		Х				0.	0.	0.		
(8) FRANK GAUDIO	10.00	٠,,		,,					_			
TREASURER	10.00	Х		Х				0.	0.	0.		
(9) J. FORD HUFFMAN	10.00	.,		7,7					_	_		
SECRETARY	F 00	Х		Х				0.	0.	0.		
(10) GENERAL GEORGE W. CASEY, JR.	5.00	х						0.	0.	0.		
BOARD MEMBER - UNTIL 10/21 (11) JOHN EDELMAN	5.00	^						0.	0.	· ·		
BOARD MEMBER - AS OF 06/2021	3.00	х						0.	0.	0.		
(12) ALANAH ODOMS	5.00	^						0.	0.	· ·		
BOARD MEMBER - AS OF 06/2021	3.00	Х						0.	0.	0.		
(13) SHERRY SHI	5.00	^						0.	0.	· · ·		
BOARD MEMBER	3.00	Х						0.	0.	0.		
(14) FONTAINE STEGALL	5.00	-25						0.		<u></u>		
BOARD MEMBER	3.00	Х						0.	0.	0.		
	+	1							•			
		1										
		t										
		1										
		1										

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	(B)	(C)						(D)	(E)			(F)	
Name and title	Average	Position (do not check more than one					Reportable	Reportable	e	Es	timate	ed	
	hours per					s both		compensation	compensation	on	an	nount	of
	week	offic	cer an	d a di	irecto	r/trust	tee)	from	from relate	d		other	
	(list any	ģ						the	organization	าร	com	pensa	tion
	hours for	gi.				be a		organization	(W-2/1099-MI	SC/	fr	om th	е
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	org	anizat	ion
	organizations	trust	al tru		yee	m be		1099-NEC)		·	•	d relat	
	below	dua	ution	_	oldu	st cc	ъ	,			orga	nizati	ons
	line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former				Ŭ		
			_		Ť	1	_			-			
		$\vdash\vdash\vdash$				\vdash				\rightarrow			
		igwdown								\longrightarrow			
		Ш								\longrightarrow			
		Ш											
		\Box											
		\Box								-+			
		$\vdash\vdash$								-+			
-		$\vdash\vdash\vdash$								-+			
		ш						504 000		_			
1b Subtotal								781,830.		0.	6	0,8	
c Total from continuation sheets to P	art VII, Section A						ightharpoons	0.		0.			<u>0.</u>
d Total (add lines 1b and 1c)								781,830.		0.	6	0,8	<u>86.</u>
2 Total number of individuals (including	but not limited to the	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportabl	e			
compensation from the organization													5
	•											Yes	No
3 Did the organization list any former of	officer director truste	≥e k	בע פ	mnl	OVE	e or	hia	hest compensated empl	ovee on				
3			•	•	•		•	•	•		3		Х
line 1a? If "Yes," complete Schedule											-		
4 For any individual listed on line 1a, is								·	•		_	v	
and related organizations greater than											4	Х	
5 Did any person listed on line 1a receive	•				•			•	lual for services				
rendered to the organization? If "Yes.	" complete Schedule	<u> J fc</u>	or su	ıch r	oers	on .				<u></u>	5		X
Section B. Independent Contractors													
1 Complete this table for your five higher	est compensated ind	eper	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of com	pensati	ion fro	m	
the organization. Report compensation	on for the calendar ye	ar e	ndir	ıg w	ith c	or wit	thin	the organization's tax y	ear.				
	A)						\Box	(B)			(C	;)	
Name and bus	•							Description of s	ervices	Co	Compensation		
DISNEY DESTINATIONS, L	LC							CONFERENCE AI					
752 W BUENA AVENUE, CH		60	61	3				SERVICES			30	3,3	4 8
132 M DOBINA AVENUE, CH	TCAGO, III	00	υ <u>т</u>	<u> </u>			_	CTIATORD			50	<i>, , ,</i>	

Name and business address

Description of services

Compensation

DISNEY DESTINATIONS, LLC

752 W BUENA AVENUE, CHICAGO, IL 60613

MARCUM LLP, 1899 L STREET, NW, SUITE 850, ACCOUNTING, TAX, AND WASHINGTON, DC 20036

ALLIANCE AUDIO VISUAL, 6204 EDITH

BOULEVARD NE, ALBUQUERQUE, NM 87107

DIESEL JACK MEDIA

202 RIGSBEE AVENUE, DURHAM, NC 27701

CONSULTING

Description of services

Compensation

CONFERENCE AND VENUE

303,348.

ACCOUNTING, TAX, AND HR SERVICES

212,754.

CONSULTING

108,750.

