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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury  
Internal Revenue Service

SAVANNAH COLLEGE OF ART AND DESIGN  
INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite  
PO BOX 3146

City or town, state or province, country, and ZIP or foreign postal code  
SAVANNAH, GA 31402

F Name and address of principal officer  
PAULA WALLACE  
PO BOX 3146  
SAVANNAH, GA 31402

H(a) Is this a group return for subordinates?  
H(b) Are all subordinates included?  
H(c) Group exemption number

Employer identification number  
58-1357177

E Telephone number  
(912) 525-5000

G Gross receipts \$ 681,800,074

A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

B Check if applicable  
Address change  
Name change  
Initial return  
Final return/terminated  
Amended return  
Application pending

I Tax-exempt status  
501(c)(3) 501(c) ( ) (insert no ) 4947(a)(1) or 527

J Website: WWW SCAD EDU

K Form of organization  
Corporation Trust Association Other

L Year of formation 1978

M State of legal domicile GA

Part I Summary

1 Briefly describe the organization's mission or most significant activities  
SEE SCHEDULE O FOR COMPLETE DESCRIPTION

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a) 9

4 Number of independent voting members of the governing body (Part VI, line 1b) 9

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 3,610

6 Total number of volunteers (estimate if necessary) 1,200

7a Total unrelated business revenue from Part VIII, column (C), line 12 2,717,049

7b Net unrelated business taxable income from Form 990-T, line 34 -843,696

8 Contributions and grants (Part VIII, line 1h) 4,287,769 3,093,531

9 Program service revenue (Part VIII, line 2g) 462,074,348 512,633,684

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) 6,623,280 7,819,372

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 5,644,340 5,782,233

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 478,629,737 529,328,820

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) 100,543,744 105,995,012

14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 136,048,390 143,953,373

16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0

16b Total fundraising expenses (Part IX, column (D), line 25) 679,272

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 132,896,451 138,008,915

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 369,488,585 387,957,300

19 Revenue less expenses Subtract line 18 from line 12 109,141,152 141,371,520

20 Total assets (Part X, line 16) 863,859,342 996,773,713

21 Total liabilities (Part X, line 26) 276,222,775 266,598,626

22 Net assets or fund balances Subtract line 21 from line 20 587,636,567 730,175,087

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 2019-05-10  
CARMEN STOWERS SECRETARY

Print/Type preparer's name Preparer's signature Date  
MARY JO ALEXANDER MARY JO ALEXANDER 2019-05-10

Firm's name Firm's EIN  
MAULDIN & JENKINS LLC 58-0692043

Firm's address Phone no  
200 GALLERIA PKWY SE STE 1700 (770) 955-8600  
ATLANTA, GA 303395946

Sign Here

Paid Preparer Use Only

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2017)

**Part 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:

SCAD PREPARES TALENTED STUDENTS FOR CREATIVE PROFESSIONS THROUGH ENGAGED TEACHING AND LEARNING IN A POSITIVELY ORIENTED UNIVERSITY ENVIRONMENT

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

<b>4a</b>	(Code )	(Expenses \$ 179,648,721	including grants of \$ 326,584 )	(Revenue \$ 447,172,907 )
See Additional Data				























<b>4b</b>	(Code )	(Expenses \$ 37,864,598	including grants of \$ )	(Revenue \$ 66,356,082 )
See Additional Data				

<b>4c</b>	(Code )	(Expenses \$ 105,668,428	including grants of \$ 105,668,428 )	(Revenue \$ )
See Additional Data				

<b>4d</b>	Other program services (Describe in Schedule O )			
	(Expenses \$	including grants of \$	(Revenue \$	)

<b>4e</b>	<b>Total program service expenses ▶</b>	323,181,747
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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	<b>2</b> Yes	
<b>3</b> 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	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> 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	<b>4</b>	No
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<b>5</b>	No
<b>6</b> 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 	<b>6</b>	No
<b>7</b> 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 	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	<b>8</b> Yes	
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	<b>10</b> Yes	
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	<b>11a</b> Yes	
<b>b</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 	<b>11b</b>	No
<b>c</b> 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 	<b>11c</b>	No
<b>d</b> 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 	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	<b>11e</b> Yes	
<b>f</b> 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 	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	<b>12a</b>	No
<b>b</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 	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 	<b>13</b> Yes	
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b> Yes	
<b>b</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 	<b>14b</b> Yes	
<b>15</b> 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 	<b>15</b>	No
<b>16</b> 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 	<b>16</b>	No
<b>17</b> 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) 	<b>17</b>	No
<b>18</b> 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 	<b>18</b> Yes	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	<b>19</b>	No

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .	<b>20a</b>	No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b>	Yes
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b>	Yes
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b>	Yes
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<b>24a</b>	Yes
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	No
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	No
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	No
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>	No
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>	No
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>	No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>	Yes
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>	No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>	Yes
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>	No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	Yes
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>	Yes
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>	No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>	No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>	Yes
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b>	Yes
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	Yes
<b>b</b> 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b>	Yes
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>	No
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>	No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	733	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
<b>2a</b>	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.	3,610	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	
<b>b</b>	If "Yes," enter the name of the foreign country: <b>FR, HK</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders.		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
<b>c</b>	Enter the amount of reserves on hand.		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year	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 in Schedule O			
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent	9	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?		No
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	Yes	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	Yes	
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	Yes	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
<b>13</b>	Did the organization have a written whistleblower policy?	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy?	Yes	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	Yes	
<b>15b</b>	Other officers or key employees of the organization	Yes	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

**17** List the States with which a copy of this Form 990 is required to be filed: GA

**18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
 ► R ADKINS PO BOX 3146 SAVANNAH, GA 314023146 (912) 525-5000

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

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

Form **990** (2017)

[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 138

## Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
CLAYCO INC 2199 INNERBELT BUSINESS CENTER DRIV SAINT LOUIS, MO 63114	CONSTRUCTION SERVICES	32,674,635
BON APPETIT MANAGEMENT COMPANY 2400 YORKMONT ROAD CHARLOTTE, NC 28217	CONTRACTED FOOD SERVICE	10,316,620
THE KICKLIGHTER COMPANY 1712 FROST DRIVE SAVANNAH, GA 31404	CONSTRUCTION SERVICES	9,382,731
FIRST TRANSIT INC 600 VINE STREET SUITE 1400 CINCINNATI, OH 45202	TRANSPORTATION SERVICES	7,709,879
ALLIED BARTON SECURITY SERVICES PO BOX 828854 PHILADELPHIA, PA 19182	SECURITY SERVICES	6,252,067

Form 990 (2017)



**Part VIII** Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>				
	<b>b</b> Membership dues . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . .	<b>1c</b>	22,910			
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	280,540			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	2,790,081			
	<b>g</b> Noncash contributions included in lines 1a-1f \$		907,151			
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶		3,093,531			
<b>Program Service Revenue</b>		Business Code				
	<b>2a</b> TUITION AND FEES	611310	432,779,342	432,779,342		
	<b>b</b> HOUSING & FOOD SERVICE	721310	65,460,777	65,460,777		
	<b>c</b> OTHER STUDENT REVENUE	611310	10,554,909	10,554,909		
	<b>d</b> OTHER FEES AND REVENUE	611310	3,435,280	3,435,280		
	<b>e</b> CONFERENCES & COMMUNITY ED	611310	132,830	132,830		
	<b>f</b> All other program service revenue		270,546	270,546		
	<b>g Total.</b> Add lines 2a-2f . . . . . ▶		512,633,684			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		5,867,678			5,867,678
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ▶		27,682			27,682
	<b>5</b> Royalties . . . . . ▶		1,467,652			1,467,652
	<b>6a</b> Gross rents	(i) Real (ii) Personal				
		469,151 10,303				
	<b>b</b> Less rental expenses	0 0				
	<b>c</b> Rental income or (loss)	469,151 10,303				
	<b>d</b> Net rental income or (loss) . . . . . ▶		479,454		211,930	267,524
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		152,529,000 785,781				
	<b>b</b> Less cost or other basis and sales expenses	150,958,151 432,618				
	<b>c</b> Gain or (loss)	1,570,849 353,163				
	<b>d</b> Net gain or (loss) . . . . . ▶		1,924,012			1,924,012
	<b>8a</b> Gross income from fundraising events (not including \$ 22,910 of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>					
	<b>b</b> Less direct expenses . . . . . <b>b</b>	5,863 10,726				
	<b>c</b> Net income or (loss) from fundraising events . . . . . ▶		-4,863			-4,863
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>					
<b>b</b> Less direct expenses . . . . . <b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . . ▶						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>						
	2,823,556					
<b>b</b> Less cost of goods sold . . . . . <b>b</b>	1,069,759					
<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶		1,753,797		1,753,797		
Miscellaneous Revenue	Business Code					
<b>11a</b> TRUSTEES THEATER	711110	641,394		641,394		
<b>b</b> BOOKSTORE MGMT AGREEMENT	451211	440,252	440,252			
<b>c</b> INSURANCE PROCEEDS	900099	439,566			439,566	
<b>d</b> All other revenue . . . . .		564,981	455,053	109,928		
<b>e Total.</b> Add lines 11a-11d . . . . . ▶		2,086,193				
<b>12 Total revenue.</b> See Instructions . . . . . ▶		529,328,820	513,528,989	2,717,049	9,989,251	

