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## SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

OMB No 1545-0047 2010

Department of the Treasury Internal Revenue Service

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

Open to Public

Name of the organization

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Inspection

Employer identification number

Stude	nt Veterans of Am	erica							26-19	71279
Part	Reason f	or Public Cha	rity Status (All orga	nization	s must c	omplete	this pa	rt.) See i	nstructio	ons.
The o	rganization is not	a private founda	ition because it is: (Fo	r lines 1 t	through 1	1, check	only one	box.)		
1	Achurch, com	vention of churc	hes, or association of	churches	s describe	ed in <b>sec</b>	tion 170	(b)(1)(A)(i	).	
2	A school desc	nbed in <mark>section</mark>	170(b)(1)(A)(ii). (Attac	ch Sched	ule E.)					
3	A hospital or a	cooperative ho	spital service organiza	ation desc	onbed in a	section 1	170(b)(1)(	(A)(iii).		
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:									
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)									
	An organization	on that normally	nment or government receives a substantia	al part of					nit or fron	n the general public
8			( <b>A)(vi).</b> (Complete Par n <b>section 170(b)(1)(A</b> )	•	molete Pa	ort II \				
			receives: (1) more that				tn	butions		thin food and arose
3	receipts from support from	activities related gross investme	d to its exempt funct int income and unrel fter June 30, 1975. Se	ions—sul lated bus	bject to d siness ta	certain ex xable inc	come (les	s, and (2) ss section	no more	than 331/3% of its
10		_	l operated exclusively					-	<b>A</b> )	
	An organization	on organized ar	nd operated exclusive olicly supported organ	ely for th	ne benefi	t of, to p	perform	the funct	ions of,	
			describes the type of :							
	a 🗌 Type	l <b>b</b> 🗌	Type II c	□ Тур	e III-Fun	ctionally	ıntegrate	d	d [	Type III–Other
е	<ul> <li>By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).</li> </ul>									
f	f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting									
g	organization, check this box									
9	following pers	ons?		•				-		
	(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?									
	(ii) A family m	ember of a pers	on described in (i) abo	ove?						11g(ii)
	(iii) A 35% cor	ntrolled entity of	a person described in	ı (i) or (ii) a	above?.					11g(iii)
h	Provide the fo	llowing informat	on about the support	ed organ	zation(s).					
4 (D)	Name of supported organization	(ii) EN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?	the organ	ou notify nization in of your port?	organizat (i) organi	s the con in col zed in the S.?	(vii) Amount of support
				Yes	No	Yes	No	Yes	No	
(A)										
(B)										
(C)										
(D)										
(E)					<u> </u>					
					<del> </del>					

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Schedule I (Form 990) (2010)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance (b) Number of	(b) Number of		(d) Amount of	(a) Mother for for forth (a)	
	recipients	cash grant	non-cash assistance	FMV, appraisal, other)	(I) Description of non-cash assistance
1 National Conference Planning Grant	8	200			
2 Chapter Grant	16	250			
3 Chapter Grant	1	189			
4 Chapter Grant	-	217			
9					
9					
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	te this part to pro	vide the information	required in Part I,	line 2, and any other add	tional information.
					Schedule I (Form 990) (2010)

## SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

2010

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

• Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization Employer identification number Student Veterans of America Employer identification number 26-1971279

Veteran Educational Transition Program: The goal of this program is to help wounded, injured, and ill veterans seamlessly transition
from the hospital to the college of their choice.
Part III, Line 4d. Other Program Services
Veteran Educational Transition Program: The goal of this program is to help wounded, injured, and ill veterans seamlessly transition
from the hospital to the college of their choice.
Community Service Initiative: SVA partnered with the Presidential Service Awards to recognize 20 SVA volunteers for their service
in their community and the nation at large.
SVA National Scholarship Program: SVA provides scholarships to student veterans based on financial need. SVA gave two scholarships
in 2010, in the amounts of \$500 and \$750.
GI Bill Services: SVA supports chapters by resolving GI Bill issues. Our relationship with the Department of Veterans Affairs typically
allows SVA to fix a problem within 2 to 3 days.
Advocacy: SVA works with other Veteran Service Organizations and the Department of Veterans Affairs to ensure that student veterans
receive the benefits they've earned and can successfully reintegrate into civilian life.
Part VI Section B Line 11b.
Form 990 is completed first by the staff bookkeeper. Once the form is completed by the bookkeeper it submitted to the organization's
executive director. The executive director reviews the Form 990 for any errors. After the executive director reviews the form
executive director. The executive director reviews the Form 990 for any errors. After the executive director reviews the form
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Schedule O (Form 990 or 990-EZ) (2010) Name of the organization	Employer identification number
Student Veterans of America	26-1971279
•	
<u></u>	
Part VI Section B Line 12c.	
The board of directors adopted an ethics and conflicts of interest policy in 2010. T	The policy is provided to all leaders in the organization
	<del></del>
The board is in the process of establishing an ethics committee to monitor and er	force compliance violations. Individual trustees
and key employees are required to disclose conflicts of interests as it pertains to	the interests of SVA.
Part VI Section B Line 15.	
1 at 11 coods 15 circ 15.	
Hiring and salary decisions are reviewed and approved independently by a design	nated board member, under authority delegated by the
board. Salaries are based on a comparison of local costs of living, and average ra	ites of compensation between Washington, D.C.,
Las Vegas, NV., and Chicago, IL, and salaries are set in relation to the Executive	Lirector's salary and adjusted for local differences.
Pay is adjusted for changes in location if they occur during employment. This is n	eflected in key employee contracts.
The process of setting employee salaries was incorporated into the employee sea	arch process. The Executive Director, and Developmen
Director search processes were conducted by a committee of the Board of Direct	ors. All other employee search and hiring processes a
conducted by the Executive Director and approved by a board member designate	d to provide independent review and approval for the
Board of Directors.	
Data o Diecos	
Part VI Section C Line 19.	
The organization's bylaws are publicly available on the organization website and	available upon request. Financial statements
and the conflicts of interest policy are provided to the public by emailing a reques	st to contact@studentveterans.org.
Part XI Line 5.	
Other Changes in net assets or fund balances. The discrepancy of 205 is due to a	nrior year artiuctment
	min Just ingulated to