Form **990** (2021)

\$100,000 of compensation from the organization

Form 990 (2021) STUDENT
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to anv lin	e in this Part VIII			
		-	,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
SS	1 9	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
S S		Fundraising events 1c					
fts,		Related organizations 1d		-			
ية إق			293,347.	1			
ons,		• • •	<u> </u>				
utic	т	All other contributions, gifts, grants, and	480,575.				
ĕ			400,373.	-			
ont	_	Noncash contributions included in lines 1a-1f		F 772 022			
O g	n	Total. Add lines 1a-1f		5,773,922.			
		COMPEDENCE FEEG	Business Code	152 457	144 262		0 104
<u>c</u> e		CONFERENCE FEES	900099	153,457.	144,263.		9,194.
erv	b	BUSINESS ROUNDTABLE	900099	75,000.			75,000.
n S	C	·					
ran 3ev	d						
Program Service Revenue	е						
Δ		All other program service revenue		222 455			
	g	Total. Add lines 2a-2f		228,457.			
	3	Investment income (including dividends, intere					
		other similar amounts)		590.			590.
	4	Income from investment of tax-exempt bond p	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	d	Net rental income or (loss)	<u></u>				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
e		and sales expenses 7b					
her Revenue	c	Gain or (loss) 7c					
Pe	d	Net gain or (loss)	>				
ē		Gross income from fundraising events (not	,				
됩		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	b	Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See	,				
		Part IV, line 199a					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns	,				
		and allowances 10a	2,660.				
	h	Less: cost of goods sold 10b	•				
		Net income or (loss) from sales of inventory	•	2,660.			2,660.
			Business Code	= , = 3 3			= , , , ,
sno	11 a	SUBLEASE INCOME	900099	15,696.			15,696.
nec	u	REIMBURSEMENTS/REBATES	900099	8,162.			8,162.
Miscellaneous Revenue	~	MISCELLANEOUS	900099	5,909.			5,909.
Sce	4	All other revenue		2,203.			
Σ	_	Total. Add lines 11a-11d		29,767.			
	12	Total revenue. See instructions		6,035,396.	144,263.	0.	117,211.

132009 12-09-21

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). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 48,964. 48,964. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 124,000. 124,000. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 168,435. 280,725. 56,145. 56,145. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,383,984. 987,402. 228,342. 168,240. Other salaries and wages 7 Pension plan accruals and contributions (include 36,430. 25,944. 6,025. 4,461. section 401(k) and 403(b) employer contributions) 71,638. 102,301. 17,295. 13,368. Other employee benefits 9 115,824. 80,499. 19,769. 15,556. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal 208,991. 208,991. Accounting Lobbying Professional fundraising services. See Part IV, line 17 150. 150. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 365,601. 242,849. 107,467. 15,285. column (A), amount, list line 11g expenses on Sch O.) 45,876. 46,114. -142.-96. Advertising and promotion 12 93,445. 89,212. $1, \overline{171}$. 3,062. Office expenses 13 95,277. 86,504. 5,241. 3,532. Information technology 14 15 Royalties 213,790. 161,448. 21,070. 31,272. 16 Occupancy 19,225. 18,163. 316. 746. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 173,848. 7,017. 3,779. 184,644. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 84,615. 63,899. 12,377. 8,339. Depreciation, depletion, and amortization 22 10,358. 10,358. 23 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 O.) 217,852. 187,780. 23,616. 6,456. DUES & SUBSCRIPTIONS AWARDS & GIFTS 94,293. 81,276. 10,222. 2,795. С All other expenses 3,726,345. 2,657,975. 745,632. 322,738. Total functional expenses. Add lines 1 through 24e 25 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)

Pai	rt X	Balance Sneet					
		Check if Schedule O contains a response or not	te to an	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			113,493.	1	145,547
	2	Savings and temporary cash investments			1,590,402.	2	1,184,959
	3	Pledges and grants receivable, net			643,695.	3	3,000,000
	4	Accounts receivable, net		44,814.	4	269,697	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disquali	fied per	sons (as defined			
		under section 4958(f)(1)), and persons described	tion 4958(c)(3)(B)		6		
S	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			8		
Ä	9				173,610.	9	585,856
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	772,376.			
	b	Less: accumulated depreciation	10b	500,186.	343,554.	10c	272,190
	11	Investments - publicly traded securities		305,341.	11	305,260	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			28,147.	15	28,147
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	3)	3,243,056.	16	5,791,656
	17	Accounts payable and accrued expenses		89,158.	17	190,491	
	18	Grants payable		18			
	19	Deferred revenue	96,221.	19	295,390		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Se	22	Loans and other payables to any current or form					
Ě		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unrela			002 245	23	000 400
	24	Unsecured notes and loans payable to unrelate			293,347.	24	288,487
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24)	. Complete Part X	254 022		100 740
		of Schedule D		·····	254,833.		198,740
	26			V	733,559.	26	973,108
s		Organizations that follow FASB ASC 958, che	eck here				
ce		and complete lines 27, 28, 32, and 33.			122 075		417 270
alar	27				132,075.		417,379
Ř	28	Net assets with donor restrictions			2,377,422.	28	4,401,169
Ľ.		Organizations that do not follow FASB ASC 9	58, che	ck here			
ᅜ		and complete lines 29 through 33.					
SIS	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			2 500 407	31	/ Q10 E/O
ž	32	Total net assets or fund balances		• • • • • • • • • • • • • • • • • • •	2,509,497.	32	4,818,548
	33	Total liabilities and net assets/fund balances .			3,243,056.	33	5,791,656