**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 ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	326,584	326,584		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	105,668,428	105,668,428		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	6,594,628	1,637,372	4,957,256	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	112,280,917	89,788,667	21,998,398	493,852
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	3,447,366	2,949,667	481,397	16,302
<b>9</b> Other employee benefits.	13,365,277	10,358,415	2,950,611	56,251
<b>10</b> Payroll taxes.	8,265,185	6,379,678	1,851,006	34,501
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.				
<b>b</b> Legal.	1,841,351	291,345	1,550,006	
<b>c</b> Accounting.	263,865		263,865	
<b>d</b> Lobbying.				
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	30,788,228	26,523,797	4,256,076	8,355
<b>12</b> Advertising and promotion.	1,471,349	34,072	1,437,277	
<b>13</b> Office expenses.	14,201,069	9,741,028	4,428,492	31,549
<b>14</b> Information technology.				
<b>15</b> Royalties.				
<b>16</b> Occupancy.	12,958,427	12,220,650	725,555	12,222
<b>17</b> Travel.	8,766,561	6,769,773	1,996,788	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	601,010	532,843	68,167	
<b>20</b> Interest.	8,238,874	585,843	7,653,031	
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	30,173,420	27,229,879	2,933,231	10,310
<b>23</b> Insurance.	3,127,641	142,016	2,985,625	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
<b>a</b> STUDENT MEAL PLAN	11,469,303	11,469,303		
<b>b</b> STUDENT ACTIVITIES	4,251,659	4,034,497	215,152	2,010
<b>c</b> MEALS AND REFRESHMENTS	3,189,422	2,826,874	362,548	
<b>d</b> EQUIPMENT RENTAL & STORAGE	1,402,554	484,132	918,161	261
<b>e</b> All other expenses	5,264,182	3,186,884	2,063,639	13,659
<b>25</b> Total functional expenses. Add lines 1 through 24e.	387,957,300	323,181,747	64,096,281	679,272
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		45,071,231	<b>1</b>	36,032,060
	<b>2</b>	Savings and temporary cash investments . . . . .		99,122,481	<b>2</b>	136,689,220
	<b>3</b>	Pledges and grants receivable, net . . . . .		902,638	<b>3</b>	739,615
	<b>4</b>	Accounts receivable, net . . . . .		1,535,815	<b>4</b>	2,492,554
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			<b>5</b>	
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .			<b>6</b>	
	<b>7</b>	Notes and loans receivable, net . . . . .		1,020,246	<b>7</b>	1,145,734
	<b>8</b>	Inventories for sale or use . . . . .		1,506,702	<b>8</b>	1,401,271
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		6,801,079	<b>9</b>	6,123,823
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	<b>10a</b>	748,864,200		
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	215,565,261		
				453,240,307	<b>10c</b>	533,298,939
	<b>11</b>	Investments—publicly traded securities . . . . .		170,863,930	<b>11</b>	192,871,452
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		263,710	<b>12</b>	296,527
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		44,796,201	<b>13</b>	45,402,120
	<b>14</b>	Intangible assets . . . . .			<b>14</b>	
<b>15</b>	Other assets. See Part IV, line 11 . . . . .		38,735,002	<b>15</b>	40,280,398	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		863,859,342	<b>16</b>	996,773,713	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		39,174,143	<b>17</b>	54,707,710
	<b>18</b>	Grants payable . . . . .		64,892	<b>18</b>	51,754
	<b>19</b>	Deferred revenue . . . . .		26,918,668	<b>19</b>	25,314,769
	<b>20</b>	Tax-exempt bond liabilities . . . . .		180,888,819	<b>20</b>	177,248,518
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			<b>21</b>	
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .			<b>22</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		19,942,599	<b>23</b>	0
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>	
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .		9,233,654	<b>25</b>	9,275,875
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		276,222,775	<b>26</b>	266,598,626
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets . . . . .		553,621,491	<b>27</b>	695,418,858
	<b>28</b>	Temporarily restricted net assets . . . . .		11,438,728	<b>28</b>	11,509,783
	<b>29</b>	Permanently restricted net assets . . . . .		22,576,348	<b>29</b>	23,246,446
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>32</b>	
	<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		587,636,567	<b>33</b>	730,175,087
	<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		863,859,342	<b>34</b>	996,773,713

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	529,328,820
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	387,957,300
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	141,371,520
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	587,636,567
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,167,000
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	730,175,087

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? 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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 58-1357177  
**Name:** SAVANNAH COLLEGE OF ART AND DESIGN  
INC

Form 990 (2017)

**Form 990, Part III, Line 4a:**

INSTRUCTIONAL EXPENDITURES -- THESE EXPENDITURES RELATE TO PROVIDING EDUCATION SERVICES TO MORE THAN 14,000 STUDENTS SEEKING UNDERGRADUATE AND GRADUATE DEGREES THE UNIVERSITY OFFERS THE BACHELOR OF ARTS, BACHELOR OF FINE ARTS, MASTER OF FINE ARTS, MASTER OF ARTS, MASTER OF ARCHITECTURE, AND MASTER OF URBAN DESIGN DEGREES THE UNIVERSITY IS ACCREDITED BY THE SOUTHERN ASSOCIATION OF COLLEGES & SCHOOLS COMMISSION ON COLLEGES AND THE MASTER OF ARCHITECTURE DEGREE PROGRAM IS ADDITIONALLY ACCREDITED BY THE NATIONAL ARCHITECTURAL ACCREDITING BOARD THE UNDERGRADUATE INTERIOR DESIGN PROGRAM IS ADDITIONALLY ACCREDITED DOMESTICALLY BY THE COUNCIL FOR INTERIOR DESIGN ACCREDITATION APPROXIMATELY 2,800 STUDENTS GRADUATED AND WERE AWARDED DEGREES DURING THE REPORTING PERIOD

**Form 990, Part III, Line 4b:**

CAMPUS SERVICES, STUDENT HOUSING, FOOD SERVICE EXPENDITURES -- THESE EXPENDITURES REPRESENT THE COST OF SERVICES NECESSARY TO SUPPORT THE MISSION OF THE UNIVERSITY, INCLUDING STUDENT HOUSING, DINING SERVICES AND OTHER AUXILIARY SERVICES THE SERVICES ARE AVAILABLE TO ALL STUDENTS

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**Form 990, Part III, Line 4c:**

STUDENT AID -- THE UNIVERSITY PROVIDES SCHOLARSHIPS AND OTHER FINANCIAL ASSISTANCE DIRECTLY FROM THE INSTITUTION

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ALAN B WHITAKER III ..... TRUSTEE	5 00 .....	X						0	0	0
CHAN LAI WA ..... TRUSTEE	2 00 .....	X						0	0	0
NANCY HERSTAND ..... TRUSTEE	2 00 .....	X						0	0	0
PHARRIS JOHNSON ..... TRUSTEE	2 00 .....	X						0	0	0
ROBERT L NARDELLI ..... TRUSTEE	2 00 .....	X						0	0	0
SALLY WARANCH RAJCIC ..... TRUSTEE	2 00 .....	X						0	0	0
STUART SAUNDERS ..... TRUSTEE	2 00 .....	X						0	0	0
ANITA THOMAS ..... TRUSTEE	2 00 .....	X						0	0	0
LUCY COOKSON ..... TRUSTEE	2 00 .....	X						0	0	0
VERONICA BIGGINS ..... TRUSTEE	2 00 .....	X						0	0	0



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN KENNEDY ..... TRUSTEE	2 00 .....	X						0	0	0
PAULA S WALLACE ..... PRESIDENT	60 00 .....			X				2,184,467	0	336,241
JEFFREY J WALLER ..... CHIEF FINANCIAL OFFICER	1 00 50 00 .....			X				528,454	0	35,498
CARMEN M STOWERS ..... SECRETARY	1 00 50 00 .....			X				96,438	0	17,033
MAUREEN GARVIN ..... DEAN, FOUNDATIONS & FINE A	50 00 .....				X			195,367	0	15,847
PHILIP J ALLETT ..... SVP FOR STUDENT SUCCESS	50 00 .....				X			369,322	0	33,039
TERESA M GRIFFIS ..... VP FOR SCAD ATLANTA	50 00 .....				X			262,542	0	23,038
DR GOKHAN OZAYSIN ..... CHIEF ACADEMIC OFFICER	50 00 .....				X			685,407	0	32,710
JOHN PAUL ROWAN ..... VP FOR SCAD SAVANNAH	50 00 .....				X			278,858	0	26,377
BRIAN ROSENTHAL ..... SVP OF OPERATIONS AND GEN	50 00 .....				X			507,372	0	25,674

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRADFORD GRANT ..... VP FOR INFORMATION TECHNOL	50 00 .....					X		329,881	0	33,521
LESLEY C HANAK ..... VP FOR HUMAN RESOURCES	50 00 .....					X		334,553	0	21,591
MICHAEL J FINK ..... DEAN, SCHOOL OF FASHION	50 00 .....					X		226,784	0	18,229
ALLISON FALKENBERRY ..... VP FOR PR AND MARKETING	50 00 .....					X		245,673	0	16,400
STEVE MINEO ..... VP FOR ADMISSION	50 00 .....					X		274,246	0	25,086
GLENN E WALLACE ..... CHIEF OPERATING OFFICER, T	50 00 .....	X		X				632,742	0	19,539

**SCHEDULE A**  
(Form 990 or 990EZ)

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.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
**2017**  
**Open to Public Inspection**

**Name of the organization**  
SAVANNAH COLLEGE OF ART AND DESIGN  
INC

**Employer identification number**  
58-1357177

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2

☒

A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ) )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 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 )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations \_\_\_\_\_
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)  
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	<b>Public support.</b> Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	
13	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2016 Schedule A, Part II, line 14	15
16a	<b>33 1/3% support test—2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	<b>33 1/3% support test—2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>
17a	<b>10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	<b>10%-facts-and-circumstances test—2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2016</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**b 33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	<b>1</b>	
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<b>2</b>	
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	<b>3a</b>	
<b>b</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)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>	<b>3b</b>	
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>	<b>3c</b>	
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	<b>4a</b>	
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	<b>4b</b>	
<b>c</b> 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)? <i>If "Yes," explain in <b>Part VI</b> 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.</i>	<b>4c</b>	
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, 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).</i>	<b>5a</b>	
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<b>5b</b>	
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5c</b>	
<b>6</b> 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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>6</b>	
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>7</b>	
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>8</b>	
<b>9a</b> 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))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9a</b>	
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9b</b>	
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9c</b>	
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>	<b>10a</b>	
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	<b>10b</b>	

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard		
3b		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 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 must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>		
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		

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



**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013. . . . .			
<b>c</b> From 2014. . . . .			
<b>d</b> From 2015. . . . .			
<b>e</b> From 2016. . . . .			
<b>f</b> Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2017 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2013. . . . .			
<b>b</b> Excess from 2014. . . . .			
<b>c</b> Excess from 2015. . . . .			
<b>d</b> Excess from 2016. . . . .			
<b>e</b> Excess from 2017. . . . .			