Pa	rt XI Reconciliation of Net Assets									
	Check if Schedule O contains a response or note to any line in this Part XI									
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,03							
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,72	6,34	<u> 15.</u>					
3	Revenue less expenses. Subtract line 2 from line 1									
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))									
5	Net unrealized gains (losses) on investments									
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	4,81	8,54	<u> 18.</u>					
Pa	rt XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII									
				Yes	No					
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a								
	separate basis, consolidated basis, or both:									
	Separate basis Consolidated basis Both consolidated and separate basis									
b	Were the organization's financial statements audited by an independent accountant?		2b	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.								
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit								
	Act and OMB Circular A-133?		За		_X_					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b							

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization STUDENT VETERANS OF AMERICA

 $Employer\ identification\ number \\ 26-1971279$

Pa	rt I	Reason for Public (Charity Status. ((All organizations must o	omplete th	nis part.) S	ee instructions.			
he	organ	zation is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only	one box.)				
1	\bigcap	A church, convention of chu	·	- ·	-	-)(A)(i).			
2	Ħ						7. 7.7			
3	H	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A bospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii)								
<u>ح</u>	H	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
4			ation operated in cor	ijunction with a nospital	described	III Sectio	n 170(b)(1)(A)(III). Enter	the nospital's name,		
		city, and state:								
5		An organization operated for		lege or university owner	or operate	ed by a go	vernmental unit describe	ed in		
		section 170(b)(1)(A)(iv). (C	complete Part II.)							
6		A federal, state, or local gov	ernment or governm	nental unit described in	section 17	'0(b)(1)(A)	(v).			
7	X	An organization that normal	lly receives a substar	ntial part of its support f	om a gove	ernmental	unit or from the general p	oublic described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	d in section 170(b)(1)(A)(vi). (Complete Par	t II.)					
9	\Box	An agricultural research org				ed in coniu	inction with a land-grant	college		
_		or university or a non-land-g				-	-	-		
		university:	rant conege of agrici	artare (500 instructions).	Littor tilo i	iarrio, orty	, and state or the conege	, 01		
40		· —	lly rossiyos (1) more t	than 22 1/20/ of its ours	ort from o	ontribution	no momborobin foco on	d aroog receipte from		
10		An organization that normal								
		activities related to its exem		· ·			• •	-		
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.		
		See section 509(a)(2). (Cor	-							
11	Щ	An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).			
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne function	ns of, or to carry out the	purposes of one or		
		more publicly supported org	ganizations describe	d in section 509(a)(1) d	r section :	509(a)(2).	See section 509(a)(3). (Check the box on		
		lines 12a through 12d that of	describes the type of	supporting organization	and com	plete lines	12e, 12f, and 12g.			
а		Type I. A supporting orga	nization operated, su	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving		
		the supported organization	on(s) the power to red	gularly appoint or elect a	maiority o	f the direc	tors or trustees of the su	upportina		
		organization. You must c			, ,					
h		Type II. A supporting orga	= :		ion with its	s sunnorte	d organization(s) by hav	vina		
		control or management of								
					arrie persor	iis iiiai coi	ittoi or manage the supp	oortea		
		organization(s). You mus						1 20		
С		Type III functionally inte					• •	ea with,		
		its supported organization	n(s) (see instructions)	. You must complete	Part IV, Se	ctions A,	D, and E.			
d			integrated. A supp	orting organization oper	ated in cor	nnection w	ith its supported organiz	zation(s)		
		that is not functionally into	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	uirement and an attentiv	/eness		
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V.			
е		Check this box if the orga	nization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II, Type III			
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.				
f	Ente	r the number of supported o	rganizations							
g		ride the following information		d organization(s).						
	() Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed na document?	(v) Amount of monetary	(vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)		