Additional Data

Software ID:  
Software Version:  
EIN: 58-1357177  
Name: SAVANNAH COLLEGE OF ART AND DESIGN  
INC

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

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<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► 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. Information about Schedule D (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div>			<div>OMB No 1545-0047</div> <div>2017</div> <div>Open to Public Inspection</div>
Name of the organization SAVANNAH COLLEGE OF ART AND DESIGN INC				Employer identification number 58-1357177	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds		(b) Funds and other accounts	
1		Total number at end of year			
2		Aggregate value of contributions to (during year)			
3		Aggregate value of grants from (during year)			
4		Aggregate value at end of year			
5				Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
6				Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.					
1 Purpose(s) of conservation easements held by the organization (check all that apply)					
<input type="checkbox"/> Preservation of land for public use (e g , recreation or education)					
<input type="checkbox"/> Preservation of an historically important land area					
<input type="checkbox"/> Protection of natural habitat					
<input type="checkbox"/> Preservation of a certified historic structure					
<input type="checkbox"/> Preservation of open space					
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year					
				Held at the End of the Year	
a				2a	
b				2b	
c				2c	
d				2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►					
4 Number of states where property subject to conservation easement is located ►					
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►					
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during 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)?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements					
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.					
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items					
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items					
(i) Revenue included on Form 990, Part VIII, line 1					
► \$ 56,000					
(ii) Assets included in Form 990, Part X					
► \$ 39,961,647					
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items					
a Revenue included on Form 990, Part VIII, line 1					
► \$					
b Assets included in Form 990, Part X					
► \$					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
Cat No 52283D Schedule D (Form 990) 2017					

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☒ Public exhibition

d

☐ Loan or exchange programs

b

☒ Scholarly research

e

☐ Other

c

☒ Preservation for future generations

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☒ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . .

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance . . . . .	123,346,891	79,555,913	49,869,354	18,629,224	16,393,250
b Contributions . . . . .	30,670,097	40,981,942	30,344,542	31,428,601	633,588
c Net investment earnings, gains, and losses	4,815,927	4,953,241	-7,911	471,569	2,119,564
d Grants or scholarships . . . . .	4,059,574	2,144,205	650,072	579,404	569,921
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .				80,636	52,743
g End of year balance . . . . .	154,773,341	123,346,891	79,555,913	49,869,354	18,629,224

2

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

a

Board designated or quasi-endowment ▶ 87 100 %

b

Permanent endowment ▶ 10 900 %

c

Temporarily restricted endowment ▶ 2 000 %

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

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

	Yes	No
3a(i)		No
3a(ii)		No
3b		

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		88,622,029		88,622,029
b Buildings . . . . .		495,699,583	125,086,527	370,613,056
c Leasehold improvements		8,660,354	7,099,062	1,561,292
d Equipment . . . . .		74,541,581	50,119,167	24,422,414
e Other . . . . .	16,000	81,324,653	33,260,505	48,080,148
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ▶				533,298,939

Schedule D (Form 990) 2017

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.  
See Form 990, Part X, line 12.

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

Part VIII

Investments—Program Related.  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) . . . . . ▶	

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
ACCRUED INTEREST	2,087,093
REFUNDABLE ADVANCES/DEFERRED CONTRIBUTIONS	593,347
ACCRUED RETIREMENT	2,701,822
DEFERRED RENT	311,756
ASSET RETIREMENT OBLIGATIONS (ARO)	2,447,127
FOREIGN INCOME TAX ACCRUAL	897,330
OTHER LIABILITIES	237,400
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	9,275,875

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

**Part XIII**   **Supplemental Information** *(continued)*

Return Reference	Explanation

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 58-1357177  
**Name:** SAVANNAH COLLEGE OF ART AND DESIGN  
INC

**Supplemental Information**

Return Reference	Explanation
PART III, LINE 4	SCHEDULE D, PART III, LINE 4 THE UNVERISITY'S COLLECTIONS PRIMARILY RELATE TO AREAS IN WHICH IT PROVIDES DEGREE PROGRAMS AND/OR OFFERS COURSE WORK THEY ARE A VALUABLE SCHOLARLY RESOURCE TO ENHANCE STUDENTS' LEARNING AND EXPERIENCE THE UNVERISTY'S COLLECTIONS INCLUDE PAINTINGS, PRINTS, COUTURE CLOTHING, JEWELRY, SCULPTURES AND HISTORICAL ITEMS



Supplemental Information	
Return Reference	Explanation
PART V, LINE 4	PART XIV-SUPPLEMENTAL FINANCIAL INFORMATION SCHEDULE D, PART V, LINE 4 THE UNIVERSITY'S ENDOWMENT FUNDS ARE PRIMARILY USED TO SUPPORT SCHOLARSHIPS FOR STUDENTS

## Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE UNIVERSITY IS REQUIRED TO MAKE PROVISIONS FOR UNCERTAIN TAX POSITIONS. A TAX POSITION IS RECOGNIZED AS A BENEFIT ONLY IF IT IS "MORE LIKELY THAN NOT" THAT THE TAX POSITION WOULD BE SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR. THE AMOUNT RECOGNIZED IS THE LARGEST AMOUNT OF TAX BENEFIT THAT HAS A GREATER THAN 50% CUMULATIVE LIKELIHOOD OF BEING REALIZED ON EXAMINATION. FOR TAX POSITIONS NOT MEETING THE "MORE LIKELY THAN NOT" TEST, NO TAX BENEFIT IS RECORDED. THE ORGANIZATION HAS NO UNCERTAIN TAX POSITIONS RELATED TO FEDERAL, STATE, OR LOCAL INCOME TAXES.

SCHEDULE E (Form 990 or 990-EZ)	<div>Schools</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.</div> <div>▶ Attach to Form 990 or Form 990-EZ.</div> <div>▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div>	OMB No 1545-0047
		2017
		Open to Public Inspection

Department of the Treasury Name of the organization SAVANNAH COLLEGE OF ART AND DESIGN INC	Employer identification number 58-1357177
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Part I		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Yes
4	Does the organization maintain the following?		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II	4d	Yes
5	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	5a	No
b	Admissions policies?	5b	No
c	Employment of faculty or administrative staff?	5c	No
d	Scholarships or other financial assistance?	5d	No
e	Educational policies?	5e	No
f	Use of facilities?	5f	No
g	Athletic programs?	5g	No
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	5h	No
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II	6b	No
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	Yes

**Part II Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

Return Reference	Explanation
SCHEDULE E, PART I, LINE 3	THE UNIVERSITY DRAWS ITS STUDENTS FROM ALL 50 STATES AND MORE THAN 100 COUNTRIES. ALL MATERIALS INVOLVING THE SOLICITATION OF STUDENTS INCLUDE THE UNIVERSITY'S NON-DISCRIMINATORY POLICY OR A REFERENCE TO THIS POLICY, IN COMPLIANCE WITH THE REQUIREMENTS STATED IN THE INSTRUCTIONS TO FORM 990. THE UNIVERSITY INSERTS THE FOLLOWING IN ITS CATALOG, APPLICATION FOR ADMISSION, AND THE UNIVERSITY'S WEBSITE: "IN COMPLIANCE WITH TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 AND OTHER FEDERAL, STATE, AND LOCAL LAWS, SCAD DOES NOT DISCRIMINATE ON THE BASIS OF AGE, RACE, COLOR, SEX, SEXUAL ORIENTATION, GENDER IDENTITY, RELIGION, NATIONAL OR ETHNIC ORIGIN, DISABILITY, OR VETERAN STATUS IN ANY PHASE OF ITS EMPLOYMENT PROCESS, IN ANY PHASE OF ITS EMPLOYMENT OR ADMISSION PROCESSES, ITS FINANCIAL AID PROGRAMS, OR OTHER ASPECTS OF ITS EDUCATIONAL PROGRAM OR ACTIVITIES."
SCHEDULE E, PART I, LINE 6	THE FINANCIAL AID SCAD RECEIVES FROM GOVERNMENT AGENCIES CONSISTS OF FEDERAL TITLE IV STUDENT FINANCIAL ASSISTANCE PROGRAMS, VETERANS ADMINISTRATION BENEFITS, STATE-SUPPORTED VOCATIONAL REHABILITATION FUNDING, AND FUNDS FROM MANY STATES. THE MOST PREDOMINANT OF WHICH IS THE STATE OF GEORGIA.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SAVANNAH COLLEGE OF ART AND DESIGN  
INC

**Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

► Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

**Employer identification number**

58-1357177

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

**3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
<b>3a</b> Sub-total	4	4			6,161,688
<b>b</b> Total from continuation sheets to Part I					0
<b>c Totals</b> (add lines 3a and 3b)	4	4			6,161,688

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ► \_\_\_\_\_
- 3 Enter total number of other organizations or entities . . . . . ► \_\_\_\_\_

<b>Part III</b>	<b>Grants and Other Assistance to Individuals Outside the United States.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
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Part III can be duplicated if additional space is needed.