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

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

Sec	ction A. Public Support	71		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
	Gifts, grants, contributions, and		• •					
	membership fees received. (Do not							
	include any "unusual grants.")	3880093.	2062269.	2063296.	3311010.	5773922.	17090590.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge	200000	000000	0060006	2211212	555000	15000500	
	Total. Add lines 1 through 3	3880093.	2062269.	2063296.	3311010.	5773922.	17090590.	
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,						4420525	
_	column (f)						4428535.	
	Public support. Subtract line 5 from line 4.						12662055.	
		/-\ 0017	/h) 0010	(-) 0010	(4) 0000	(=) 0001	(6) Takal	
	ndar year (or fiscal year beginning in)	(a) 2017 3880093.	(b) 2018 2062269.	(c) 2019 2063296.	(d) 2020 3311010.	(e) 2021 5773922	(f) Total 17090590.	
	Amounts from line 4	3000073.	2002203.	2003230.	3311010.	3113322.	170000000	
0	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties, and income from similar sources	28,649.	28,042.	23,721.	13,317.	16,286.	110,015.	
۵	Net income from unrelated business	20,045.	20,042.	23,721.	13,317.	10,200.	110,013.	
9	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
10	or loss from the sale of capital							
	assets (Explain in Part VI.)		2,317.				2,317.	
11	Total support. Add lines 7 through 10		2/32/1				17202922.	
12	Gross receipts from related activities,	etc (see instructio	nne)				,502,380.	
	First 5 years. If the Form 990 is for th	•	,				70027000	
	organization, check this box and stor	_		•				
Sec	tion C. Computation of Publi						<u>, </u>	
14	Public support percentage for 2021 (li	ine 6, column (f), d	ivided by line 11, o	column (f))		14	73.60 %	
15	- · · · · · · · · · · · · · · · · · · ·					15	69.72 %	
16a	33 1/3% support test - 2021. If the o					ore, check this bo		
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X	
b	33 1/3% support test - 2020. If the o							
	and stop here. The organization qualifies as a publicly supported organization							
17a	10% -facts-and-circumstances test							
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation	
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		>	
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or	
	more, and if the organization meets the	ne facts-and-circum	nstances test, chec	ck this box and st	t op here. Explain i	n Part VI how the		
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	▶∐	
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							

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	Γ	T	T	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	· ·		·	•	. , . , .	
0	check this box and stop here						>
	ction C. Computation of Publi			. (5)		T .= T	
	Public support percentage for 2021 (li	, , , , , , , , , , , , , , , , , , , ,	,	(//		15	<u>%</u>
	Public support percentage from 2020 ction D. Computation of Inves					16	%
	Investment income percentage for 20			ne 13 column (f)\		17	n/
	Investment income percentage for 20					18	<u>%</u>
	33 1/3% support tests - 2021. If the						
198	more than 33 1/3%, check this box ar						. —
L	33 1/3% support tests - 2020. If the						
i.	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	_		
	За		
	- Oa		
	26		
	3b		
	3c		
	_		
	4a		
	4b		
	4c		
	5a		
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	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
_	_		

132024 01-04-21

Par	t IV	Supporting Organizations (continued)			.g
		Continued)		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	•	elow, the governing body of a supported organization?	11a		
b		ily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	112		
•		in Part VI.	11c		
Sec		3. Type I Supporting Organizations			
				Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
-		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		ne organization operate for the benefit of any supported organization other than the supported			
_		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	_	how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec		C. Type II Supporting Organizations			
				Yes	No
1	Were a	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
-		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec	tion C	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	•	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	•	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	cant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	s).	
2	Activit	ties Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported 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,			
		he organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or	r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part V	the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а	Did th	e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trusta	es of each of the supported organizations? If "Voe" or "No" provide details in Part VI	3a		

Schedule A (Form 990) 2021

3b

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.*

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

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ued)	
	ion D - Distributions		•		Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
_3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
_7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
_9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-			T	
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
<u>i</u>	Carryover from 2016 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
<u> </u>	Excess from 2021				

Part VI	Part l' line 1 Section	V, Se ; Par on D	ection A, I t IV, Sect	lines 1, 2 ion D, lir	2, 3b, 3c, 4 nes 2 and :	1b, 4c, 5 3; Part l'	6a, 6, 9a, 9 V, Section	b, 9c, 11a E, lines 1	a, 11b, a c, 2a, 2	and 11 b, 3a,	c; Part IV, s and 3b; Pa	Part II, line 1 Section B, lir rt V, line 1; F rt for any ad	nes 1 and 2 Part V, Sect	; Part IV, S ion B, line	ection C,
SCHED	ULE Z	Α,	PART	II,	LINE	10,	EXPL	ANATI	ON F	OR	OTHER	INCOME	: ·		
OTHER	INC	OME	3												
2018 2	AMOUI	T:	\$	2,3	17.										

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization **Employer identification number**

26-1971279

	STUDEN'	T VETERANS OF AMERICA	26-1971279					
Organizati	Organization type (check one):							
Filers of:	Section	1:						
Form 990 o	or 990-EZ X 5	01(c)(3) (enter number) organization						
	4	947(a)(1) nonexempt charitable trust not treated as a private foundation						
	5	27 political organization						
Form 990-F	PF 5	01(c)(3) exempt private foundation						
	4	947(a)(1) nonexempt charitable trust treated as a private foundation						
	5	01(c)(3) taxable private foundation						
		by the General Rule or a Special Rule . (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.					
General R	ule							
	· ·	rm 990, 990-EZ, or 990-PF that received, during the year, contributions totaling ributor. Complete Parts I and II. See instructions for determining a contributor's						
Special Ru	ules							
Se	ections 509(a)(1) and 170(b	ed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Fomplete Parts I and II.	d that received from any one					
co lit	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.							
ye is pı	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 \$\bigs\$\bigs\text{\$\text{							
answer "No	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 hat it doesn't meet the filing requirements of Schedule B (Form 990).							