[illegible]

**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)* ☐ Yes ☒ No



**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
PART I, LINE 2	THE ORGANIZATION GOES THROUGH AN ANNUAL BUDGETING PROCESS FOR THE FUNDS USED AT THE EUROPEAN AND EAST ASIA LOCATIONS MONTHLY REVIEWS OF FINANCIAL ACTIVITY AND PERIODIC RE-PROJECTIONS ARE PERFORMED ON AN ONGOING BASIS THROUGHOUT THE YEAR TO ENSURE THAT FUNDS ARE ONLY SPENT FOR AUTHORIZED PURPOSES IN FURTHERANCE OF THE ORGANIZATION'S EDUCATIONAL MISSION

Return Reference	Explanation
PART I, LINE 3	ACCRUAL METHOD IS USED TO ACCOUNT FOR EXPENDITURES

Additional Data

Software ID:  
Software Version:  
EIN: 58-1357177  
Name: SAVANNAH COLLEGE OF ART AND DESIGN  
INC

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE	1	0	PROGRAM SERVICES	STUDY ABROAD CAMPUS	2,146,774
EAST ASIA AND THE PACIFIC	1	4	PROGRAM-RELATED INVESTMENTS		605,920

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE	1	0	CAPITAL INVESTMENT		1,736,911
EUROPE	1	0	PROGRAM SERVICES	PROGRAM SERVICES RELATED TO MEAL PLANS AND OWNERSHIP OF REAL PROPERTY	1,672,083



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		<b>GOLF TOURNAMENT</b> (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
	<b>1</b> Gross receipts . . . . .	28,773			28,773
	<b>2</b> Less Contributions . . . . .	22,910			22,910
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	5,863			5,863
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	5,264			5,264
	<b>7</b> Food and beverages . . . . .	1,292			1,292
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	4,170			4,170
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				10,726
	<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				-4,863

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?

☐ Yes ☐ No

**b** If "No," explain \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

**b** If "Yes," explain \_\_\_\_\_

<b>11</b> Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>12</b> Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>13</b> Indicate the percentage of gaming activity conducted in					
<b>a</b> The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;"><b>13a</b></td><td style="width: 100px; text-align: center;">%</td></tr><tr><td style="text-align: center;"><b>13b</b></td><td style="text-align: center;">%</td></tr></table>	<b>13a</b>	%	<b>13b</b>	%
<b>13a</b>	%				
<b>13b</b>	%				
<b>b</b> An outside facility					

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► .....

Address ► .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party

Name ► .....

Address ► .....

**16** Gaming manager information

Name ► .....

Gaming manager compensation ► \$ .....

Description of services provided ► .....

☐ Director/officer

☐ Employee

☐ Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference

Explanation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493130043059

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SAVANNAH COLLEGE OF ART AND DESIGN  
INC

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.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number  
58-1357177

Part I

General Information on Grants and Assistance

- 1

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?

☒ Yes ☐ No
- 2

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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .

3

3

Enter total number of other organizations listed in the line 1 table . . . . .

0



**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22  
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) STUDENT SCHOLARSHIPS	12343	105,668,428			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	INSTITUTIONAL SCHOLARSHIPS TO STUDENTS ARE AWARDED PURSUANT TO INSTITUTIONAL POLICIES AND PROCEDURES WHICH CONSIDER A STUDENT'S ACADEMIC ABILITY, ARTISTIC ABILITY AND FINANCIAL NEED STUDENTS MUST MAINTAIN ACADEMIC STANDARDS AND MAKE SATISFACTORY PROGRESS TO CONTINUE RECEIVING INSTITUTIONAL SCHOLARSHIPS STUDENTS RECEIVING SCHOLARSHIPS FUNDED BY DONORS MUST MEET THE SPECIFIED SCHOLARSHIP REQUIREMENTS, IF ANY, AS WELL AS MAINTAIN ACADEMIC STANDARDS AND MAKE SATISFACTORY PROGRESS TOWARDS GRADUATION

Additional Data

Software ID:  
Software Version:  
EIN: 58-1357177  
Name: SAVANNAH COLLEGE OF ART AND DESIGN  
INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUCAS THEATRE FOR THE ARTS INC 32 ABERCORN STREET SAVANNAH, GA 31401	58-1775851	501(C )(3)	300,000				SUPPORT FOR OPERATIONS
NATIONAL MUSUEUM OF WOMEN IN THE ARTS 1250 NEW YORK AVE NW WASHINGTON, DC 20005	52-1238810	501(C )(3)	10,000				SUPPORT FOR OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THEA FOUNDATION 401 MAIN STREET SUITE NORTH LITTLE ROCK, AR 72114	52-2356755	501(C )(3)	7,500				EVENT SUPPORT

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- 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.**
- ▶ **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization  
SAVANNAH COLLEGE OF ART AND DESIGN  
INC

Employer identification number  
58-1357177

**Part I Questions Regarding Compensation**

**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.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> First-class or charter travel  | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions          | <input type="checkbox"/> Payments for business use of personal residence            |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees              |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)            |

**b** If any of the boxes in 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** Yes

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

**2** Yes

**3** Indicate which, if any, of the following the filing 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.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> 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:

**a** Receive a severance payment or change-of-control payment?

**4a** Yes

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**4b** Yes

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

**4c** No

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 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:

**a** The organization?

**5a** No

**b** Any related organization?

**5b** No

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:

**a** The organization?

**6a** No

**b** Any related organization?

**6b** No

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 in lines 5 and 6? If "Yes," describe in Part III.

**7** Yes

**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** No

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

**9**

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 are not 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.

[illegible]