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

Schedule B (Form 990) (2021)

Page 2 Schedule B (Form 990) (2021)

Name of organization Employer identification number 26-1971279

STUDE	NT 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 contribution	(d) s Type of contribution
1		\$1,000,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
2		\$1,033,68	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) S Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

STUDENT VETERANS OF AMERICA

26-1971279

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	



Page 4

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

16161116 150872 193502

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.			
Nan	ne of organization			Empl	oyer identification number
		VETERANS OF AME			26-1971279
Pa	art I-A Complete if the org	anization is exempt und	er section 501(c)	or is a section 527 or	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures		 ►\$	
Pa	art I-B Complete if the org	anization is exempt und	er section 501(c)(3).	
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955	▶ \$	
	Enter the amount of any excise tax				
3	If the organization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.		504(a)		\(0\)
_	art I-C Complete if the org	•			
	Enter the amount directly expended	, ,	·	***************************************	
2	Enter the amount of the filing organ				
•	exempt function activities				
3	Total exempt function expenditures				
4	line 17b Did the filing organization file Form				
5	Enter the names, addresses and en				
Ŭ	made payments. For each organiza				
	contributions received that were pro	•			•
	political action committee (PAC). If	additional space is needed, prov	vide information in Part	IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

Part II-A Complete if the org			ERANS OF AM.			9/12/9 Page 2
section 501(h)).	janizatio	n is exen	npt under section	i 50 i (c)(s) and me	a Form 5700 (ele	ection under
	-			Part IV each affiliated	group member's nam	e, address, EIN,
. — .			nd "limited control" pro	wisions apply		
Lim	its on Lobb	ying Expe	•		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence publi	c opinion (d	grassroots lobbying)			
b Total lobbying expenditures to infl	-		by Addison at the leader who are			
c Total lobbying expenditures (add I	_					
d Other exempt purpose expenditur						
e Total exempt purpose expenditure			`			
f Lobbying nontaxable amount. Ent	="					
If the amount on line 1e, column (a)			bying nontaxable am			
Not over \$500,000	` '		the amount on line 1e.			
Over \$500,000 but not over \$1,00	0,000	\$100,00	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5		\$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000	\$225,00	00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,	000.			
g Grassroots nontaxable amount (er	nter 25% of	line 1f)				
h Subtract line 1g from line 1a. If zer						
i Subtract line 1f from line 1c. If zero						
j If there is an amount other than ze	ero on eithei	line 1h or	line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this	year?					Yes No
(Some organizations t	hat made a	section 50	eraging Period Under 01(h) election do not l ate instructions for lir	have to complete all o	f the five columns b	elow.
	Lobb	ying Expe	nditures During 4-Yea	r Averaging Period		_
Calendar year (or fiscal year beginning in)	(a) 2	2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						

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 e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	1)	(i	o)
	e lobbying activity.	Yes	No	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:		v		
a	Volunteers?	x	X		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х		
	Media advertisements? Mailings to members, legislators, or the public?		X		
			X		
			X		
	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х	21		2,823.
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	- 21	Х		1,023.
	011 11 11 0		X		
-	Other activities? Total. Add lines 1c through 1i				2,823.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		, , ,
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
_	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	o), or sec	tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No" OR	(b) Part I	II-A, line	3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
С			2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?		4		
	Taxable amount of lobbying and political expenditures. See instructions		5		
	t IV Supplemental Information				
	de 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, lines 1 a	nd 2 (See	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
PAI	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
C177	CONTRE DARMICIDAME IN CONCRECTIONAL HEADINGS AND SE	томтт п	IE CM TM	∩λτ ΣΖ λ.Π	,
SVE	A STAFF PARTICIPATE IN CONGRESSIONAL HEARINGS AND SU	DMII I	FOLIM	JNY A1	·
тні	E INVITATION OF VARIOUS LEGISLATIVE OFFICIALS. SVA S	TAFF A	LSO		
PAI	RTICIPATE IN EXECUTIVE-BRANCH EVENTS UPON REQUEST. N	O ADDI	TIONA	<u> </u>	
EXI	PENDITURES WERE MADE FOR LOBBYING. AS NOTED, STAFF T	IME IS	INVO	LVED	
				<u> </u>	
WI.	TH MEETING/HEARING PARTICIPATION.				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