**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.

Return Reference	Explanation
PART I, LINE 1A	BUSINESS CLASS OR CHARTER TRAVEL - SENIOR MANAGEMENT AND TRUSTEES ARE ELIGIBLE FOR BUSINESS CLASS SEATS WHEN TRAVELING ON AUTHORIZED BUSINESS. NO AMOUNT IS REPORTED AS TAXABLE INCOME FOR BUSINESS TRAVEL. THE INSTITUTION'S WHOLLY-OWNED SUBSIDIARY, ACORN LEASING, LLC, OWNS A CORPORATE AIRCRAFT TO FACILITATE THE BUSINESS TRAVEL OF SENIOR MANAGEMENT AND TRUSTEES. THE BOARD HAS ADOPTED A POLICY THAT PROHIBITS ANY NON-BUSINESS USE OF THE AIRCRAFT. WHEN APPLICABLE, IMPUTED INCOME HAS BEEN REPORTED AS TAXABLE COMPENSATION FOR ANY COMPANIONS OF LISTED PERSONS WHO ARE NOT TRAVELING FOR A BUSINESS PURPOSE. TRAVEL FOR COMPANIONS- TO FACILITATE THE ABILITY OF THE PRESIDENT AND TRUSTEES TO CONDUCT BUSINESS AND PARTICIPATE IN THE ACTIVITIES OF THE UNIVERSITY, TRAVEL FOR COMPANIONS/MINOR CHILDREN HAS BEEN PROVIDED AT TIMES. IN SUCH CASES, THE COST OF THE FLIGHT (IF THE TRAVEL WAS VIA COMMERCIAL CARRIER) OR THE APPROPRIATE AMOUNT OF IMPUTED INCOME (PURSUANT TO TAX REGULATIONS REGARDING PERSONAL USE OF CORPORATE AIRCRAFT) HAS BEEN TREATED AS A TAXABLE BENEFIT AND REPORTED AS COMPENSATION. THE BENEFIT WAS PROVIDED DUE TO EXTENSIVE TRAVEL BEING REQUIRED BETWEEN MULTIPLE LOCATIONS (SAVANNAH, ATLANTA, LACOSTE, FRANCE AND HONG KONG). HOUSING ALLOWANCE - AS IS STANDARD PRACTICE FOR UNIVERSITIES, THE PRESIDENT IS PROVIDED A RESIDENCE IN SAVANNAH THAT IS FREQUENTLY USED FOR BUSINESS AND/OR BUSINESS FUNCTIONS (I E MEETINGS, RECEPTIONS, DINNERS WITH GUESTS AND DONORS, ETC ). NO AMOUNT HAS BEEN INCLUDED IN THE PRESIDENT'S TAXABLE INCOME FOR USE OF THE PROPERTY. SINCE NOVEMBER 2014, THE PRESIDENT HAS BEEN PROVIDED A HOUSING ALLOWANCE IN CONNECTION WITH HER PERSONAL RESIDENCE IN THE ATLANTA AREA. THE HOUSING ALLOWANCE IS TREATED AS TAXABLE WAGES AND IS INCLUDED IN COLUMN (B) OF PART VII OF THIS FORM 990 AND IN COLUMN (B) (III) OF SCHEDULE J PART II.
PART I, LINES 4A-B	THE PRESIDENT CONTINUES UNDER A FIVE-YEAR AGREEMENT WHICH BECAME EFFECTIVE JULY 1, 2014. ON JUNE 30, 2019, THE AGREEMENT PROVIDES THE PRESIDENT WITH A LUMP SUM PAYMENT EQUAL TO 10% OF HER FINAL PAY FOR LIFE (ACTUARIALLY DETERMINED ). THE AGREEMENT FURTHER PROVIDES A LUMP SUM EQUAL TO 10 TIMES THE ANNUAL VALUE OF MEDICAL AND DENTAL PREMIUMS (ACTUARIALLY DETERMINED). THE PRESENT VALUE OF THE INCREASE IN THE ACCRUED BENEFIT IS REPORTED IN COLUMN (F) OF PART VII OF THIS FORM 990 AND IN SCHEDULE J PART II, COLUMN (C). THE PRESIDENT WILL CONTINUE UNDER A NEW AGREEMENT STARTING JULY 1, 2019 WHEREBY SHE WILL, ON EACH JUNE 30TH OF HER CONTINUED EMPLOYMENT DURING THE TERM OF THE AGREEMENT, VEST IN A SUPPLEMENTAL RETIREMENT BENEFIT EQUAL TO THE PRESENT VALUE OF A LIFE ANNUITY THAT WILL PROVIDE AN ANNUAL BENEFIT EQUAL TWO PERCENT (2%) OF HER BASE SALARY IN EFFECT ON THE APPLICABLE JUNE 30TH. EACH SUCH VESTED SUPPLEMENTAL BENEFIT SHALL BE PAID TO THE PRESIDENT IN A LUMP SUM WITHIN THIRTY (30) DAYS AFTER THE APPLICABLE JUNE 30TH.
PART I, LINE 7	THE PRESIDENT'S COMPENSATION (BASE PAY AND BONUSES), EXECUTIVE MANAGEMENT COMPENSATION (BASE PAY AND BONUSES) AND RELATED PARTY COMPENSATION (BASE PAY AND BONUSES) ARE DETERMINED BY THE BOARD OF TRUSTEES IN CONJUNCTION WITH AN INDEPENDENT COMPENSATION CONSULTING FIRM (AON HEWITT). FOR ALL OTHERS LISTED, COMPENSATION IS DETERMINED IN THE SOLE DISCRETION OF THE COMPENSATION COMMITTEE.
PART I, QUESTION 3	THE INSTITUTION COMPLIES WITH THE PROCEDURES AND STANDARDS SET FORTH IN THE IRS REGULATIONS TO RECEIVE THE 'REBUTTABLE PRESUMPTION OF REASONABLENESS' WITH RESPECT TO THE TOTAL COMPENSATION PAID TO THE PRESIDENT. A COMMITTEE OF THE BOARD CONDUCTS AN ANNUAL PERFORMANCE REVIEW OF THE PRESIDENT'S SALARY AND BONUS. ANY AND ALL DECISIONS ARE BASED ON: A) A DOCUMENTED COMPENSATION PHILOSOPHY AND STRATEGY, B) A DETAILED ANNUAL PERFORMANCE REVIEW ON BOTH JOB PERFORMANCE AND THE "BALANCED SCORECARD" OF THE RESULTS OF THE INSTITUTION AND SUBSIDIARIES, AND C) DETAILED AND COMPREHENSIVE MARKET DATA WHICH CONSIDERS ORGANIZATIONS THAT ARE "SIMILARLY SITUATED." AN INDEPENDENT CONSULTING FIRM THAT SPECIALIZES IN BENEFITS AND COMPENSATION PROVIDES TOTAL COMPENSATION MARKET VALUATIONS VIA A COMPENSATION STUDY THAT INCLUDES CONSIDERATION OF THE TOTAL COMPENSATION PAID BY COMPARABLE INSTITUTIONS. THE COMPENSATION EXPERT PROVIDES A WRITTEN OPINION ON THE REASONABLENESS OF TOTAL COMPENSATION. THE FULL BOARD CONSIDERS THE COMMITTEE'S RECOMMENDATION. THIS PRACTICE ALSO INCLUDES A MARKET ANALYSIS OF COMPENSATION PAID TO SENIOR MANAGEMENT AND ANY INDIVIDUAL RELATED TO A MEMBER OF SENIOR MANAGEMENT OR THE BOARD.

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 58-1357177  
**Name:** SAVANNAH COLLEGE OF ART AND DESIGN  
 INC

## Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1PAULA S WALLACE PRESIDENT	(i)	966,347	944,622	273,498	323,900	12,341	2,520,708	0
	(ii)	0	0	0	0	0	0	0
1JEFFREY J WALLER CHIEF FINANCIAL OFFICER	(i)	363,964	136,320	28,170	18,718	16,780	563,952	0
	(ii)	0	0	0	0	0	0	0
2MAUREEN GARVIN DEAN, FOUNDATIONS & FINE A	(i)	189,734	4,000	1,633	10,456	5,391	211,214	0
	(ii)	0	0	0	0	0	0	0
3PHILIP J ALLETTO SVP FOR STUDENT SUCCESS	(i)	258,869	108,830	1,623	18,209	14,830	402,361	0
	(ii)	0	0	0	0	0	0	0
4TERESA M GRIFFIS VP FOR SCAD ATLANTA	(i)	248,415	8,885	5,242	17,280	5,758	285,580	0
	(ii)	0	0	0	0	0	0	0
5DR GOKHAN OZAYSIN CHIEF ACADEMIC OFFICER	(i)	468,180	183,840	33,387	18,718	13,992	718,117	0
	(ii)	0	0	0	0	0	0	0
6JOHN PAUL ROWAN VP FOR SCAD SAVANNAH	(i)	253,755	24,800	303	17,688	8,689	305,235	0
	(ii)	0	0	0	0	0	0	0
7BRIAN ROSENTHAL SVP OF OPERATIONS AND GEN	(i)	444,365	50,200	12,807	11,082	14,592	533,046	0
	(ii)	0	0	0	0	0	0	0
8BRADFORD GRANT VP FOR INFORMATION TECHNOL	(i)	242,435	73,954	13,492	17,041	16,480	363,402	0
	(ii)	0	0	0	0	0	0	0
9LESLEY C HANAK VP FOR HUMAN RESOURCES	(i)	252,668	69,552	12,333	17,470	4,121	356,144	0
	(ii)	0	0	0	0	0	0	0
10MICHAEL J FINK DEAN, SCHOOL OF FASHION	(i)	224,744	0	2,040	12,471	5,758	245,013	0
	(ii)	0	0	0	0	0	0	0
11ALLISON FALKENBERRY VP FOR PR AND MARKETING	(i)	200,133	45,272	268	10,952	5,448	262,073	0
	(ii)	0	0	0	0	0	0	0
12STEVE MINEO VP FOR ADMISSION	(i)	204,036	57,960	12,250	10,256	14,830	299,332	0
	(ii)	0	0	0	0	0	0	0
13GLENN E WALLACE CHIEF OPERATING OFFICER, T	(i)	454,193	175,471	3,078	18,718	821	652,281	0
	(ii)	0	0	0	0	0	0	0

Schedule K  
(Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
Attach to Form 990.  
Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
SAVANNAH COLLEGE OF ART AND DESIGN  
INC

Employer identification number  
58-1357177

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A PRIVATE COLLEGES AND UNIVERSITIES AUTHORITY	58-1407780	74265LD47	10-01-2014	194,132,782	FINANCING ASSOCIATED WITH CAMPUS BUILDING AND STUDENT HOUSING BUILDINGS		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired . . . . .	10,235,000							
2	Amount of bonds legally defeased . . . . .								
3	Total proceeds of issue . . . . .	194,857,853							
4	Gross proceeds in reserve funds . . . . .								
5	Capitalized interest from proceeds . . . . .								
6	Proceeds in refunding escrows . . . . .								
7	Issuance costs from proceeds . . . . .	3,882,655							
8	Credit enhancement from proceeds . . . . .								
9	Working capital expenditures from proceeds . . . . .								
10	Capital expenditures from proceeds . . . . .	190,975,198							
11	Other spent proceeds . . . . .								
12	Other unspent proceeds . . . . .								
13	Year of substantial completion . . . . .	2017							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . . .		X						
15	Were the bonds issued as part of an advance refunding issue? . . . . .		X						
16	Has the final allocation of proceeds been made? . . . . .		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X							

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X						



**Part III Private Business Use** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X							
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X						
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . ▶	1 800 %							
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶								
<b>6</b> Total of lines 4 and 5 . . . . .	1 800 %							
<b>7</b> Does the bond issue meet the private security or payment test? . . .		X						
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are mediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X							

**Part IV Arbitrage**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . .		X						
<b>2</b> If "No" to line 1, did the following apply? . . . .								
<b>a</b> Rebate not due yet? . . . . .	X							
<b>b</b> Exception to rebate? . . . . .		X						
<b>c</b> No rebate due? . . . . .		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X						
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X						
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . .	X							

**Part V Procedures To Undertake Corrective Action**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
PART II LINE 3	THE DIFFERENCE BETWEEN THE TOTAL PROCEEDS OF ISSUE (PART II, LINE 3) AND THE ISSUE PRICE LISTED IN PART I, COLUMN (E) IS THE RESULT OF INVESTMENT EARNINGS OF \$17,538 DURING THE 2014 TAX YEAR, \$430,896 DURING THE 2015 TAX YEAR, \$248,955 DURING THE 2016 TAX YEAR AND \$27,682 DURING THE 2017 TAX YEAR

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
► Attach to Form 990 or Form 990-EZ.  
► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization  
SAVANNAH COLLEGE OF ART AND DESIGN  
INC

Employer identification number  
58-1357177

Part I

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2

Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958

3

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

► \$

Part II

Loans to and/or From Interested Persons.  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total