STUDENT VETERANS OF AMERICA

Employer identification number 26-1971279

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		milar Funds or	Accounts.	Complete if th	ie
		(a) Donor advised	d funds	(b) Funds an	nd other accou	nts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w	riting that the assets hel	d in donor advised f	unds		
	are the organization's property, subject to the organization's e	exclusive legal control?			. Yes	☐ No
6	Did the organization inform all grantees, donors, and donor ac					
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?				Yes	☐ No
Pai	t II Conservation Easements. Complete if the org					
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).				
	Preservation of land for public use (for example, recreat		Preservation of a h	istorically impo	rtant land area	l
	Protection of natural habitat		Preservation of a c	ertified historic	structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribu	tion in the form of a	conservation e	asement on th	e last
	day of the tax year.				at the End of th	
а	Total number of conservation easements			2a		
b				·		
С	Number of conservation easements on a certified historic stru					
d	Number of conservation easements included in (c) acquired at					
	listed in the National Register	*		2d		
3	Number of conservation easements modified, transferred, rele				g the tax	
	year▶	, ,	, ,		•	
4	Number of states where property subject to conservation ease	ement is located				
5	Does the organization have a written policy regarding the peri		on, handling of			
	violations, and enforcement of the conservation easements it	• • •			Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, h					ear
	>	·	· ·		,	
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enf	orcing conservation	easements dur	ring the year	
	▶ \$		· ·		,	
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements	of section 170(h)(4))(B)(i)		
	and section 170(h)(4)(B)(ii)?	•			Yes	☐ No
9	In Part XIII, describe how the organization reports conservatio					
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's	financial statements	that describes	the	
	organization's accounting for conservation easements.	· ·				
Pai	t III Organizations Maintaining Collections of	Art, Historical Trea	sures, or Other	r Similar As	sets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958	B, not to report in its reve	nue statement and b	oalance sheet v	vorks	
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education,	or research in furthe	erance of public	;	
	service, provide in Part XIII the text of the footnote to its finance	cial statements that desc	ribes these items.			
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue	statement and bala	nce sheet work	s of	
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furthera	nce of public se	ervice,	
	provide the following amounts relating to these items:			·		
	(i) Revenue included on Form 990, Part VIII, line 1			> \$		
2	If the organization received or held works of art, historical trea					
	the following amounts required to be reported under FASB AS			• •		
а	Revenue included on Form 990, Part VIII, line 1			▶ \$		
	Assets included in Form 990, Part X					
	For Paperwork Reduction Act Notice, see the Instructions				edule D (Form	990) 2021

132051 10-28-21

	t III Organizations Maintaining Co	llections of Art	t, Histo	orical Tre	asures, o	r Other S	Similar	Assets	(continu	ed)
3	Using the organization's acquisition, accession								,	
	collection items (check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's coll	ections and explain	how th	ey further th	ne organizatio	n's exemp	t purpose	in Part	XIII.	
5	During the year, did the organization solicit or	receive donations o	of art, his	storical treas	sures, or othe	er similar as	ssets			
	to be sold to raise funds rather than to be main	ntained as part of th	ne organ	ization's co	llection?				Yes	☐ No
Par	t IV Escrow and Custodial Arrang	ements. Comple	ete if the	organizatio	n answered	"Yes" on Fo	orm 990,	Part IV, I	ine 9, or	
	reported an amount on Form 990, Part			_						
1a	Is the organization an agent, trustee, custodial	n or other intermedi	iary for o	contributions	s or other as	sets not inc	luded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII ar									
	· · ·	·							Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on For						?		Yes	No No
b	If "Yes," explain the arrangement in Part XIII. C	Check here if the ex	planatio	n has been	provided on	Part XIII .				
Par	t V Endowment Funds. Complete if	the organization an	swered	"Yes" on Fo	rm 990, Part	IV, line 10.				
	·	(a) Current year		rior year	(c) Two yea) Three yea	ars back	(e) Four y	ears back
1a	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curre	nt vear end balance	e (line 1c	ı. column (a)) held as:					
а	Board designated or quasi-endowment	,	%	,, ()	,					
b	Permanent endowment	%	_							
	Term endowment > %									
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.								
За	Are there endowment funds not in the possess	•	tion tha	t are held ar	nd administer	ed for the	organizati	on		
	by:	· ·					Ü		\[\frac{1}{2}\]	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizati	ons listed as require	ed on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the o									
Par	t VI Land, Buildings, and Equipme	ent.								
	Complete if the organization answered	"Yes" on Form 990	, Part IV	, line 11a. S	ee Form 990	, Part X, lin	e 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Acc	umulated		(d) Book	value
		basis (investn		. ,	(other)	depre	eciation		` ,	
1a	Land									
	Buildings									
	Leasehold improvements			26	5,932.	18	37,13	8.	78	,794.
d	Equipment				6,001.	19	5,28	1.		,720.
	Other				0,443.		., 76 L7, 76			,676.
	. Add lines 1a through 1e. (Column (d) must ea		X colum				-			,190.

(a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end	-of-vear market value
) Financial derivatives	(b) Book value	(c) meaned of variations described	or your market value
) Closely held equity interests			
) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
• •			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Complete if the organization answered "Yes" o	n 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-vear market value
	(b) Book value	(c) Welfied of Valuation. Gost of Grid	or year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.	- F 000 P-+ IV I'-	Add One France 200 Part V. France 45	
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(IA) Paralamina
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" o	n Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" o (a) D		11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" o (a) D		11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) The art IX Other Assets. Complete if the organization answered "Yes" of (a) E(1) (1)		11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" o (a) [1] (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) The art IX Other Assets. Complete if the organization answered "Yes" of the complete if the complete if the organization answered "Yes" of the complete if the		11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" o (a) [1] (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" organization		11d. See Form 990, Part X, line 15.	(b) Book value
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132053 10-28-21

Schedule D (Form 990) 2021

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

Par	<u> </u>	nts Wit	h Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				8,366,820.
1				1	0,300,020.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا مو ا			
a b	Net unrealized gains (losses) on investments Donated services and use of facilities		2,331,574.	-	
	Recoveries of prior year grants		2,331,374.	-	
	Other (Describe in Part XIII.)			-	
	Add lines 2a through 2d			2e	2,331,574.
3	Subtract line 2e from line 1			3	2,331,574. 6,035,246.
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	150.		
	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	150.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	6,035,396.
Par	t XII Reconciliation of Expenses per Audited Financial Stateme	ents Wi	th Expenses per F	Returi	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	6,057,769.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	0 224 554		
	Donated services and use of facilities		2,331,574.	-	
	Prior year adjustments			-	
_	Other losses			-	
d	Other (Describe in Part XIII.)			-	2 331 574
е 3	Add lines 2a through 2d			2e 3	2,331,574. 3,726,195.
	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	3,720,133.
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	150.		
	Other (Describe in Part XIII.)			-	
	Add lines 4a and 4b			4c	150.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,726,345.
Par	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I			; Part)	K, line 2; Part XI,
lines :	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	tional info	ormation.		
DΔR	T X, LINE 2:				
	1 A, DIND 2.				
SVA	EVALUATED ITS UNCERTAINTY IN INCOME TAXES	FOR	THE YEAR EN	DED	DECEMBER
<u>31,</u>	2021, AND DETERMINED THAT THERE WERE NO M	ATTE	RS THAT WOUL	D R	EQUIRE
DEC	OGNITION IN THE FINANCIAL STATEMENTS OR TH	ът м:	אזא בייאנים אויא	וססס	POM ON THE
KEC	OGNITION IN THE FINANCIAL STATEMENTS OR TH	AI M	AI HAVE ANI	EFF	ECT ON 115
TAX	-EXEMPT STATUS.				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

2021
Open to Public

Inspection

Employer identification number Name of the organization 26-1971279 STUDENT VETERANS OF AMERICA Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990. Part IV. line 21. for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) STUDENT VETERANS OF AMERICA ILLINOIS - 0N658 WINFIELD SCOTT DRIVE - WINFIELD, IL 60190 47-3850313 0 PROGRAM SUPPORT 48,964, Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

(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
HOLARSHIP	12	124,000.	0.		
art IV Supplemental Information. Provide the information	required in Part I, lin	e 2; Part III, column	(b); and any other ac	l dditional information.	
ART I, LINE 2:					
/A MAKES GRANT DISBURSEMENTS VI	A REIMBURSE	MENT BY RE	EQUIRING TH	AT ANY	
EQUEST FOR FUNDS BE ACCOMPANIED	BY CORRESP	ONDING IN	OICES AND	RECEIPTS,	
HUS ENSURING THAT THE GRANT FALI					
				02 2.111	

SCHEDULE J (Form 990)

Compensation Information

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Employer identification number STUDENT VETERANS OF AMERICA 26-1971279

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

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

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-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	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)	222,500.	46,000.	0.	6,570.	5,655.	280,725.	0.	
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) LAUREN AUGUSTINE	(i)	139,050.	24,172.	0.	4,897.	10,619.	178,738.	0.	
VP OF GOVERNMENT AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
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	(i)								
	(ii)								