► \$

Part III

Grants or Assistance Benefiting Interested Persons.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)	CHILD OF FORMER KEY EMPLOYEE	42,940	SCHOLARSHIP	
(2)	SPOUSE OF FORMER KEY EMPLOYEE	3,990	SCHOLARSHIP	

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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Additional Data

Software ID:  
Software Version:  
EIN: 58-1357177  
Name: SAVANNAH COLLEGE OF ART AND DESIGN  
INC

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SUBSTANTIAL CONTRIBUTOR	INDEPENDENT CONTRACTOR ARRANGEMENT	4,898,127			No
(1) SUBSTANTIAL CONTRIBUTOR	INDEPENDENT CONTRACTOR ARRANGEMENT	174,266			No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(3) SUBSTANTIAL CONTRIBUTOR	INDEPENDENT CONTRACTOR ARRANGEMENT	221,029			No
(1) SUBSTANTIAL CONTRIBUTOR	INDEPENDENT CONTRACTOR ARRANGEMENT	173,983			No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(5) SUBSTANTIAL CONTRIBUTOR	INDEPENDENT CONTRACTOR ARRANGEMENT	2,045,017			No
(1) SUBSTANTIAL CONTRIBUTOR	INDEPENDENT CONTRACTOR ARRANGEMENT	20,128,207			No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(7) SUBSTANTIAL CONTRIBUTOR	INDEPENDENT CONTRACTOR ARRANGEMENT	4,028,335			No
(1) SUBSTANTIAL CONTRIBUTOR	INDEPENDENT CONTRACTOR ARRANGEMENT	223,750			No



**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(9) GLENN WALLACE	FAMILY MEMBER OF PAULA WALLACE	732,798	WAGES AND BENEFITS		No
(1) JOHN PAUL ROWAN	FAMILY MEMBER OF PAULA WALLACE	248,883	WAGES AND BENEFITS		No

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(11) HABIBE ISIL OZAYSIN	FAMILY MEMBER OF GOKHAN OZAYSIN	32,168	WAGES AND BENEFITS		No
(1) DAVE HANAK	FAMILY MEMBER OF LESLEY HANAK	151,987	WAGES AND BENEFITS		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(13) MARY GRANT	FAMILY MEMBER OF BRADFORD GRANT	103,752	WAGES AND BENEFITS		No
(1) SOPHIA ALLETTO	FAMILY MEMBER OF PHILIP ALLETTO	81,486	WAGES AND BENEFITS		No

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
(15) BRANDON OSTERMAN	FAMILY MEMBER OF PAULA WALLACE	30,973	INDEPENDENT CONTRACTOR ARRANGEMENT		No

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
►Attach to Form 990.  
►Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization  
SAVANNAH COLLEGE OF ART AND DESIGN  
INC

Employer identification number  
58-1357177

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .	X	5	106,505	MARKET VALUE
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	2	23,146	MARKET VALUE
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( <u>HORSES</u> )	X	7	775,500	APPRAISAL
26 Other ► ( <u>                    </u> )				
27 Other ► ( <u>                    </u> )				
28 Other ► ( <u>                    </u> )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

12

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

Yes

No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

Yes

No

No

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

**Part II****Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B)	NUMBER OF CONTRIBUTORS

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493130043059
<b>SCHEDULE O</b> (Form 990 or 990-EZ)	<b>Supplemental Information to Form 990 or 990-EZ</b> 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. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> .		OMB No 1545-0047
			<b>2017</b>
Department of the Treasury <del>Internal Revenue Service</del>			<b>Open to Public Inspection</b>
Name of the organization SAVANNAH COLLEGE OF ART AND DESIGN INC		Employer identification number  58-1357177	

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART I LINE 1	<p>SCAD MISSION SCAD PREPARES TALENTED STUDENTS FOR CREATIVE PROFESSIONS THROUGH ENGAGED TEACHING AND LEARNING IN A POSITIVELY ORIENTED UNIVERSITY ENVIRONMENT SCAD VISION SCAD WILL BE GLOBALLY RECOGNIZED AS THE PREEMINENT SOURCE OF KNOWLEDGE IN THE DISCIPLINES WE TEACH SCAD VALUES BE STRATEGIC RESEARCH AND MEASURE TO GUIDE WORK AND DOCUMENT RESULTS, BE INNOVATIVE GENERATE NEW IDEAS AND RELEVANT SOLUTIONS, BE POSITIVE APPROACH ALL ENDEAVORS WITH ENTHUSIASM, BE COLLABORATIVE EMBRACE AND ACT UPON OUR COLLECTIVE GENIUS, BE TRANSFORMATIVE CREATE LIFE-CHANGING EXPERIENCES THE SAVANNAH COLLEGE OF ART AND DESIGN IS A PRIVATE, NONPROFIT, ACCREDITED INSTITUTION CONFERRING BACHELOR'S AND MASTER'S DEGREES AT DISTINCTIVE LOCATIONS TO PREPARE TALENTED STUDENTS FOR PROFESSIONAL CAREERS SCAD OFFERS DEGREES IN MORE THAN 40 MAJORS, AS WELL AS MINORS IN MORE THAN 75 DISCIPLINES WITH OVER 40,000 ALUMNI WORLDWIDE, SCAD DEMONSTRATES AN EXCEPTIONAL EDUCATION AND UNPARALLELED CAREER PREPARATION AT LOCATIONS IN SAVANNAH AND ATLANTA, GEORGIA, IN HONG KONG, IN LACOSTE, FRANCE, AND ONLINE THROUGH SCAD ELEARNING, THE DIVERSE STUDENT BODY CONSISTS OF MORE THAN 14,000 STUDENTS, FROM ACROSS THE UNITED STATES AND MORE THAN 100 COUNTRIES SCAD'S INNOVATIVE CURRICULUM IS ENHANCED BY ADVANCED, PROFESSIONAL-LEVEL TECHNOLOGY, EQUIPMENT AND LEARNING RESOURCES THE UNIVERSITY, STUDENTS, FACULTY AND ALUMNI HAVE GARNERED ACCLAIM FROM RESPECTED ORGANIZATIONS AND PUBLICATIONS WORLDWIDE INCLUDING TIME, VOGUE MAGAZINE AND U.S. NEWS &amp; WORLD REPORT SINCE THE TIME THAT SCAD OPENED ITS DOORS TO STUDENTS IN 1979, SAVANNAH HAS TRANSFORMED FROM A PLACE WITH A RUN-DOWN HISTORIC DISTRICT AND BOARDED-UP BUILDINGS TO AN INTERNATIONAL BUSINESS AND TOURIST DESTINATION EXCEPTIONAL UNIVERSITY IMPACT IS BEST MEASURED BY THE CONTRIBUTIONS TO THE QUALITY OF LIFE IN THE COMMUNITIES IT SERVES FOR FOUR DECADES, SCAD HAS BEEN A POWERFUL FORCE SHAPING THE ECONOMY, THE CULTURE, THE PHYSICAL ENVIRONMENT AND THE REPUTATION OF SAVANNAH, ATLANTA AND THE STATE OF GEORGIA ALTHOUGH SCAD'S PRIMARY FOCUS IS PREPARING STUDENTS FOR PROFESSIONAL CAREERS, THE UNIVERSITY IS COMMITTED TO CONTINUOUSLY ENHANCING THE COMMUNITIES SURROUNDING ITS CAMPUSES TO QUANTIFY THE ECONOMIC AND SOCIAL IMPACTS GENERATED BY THE UNIVERSITY THROUGHOUT THE STATE OF GEORGIA, SCAD RETAINED THE CONSULTING FIRM TRIPP UMBACH TO COMPLETE AN ECONOMIC AND COMMUNITY IMPACT STUDY FOR SCAD'S FISCAL YEAR 2017 KEY FINDINGS FROM THE STUDY INCLUDE THE FOLLOWING GEORGIA FOR NEARLY FOUR DECADES, SCAD HAS SHAPED THE ECONOMY, CULTURE, BUILT ENVIRONMENT AND REPUTATION OF GEORGIA WITH PRESTIGIOUS ACCOLADES AND A COMMANDING PRESENCE, SCAD FOSTERS MORE PROSPEROUS COMMUNITIES \$603.3 MILLION IN ANNUAL ECONOMIC IMPACT, 6,689 JOBS IN DIVERSE INDUSTRIES (REAL ESTATE, RETAIL, AND TOURISM), \$28.1 MILLION IN ANNUAL STATE AND LOCAL GOVERNMENT TAX REVENUE SAVANNAH SCAD MADE ITS FIRST HOME IN SAVANNAH AND HAS WORKED TO ELEVATE THE REPUTATION OF THIS HISTORIC CITY, P</p>



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART I LINE 1	<p>IONEERING SAFETY AND SECURITY INITIATIVES, ESTABLISHING A STRONG LEGACY OF COMMUNITY SERVICE, AND ANNUALLY ATTRACTING TENS OF THOUSANDS OF STUDENTS, FACULTY AND STAFF, FAMILIES AND VISITORS \$438.6 MILLION IN ANNUAL ECONOMIC IMPACT, 5,360 JOBS IN DIVERSE INDUSTRIES (REAL ESTATE, RETAIL, AND TOURISM), \$23.6 MILLION IN DIRECT, INDIRECT, AND INDUCED TAX PAYMENTS ATLANTA SCAD OPENED ITS ATLANTA CAMPUS IN 2005, AMPLIFYING THE EDUCATIONAL AND PROFESSIONAL OPPORTUNITIES IN THIS MAJOR U.S. MARKET, AND BUILDING THE CHARACTER OF THE CITY ALONGSIDE MAJOR COMPANIES LIKE DELTA, TURNER, AND COCA-COLA TODAY, SCAD STANDS AT THE CENTER OF ATLANTA'S GROWING DESIGN, FASHION AND ENTERTAINMENT INDUSTRIES, WITH CAREER-FOCUSED AND CULTURAL FEATURES LIKE SCADFILM, SCAD FASH MUSEUM OF FASHION + FILM, AND THE MERCEDES-BENZ STADIUM ART COLLECTION \$122.6 MILLION IN ANNUAL ECONOMIC IMPACT, 1,130 JOBS IN DIVERSE INDUSTRIES (REAL ESTATE, RETAIL, AND TOURISM), \$5.1 MILLION IN DIRECT, INDIRECT, AND INDUCED TAX PAYMENTS SCAD HAS A LONG-STANDING TRADITION OF COMMUNITY SERVICE FROM THE VERY FIRST SCAD SIDEWALK ARTS FESTIVAL (A PUBLIC ART FESTIVAL IN FORSYTH PARK IN SAVANNAH, GA) IN 1981, SCAD HAS BEEN COMMITTED TO ENRICHING THE COMMUNITIES THAT THE UNIVERSITY CALLS HOME IN 2017-18, SCAD CONTINUED ITS TRADITION OF GIVING BACK TO THE COMMUNITY IN MANY WAYS THE SCAD BUZZ BUS, OUR MOBILE UNIT FOR CREATIVE GIFT-GIVING, TRAVELS TO ELEMENTARY AND MIDDLE SCHOOLS AND OTHER YOUTH-CENTERED ORGANIZATIONS AROUND SAVANNAH AND ATLANTA TO DELIVER MUCH-NEEDED ART SUPPLIES FOR TEACHERS AND STUDENTS AND BOOKS FOR SCHOOL LIBRARIES THE SCAD BUZZ BUS HAS POSITIVELY IMPACTED MORE THAN 12,000 PK-12 CHILDREN SINCE IT WAS ESTABLISHED IN 2010, SUPPLYING THEM WITH THE TOOLS NECESSARY TO EXPLORE THEIR ARTISTIC INTERESTS AND CREATE INSPIRED WORKS ANNUALLY, SCAD COLLECTS UNUSED ART AND SCHOOL SUPPLIES FROM UNIVERSITY DEPARTMENTS AND HOSTS A "FREE SHOPPING DAY" FOR TEACHERS IN SUMMER 2017, SCAD MADE ART SUPPLIES AVAILABLE TO EDUCATORS AND ADMINISTRATORS FROM LOCAL SCHOOLS AND NON-PROFITS IN SAVANNAH WHO WERE INVITED TO SELECT ITEMS FOR THEIR CLASSROOMS IN AUGUST 2017, FOR THE THIRD CONSECUTIVE YEAR, SCAD MADE A CONTRIBUTION OF MORE THAN 150 BACKPACKS FILLED WITH SCHOOL SUPPLIES TO THE SAVANNAH-CHATHAM METROPOLITAN POLICE DEPARTMENT'S ANNUAL STUFF THE CONTAINER CAMPAIGN, A SAVANNAH IMPACT PROGRAM INITIATIVE THAT BENEFITS LOCAL AT-RISK CHILDREN DECEMBER 2017 MARKED THE UNIVERSITY'S 23RD YEAR SUPPORTING THE SAVANNAH UNION MISSION WITH HOLIDAY GIFTS FOR CHILDREN UNION MISSION PRESENTED SCAD WITH THE WISH LISTS OF MORE THAN 100 CHILDREN IN NEED RANGING IN AGE FROM NEWBORN TO 18 YEARS SCAD STUDENT, FACULTY, AND STAFF VOLUNTEERS DONATED HUNDREDS OF ITEMS TO ENSURE THAT EACH CHILD AT THE MISSION RECEIVED SPECIAL GIFTS, INCLUDING BICYCLES, TOYS, BOOKS, CLOTHING, AND MORE SCAD SECURITY CONDUCTS COMMUNITY PATROLS IN DOWNTOWN AND MIDTOWN SAVANNAH FOR THE BENEFIT OF STUDENTS, AND THROUGH THIS INITIATIVE, THE S</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART I LINE 1	<p>CAD DEPARTMENT OF UNIVERSITY SAFETY ALSO PROVIDES SUPPORT TO THE SAVANNAH POLICE DEPARTMENT FOR GEORGIA DAY 2018, SCAD HONORED IMPORTANT WOMEN IN SAVANNAH'S HISTORY BY INDUCTING FIVE MORE WOMEN INTO THE SAVANNAH WOMEN OF VISION IN SCAD'S ARNOLD HALL. COMMUNITY MEMBERS AND THE FAMILIES OF THE HONOREES ATTENDED A TRIBUTE CEREMONY TO HONOR AND LEARN ABOUT WOMEN WHO CONTRIBUTED TO MAKING SAVANNAH THE GREAT CITY IT IS TODAY. SCAD PROVIDES STUDENTS AN AVENUE TO PARTICIPATE IN COMMUNITY SERVICE INITIATIVES THROUGH SCAD SERVE. SCAD SERVE'S INITIATIVES INCLUDE HEALING AND EDUCATING THROUGH ART (PROVIDING ART THERAPY OPPORTUNITIES AT MEMORIAL HOSPITAL AND OTHER HEALING CENTERS IN SAVANNAH), HABITAT FOR HUMANITY (ASSISTING WITH THE CONSTRUCTION OF HOMES), AMERICA'S SECOND HARVEST KIDS CAF (VISITING THE AFTER-SCHOOL PROGRAM TO ENGAGE CHILDREN IN ART PROJECTS AND SOCIAL DEVELOPMENT), PET PROJECT (SOCIALIZING DOGS AND CATS WITH COASTAL PET RESCUE AND THE HUMANE SOCIETY), SILVER (OUTREACHING TO SENIOR CITIZENS), SAVANNAH CHILDREN'S MUSEUM (ASSISTANCE WITH SPECIAL EVENTS), BEACH AND COMMUNITY CLEAN UP, AND ALTERNATIVE SPRING BREAK (WEEKLONG SERVICE PROJECTS DURING SPRING BREAK). IN 2017-18, SCAD SERVE ORGANIZED 96 VOLUNTEER OPPORTUNITIES, 852 VOLUNTEERS TOTALLED OVER 2,560 HOURS OF COMMUNITY SERVICE TO SAVANNAH. IN APRIL 2018, SCAD SERVE RECEIVED THE ARTS AND CULTURE VOLUNTEER OF THE YEAR AWARD FROM THE UNITED WAY OF THE COASTAL EMPIRE. SCAD STUDENTS ALSO VOLUNTEER THROUGH THE BOOK BUDDY PROGRAM, WHICH CONNECTS SCAD STUDENTS WITH LOCAL ELEMENTARY STUDENTS TO SUPPORT AND IMPROVE LITERACY AND MATH SKILLS. IN 2017-18, SCAD STUDENTS CONTRIBUTED 770 SERVICE HOURS TO THE BOOK BUDDY PROGRAM BY WORKING ONE-ON-ONE WITH STUDENTS AT GARRISON ELEMENTARY SCHOOL. SCAD ACTIVELY SUPPORTS GOODWILL'S COMMITMENT TO RESPONSIBLE RECYCLING AND KEEPING ITEMS OUT OF THE WASTE STREAM. SINCE 2013, SCAD HAS CHAMPIONED THE "GOODWILL, NOT LANDFILL" CAMPAIGN, PLACING CONVENIENT DONATION BINS AT MULTIPLE LOCATIONS NEAR RESIDENCE HALLS WHERE STUDENTS CAN DONATE UNWANTED ITEMS RATHER THAN THROWING THEM IN THE TRASH, AND SCAD DELIVERS THE ITEMS TO GOODWILL, SUPPORTING THAT ORGANIZATION'S MISSION TO PROVIDE JOBS AND JOB TRAINING FOR INDIVIDUALS WITH DISABILITIES, VETERANS, AND OTHERS. AS A RESULT, 210,000 POUNDS HAVE BEEN DIVERTED FROM LANDFILLS TO DATE, SUPPORTING GOODWILL AND ITS JOB TRAINING MISSION.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART I, LINE 1	<p>SCAD HAS THREE MUSEUMS, ALL OF WHICH ARE OPEN TO THE PUBLIC. IN SAVANNAH, THE SCAD MUSEUM OF ART, DESIGNED BY ARCHITECT AND SCAD ALUMNUS CHRISTIAN SOTTILE, IS AN AWARD-WINNING CONTEMPORARY ART AND DESIGN MUSEUM BUILT FROM THE NATION'S OLDEST SURVIVING ANTEBELLUM RAILROAD DEPOT. OFFERING AN ARRAY OF EXHIBITIONS AND EVENTS THROUGHOUT THE YEAR, THE SCAD MUSEUM OF ART ATTRACTS MORE THAN 45,000 VISITORS ANNUALLY. IN ATLANTA, SCAD FASH MUSEUM OF FASHION AND FILM, WITHIN ITS 10,000 SQUARE FEET OF ADAPTABLE EXHIBITION SPACE, BRINGS A DYNAMIC AND DISTINCT SCHEDULE OF FASHION-FOCUSED EXHIBITIONS AND COMPELLING FILMS. AN ADDITIONAL 27,000 SQUARE FEET ACADEMIC AND STUDIO SPACE ALSO SURROUNDS THE PERIMETER OF THE MUSEUM, INCLUDING A FASHION RESOURCE LIBRARY AND GARMENT COLLECTION AND FILM SALON. THE SCAD LACOSTE ADMISSION AND HISTORY CENTER, HOUSED IN A FORMER 17TH-CENTURY KITCHEN, HOLDS ARTIFACTS THAT SCAD PRESERVATIONISTS DISCOVERED WHILE RESTORING THE SCAD LACOSTE FACILITIES, INCLUDING ROMAN CARVINGS AND COINS, MEDIEVAL ARTIFACTS, WORLD WAR II BULLETS, AND A 16TH-CENTURY CANNONBALL. SCAD CREATES K-12 CURRICULUM GUIDES TO ACCOMPANY EXHIBITIONS AT THE SCAD MUSEUM OF ART IN SAVANNAH AND SCAD FASH MUSEUM FOR FASHION AND FILM IN ATLANTA. ALIGNED WITH THE NATIONAL VISUAL ARTS STANDARDS, THE AWARD-WINNING CURRICULUM GUIDES ARE MADE AVAILABLE FREE OF CHARGE TO EDUCATORS AND STUDENTS, AND DURING 2017-18 CURRICULUM GUIDES WERE DEVELOPED FOR DOZENS OF SCAD EXHIBITIONS AND WERE DISTRIBUTED TO SCHOOL GROUPS VISITING SCAD MUSEUMS. SCAD REGULARLY HOSTS SCHOOL GROUPS FOR MUSEUM TOURS, AND IN 2017-18, NEARLY 2,200 K-12 STUDENTS VISITED SCAD MUSEUMS. AT SCAD, ALL GALLERY EXHIBITIONS AND LECTURES ARE FREE AND OPEN TO THE PUBLIC (THE SCAD MUSEUM OF ART AND SCAD FASH CHARGE A MODEST ADMISSION AND OFFER DISCOUNTS TO MILITARY AND SENIOR CITIZENS AND CHILDREN UNDER 14 ARE FREE). ANNUALLY, THE SCAD MUSEUM OF ART HOSTS A FAMILY DAY WITH FREE ADMISSION AND MANY EDUCATIONAL ACTIVITIES FOR CHILDREN AND FAMILIES, AND SCAD MOA AND SCAD FASH ALSO PARTICIPATE IN GEORGIA'S SUPER MUSEUM SUNDAY WITH FREE ADMISSION. IN FEB 2018, SCAD MUSEUMS HOSTED 1,500 VISITORS ON SUPER MUSEUM SUNDAY. IN 2017-18, SCAD ALSO HOSTED EDUCATIONAL ART FESTIVALS THAT WERE FREE AND OPEN TO THE PUBLIC, INCLUDING SCAD DEFINE ART, SCADSTYLE, SIDEWALK ARTS FESTIVAL, AND SAND ARTS FESTIVAL. SCAD ALSO OFFERS THE SCAD EDUCATOR FORUM ANNUALLY, GIVING EDUCATORS THE OPPORTUNITY TO LEARN NEW KNOWLEDGE AND SKILLS IN A VARIETY OF AREAS. THE FORUM IS OFFERED IN SAVANNAH AND ATLANTA, GEORGIA FOR A NOMINAL FEE.</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	THERE IS A FAMILY RELATIONSHIP BETWEEN PAULA WALLACE AND JOHN PAUL ROWAN THERE IS A FAMILY RELATIONSHIP BETWEEN PAULA WALLACE AND GLENN E WALLACE