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

SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Name of the organization

STUDENT VETERANS OF AMERICA

Employer identification number 26-1971279

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
CREATION AND IMPLEMENTATION OF A STRATEGIC PLAN TO HELP CHAPTERS FOCUS
THEIR EFFORTS AND ESTABLISH CLEAR PRIORITIES WITH A FOCUS ON
UNDERSTANDING THEIR UNIQUE CAMPUS COMMUNITY. WE SHARE LEADING PRACTICES
AND FACILITATE MENTORSHIP VIA OUR CHAPTER CONSULTATION SESSIONS. WE
ALSO OFFER ONLINE TRAINING FOR CAREER DEVELOPMENT OPPORTUNITIES IN
WEBINAR-BASED SESSIONS. WE CONNECT OUR CHAPTERS WITH EACH OTHER TO PLAN
REGIONAL EVENTS AND ENGAGE WITH STUDENT VETERANS ON ADVOCACY AND POLICY
CHANGES AT THE CAMPUS, STATE, AND NATIONAL LEVELS. FINALLY, WE WORK
DIRECTLY WITH CHAPTERS TO HELP MEMBERS BUILD MEANINGFUL RELATIONSHIPS
WITH COMMUNITY, BUSINESS, AND INDUSTRY LEADERS.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
TO THE FEDERAL LEVEL ENABLING PROACTIVE POLICY AND ADMINISTRATIVE
CHANGES THAT BENEFIT STUDENT VETERANS AND THE OVERALL VETERAN
COMMUNITY.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
SESSIONS IN ALL AREAS OF ACADEMIC AND PROFESSIONAL DEVELOPMENT,
INCLUDING THE LATEST RESEARCH FINDINGS ON STUDENT VETERAN SUCCESS AND
ADVOCACY STRATEGIES. THOUSANDS OF ATTENDEES AND MORE THAN 100
EXHIBITORS AND SPONSORS ATTEND NATCON EVERY YEAR.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
PROCEDAMMATIC COMMINICATIONS AND MARKETING

INCLUDING GRANTS OF \$

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

Schedule O (Form 990) 2021

REVENUE \$

EXPENSES \$ 291,942.

<u>Schedule O (Form 990) 2021</u> Page **2**

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

FORM 990, PART VI, SECTION A, LINE 4:

IN JUNE 2021, THE BOARD APPROVED A CHANGE IN YEAR END FROM DECEMBER 31 TO MARCH 31. FURTHER MISCELLANEOUS CHANGES WERE MADE TO THE BYLAWS.

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

NO COMMITTEE CAN ACT ON BEHALF OF THE GOVERNING BODY.

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

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

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

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

THE DRAFT, IT IS PROVIDED TO THE FULL BOARD OF DIRECTORS BEFORE AUTHORIZING

MARCUM LLP TO ELECTRONICALLY TRANSMIT IT TO THE INTERNAL REVENUE SERVICE.

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

THE BOARD OF DIRECTORS ADOPTED AN ETHICS AND CONFLICTS OF INTEREST POLICY.

THE POLICY IS PROVIDED TO ALL LEADERS OF SVA AND MUST BE FILED ANNUALLY.

THE BOARD OF DIRECTORS MONITORS AND ENFORCES COMPLIANCE VIOLATIONS.

INDIVIDUAL TRUSTEES AND OFFICERS ARE REQUIRED TO DISCLOSE ANY POTENTIAL

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

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

CONSISTENT WITH ARMS-LENGTH TRANSACTIONS, WITHOUT INFLUENCE BY BOARD

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

LEADERS TAKE INTO CONSIDERATION HIGH QUALITY SERVICES AND COMPETITIVE

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

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

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

<u>Schedule O (Form 990) 2021</u> Page **2**

Employer identification number Name of the organization STUDENT VETERANS OF AMERICA 26-1971279 ENSURES FULL BOARD DISCLOSURE. FORM 990, PART VI, SECTION B, LINE 15: SVA FOLLOWS ALL FEDERAL AND LOCAL REGULATORY LAWS AND EXERCISES BEST PRACTICES WHEN HIRING EMPLOYEES. CANDIDATES ARE RECRUITED OPENLY AND INTERVIEWED BASED ON CAREER EXPERIENCE AND EDUCATIONAL QUALIFICATIONS INDICATED BY RESUMES AND COVER LETTERS. THE PRESIDENT AND CEO AND HUMAN RESOURCES LEADERSHIP MEET TO DISCUSS THE SALARY FOR EACH POSITION PRIOR TO RECRUITING WHERE BENCHMARKS ARE DISCUSSED AND INTERNAL EQUITY IS CONSIDERED. SALARIES ARE BASED ON A COMPARISON OF LOCAL COSTS OF LIVING, AVERAGE RATES OF COMPENSATION FOR SIMILAR POSITIONS, AND INTERNAL EQUITY. COST OF LIVING AND PERFORMANCE INCREASES ARE DETERMINED BY THE ANNUAL BUDGET AS ASSESSED BY THE CEO AND APPROVED BY THE BOARD OF DIRECTORS. COMPENSATION AND BENEFITS FOR THE PRESIDENT & CEO ARE MANAGED BY THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION C, LINE 19: SVA'S FEDERAL FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON SVA'S WEBSITE. BYLAWS, CONFLICT OF INTEREST POLICY, AND OTHER GOVERNING DOCUMENTS ARE AVAILABLE BY REQUEST VIA A "CONTACT US" LINK ON SVA'S WEBSITE.