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	PRIOR TO FILING, THE RETURN WAS DISTRIBUTED TO BOARD MEMBERS PROVIDING AN OPPORTUNITY TO ASK QUESTIONS AND PROVIDE INPUT

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE UNIVERSITY'S CORPORATE GOVERNANCE POLICY, WHICH IS AVAILABLE TO ALL EMPLOYEES VIA THE INSTITUTION'S INTRANET AND EMPLOYEE HANDBOOK, PROVIDES GUIDANCE TO ALL EMPLOYEES ON ISSUES OF CONFLICTS OF INTEREST THE BOARD OF TRUSTEES IS RESPONSIBLE FOR EVALUATING ANY CONFLICTS OF INTEREST AND, IF APPROPRIATE, AUTHORIZING ANY CONTRACT OR TRANSACTION BY THE AFFIRMATIVE VOTE OF A MAJORITY OF THE DISINTERESTED TRUSTEES IF THERE IS A CONFLICT OF INTEREST INVOLVING TRUSTEES THE UNIVERSITY OBTAINS ANNUALLY A DISCLOSURE OF POTENTIAL CONFLICTS BY TRUSTEES AND MEMBERS OF SENIOR MANAGEMENT A WHISTLE BLOWER REPORTING PROCESS HAS BEEN ESTABLISHED THERE IS A DESIGNATED FULL-TIME COMPLIANCE OFFICER THAT INVESTIGATES AND RESOLVES ETHICS COMPLAINTS, INCLUDING CONFLICTS OF INTEREST, INVOLVING EMPLOYEES

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	FORM 990 PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL ANSWERED IN SCHEDULE J FORM 990 PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS THE COMPENSATION OF EACH MEMBER OF SENIOR MANAGEMENT IS SET BY THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES FOLLOWING THE PROCEDURES AND STANDARDS SET FORTH IN THE IRS REGULATIONS IN ORDER TO RECEIVE THE "REBUTTABLE PRESUMPTION" AN INDEPENDENT CONSULTING FIRM (AON) THAT SPECIALIZES IN COMPENSATION AND BENEFITS PROVIDES MARKET INFORMATION FOR EACH POSITION VIA A COMPENSATION STUDY THAT INCLUDES CONSIDERATION OF THE COMPENSATION PAID BY OTHER EDUCATIONAL INSTITUTIONS THE COMPENSATION EXPERT PROVIDES A WRITTEN OPINION ON THE REASONABLENESS OF COMPENSATION THIS PRACTICE ALSO INCLUDES THE COMPENSATION PAID TO ANY INDIVIDUAL RELATED TO A MEMBER OF SENIOR MANAGEMENT OR THE BOARD

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE CONFLICTS OF INTEREST POLICY IS PUBLISHED IN THE EMPLOYEE HANDBOOKS AND AVAILABLE ON MYSCAD, THE INSTITUTION'S INTRANET THE GOVERNING DOCUMENTS AND AUDITED FINANCIAL STATEMENTS ARE NOT DISSEMINATED TO THE PUBLIC AT THIS TIME



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990 PART XII LINE 2C	THE BOARD HAS ESTABLISHED AN AUDIT COMMITTEE THAT IS RESPONSIBLE FOR THE OVERSIGHT OF THE INTERNAL AND EXTERNAL AUDIT FUNCTIONS THE AUDIT COMMITTEE IS ALSO RESPONSIBLE FOR THE SELECTION OF THE INDEPENDENT ACCOUNTING FIRM THAT AUDITS THE INSTITUTION

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization  
SAVANNAH COLLEGE OF ART AND DESIGN  
INC

Employer identification number  
58-1357177

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) SAVANNAH MEDIA SERVICES LLC PO BOX 3146 SAVANNAH, GA 31402 27-1079682	SUPPORT	GA			SAVANNAH COLLEGE OF ART AND DESIGN INC
(2) SCAD MUSEUM LLC PO BOX 3146 SAVANNAH, GA 31402 27-3916875	MUSEUM	GA		22,431,998	SAVANNAH COLLEGE OF ART AND DESIGN INC
(3) MUSEUM CAFE LLC PO BOX 3146 SAVANNAH, GA 31402 46-3951516	SUPPORT	GA			SAVANNAH COLLEGE OF ART AND DESIGN INC
(4) SCAD HOLDINGS LLC PO BOX 3146 SAVANNAH, GA 31402 82-4187069	SUPPORT	GA		318,751	SAVANNAH COLLEGE OF ART AND DESIGN INC

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)LUCAS THEATRE FOR THE ARTS INC 32 ABERCORN STREET  SAVANNAH, GA 31401 58-1775851	CULTURAL	GA	501(C)	LINE 10	SAVANNAH COLLEGE OF ART AND DESIGN INC	Yes	
(2)SCAD FOUNDATION (HONG KONG) LIMITED 292 TAI PO ROAD N KOWLOON, N KOWLOON HK	EDUCATION	HK	EXEMPT	LINE 2	SAVANNAH COLLEGE OF ART AND DESIGN INC	Yes	

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
<b>(1)</b> LACOSTE SCHOOL OF THE ARTS IN FRANCE ASSOCIATION RUE DU FOUR LACOSTE, LACOSTE 84480 FR	CAMPUS	FR	SAVANNAH COLLEGE OF ART AND DESIGN INC	C	32,817	443,767	100 000 %	Yes	
<b>(2)</b> LACOSTE SCHOOL OF THE ARTS IN FRANCE SA (FKA COMPANIA DE NAVEGACION) PO BOX 3146 SAVANNAH, GA 31402	CAMPUS	PM	SAVANNAH COLLEGE OF ART AND DESIGN INC	C			100 000 %	Yes	

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b> Yes	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b> Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b> Yes	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b> Yes	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b> Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SCAD FOUNDATION (HONG KONG) LTD	A	365,058	TRANSACTION AMOUNT
(2) LUCAS THEATRE FOR THE ARTS INC	B	300,000	TRANSACTION AMOUNT
(3) LACOSTE ASSOC FOR THE ARTS	B	2,146,774	TRANSACTION AMOUNT
(4) SCAD FOUNDATION (HONG KONG) LTD	D	605,920	TRANSACTION AMOUNT
(5) LUCAS THEATRE FOR THE ARTS INC	K	137,887	TRANSACTION AMOUNT

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

**Part VII**      **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)