Form 990 Form 990 Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation: Do not enter social security numbers on this form as it may be made public.

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

2021

OMB No. 1545-

Open to Public Inspection

Treasu	ıry							
nter	ork€#€	e1 202 1v6	alendar year, or tax year beginning 07-01-2021 , and ending 06-30-202	22				
Che	ck if a	applicable:	C Name of organization SAVANNAH COLLEGE OF ART AND DESIGN		D Employe	r identi	fication number	
		change hange	INC		58-135	7177		
	itial re	-	Doing business as					
	nal m/term	inated			F. Talanhana			
		d return	Number and street (or P.O. box if mail is not delivered to street address) Room/su	ite	E Telephone	number	•	
– Ap	plicati	ion pendin	g PO BOX 3146		(912) 5	25-50	00	
			City or town, state or province, country, and ZIP or foreign postal code					
			SAVANNAH, GA 31402		G Gross rece	ipts \$ 9!	55,783,078	
			F Name and address of principal officer: PAULA WALLACE		this a group ret	urn for		
			PO BOX 3146		ubordinates? re all subordinat	res	☐ Yes ✓ No	
			SAVANNAH,GA 31402		icluded?	.00	Yes No	
[Ta	x-exe	mpt status	5: ▼ 501(c)(3)		"No," attach a l			
ı w	ebsit	te:▶ W	WW.SCAD.EDU	H(c) G	roup exemption	numbe	r▶	
(For	m of o	rganizatio	n: 🔽 Corporation 🦳 Trust 🦳 Association 🦳 Other	L Year of	formation: 1978	M State	of legal domicile: GA	
Р	art I	Sur	mmary					
			lescribe the organization's mission or most significant activities: HEDULE O FOR COMPLETE DESCRIPTION.					
Ce		JLL JC	TEDULE O FOR COMPLETE DESCRIPTION.					
<u> </u>								
e								
or or			this box 🔭 if the organization discontinued its operations or disposed			1	1	
Activities & Governance			r of voting members of the governing body (Part VI, line 1a)			3	9	
9			r of independent voting members of the governing body (Part VI, line 1b)			4	9	
È			umber of individuals employed in calendar year 2021 (Part V, line 2a) .			5	3,095	
DQ.			umber of volunteers (estimate if necessary)			6	0	
4			nrelated business revenue from Part VIII, column (C), line 12 · · ·			7a	2,641,942	
	ь	Net unr	related business taxable income from Form 990-T, Part I, line 11 · · ·	• •	<u></u>	7b	0	
					Prior Year		Current Year	
9			utions and grants (Part VIII, line 1h)	25,830,10				
Revenue		-	m service revenue (Part VIII, line 2g)		521,819,563 633,227,9			
æ			nent income (Part VIII, column (A), lines 3, 4, and 7d) · · · ·		6,317,05		-34,576,426	
			evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,137,15		3,673,502	
	+		evenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12	<u>')</u>	558,103,87		622,387,162	
			and similar amounts paid (Part IX, column (A), lines 1-3)		119,144,32	_	152,119,866	
	14		s paid to or for members (Part IX, column (A), line 4)			0	0	
88	15		s, other compensation, employee benefits (Part IX, column (A), lines 5-	10)	159,019,37	′0	167,109,969	
Expenses			sional fundraising fees (Part IX, column (A), line 11e)			0	0	
×	ь		draising expenses (Part IX, column (D), line 25) 450,456					
ш	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e) · · · ·		135,648,19	_	196,400,106	
	18		xpenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		413,811,88	_	515,629,941	
m	19	Revenu	e less expenses. Subtract line 18 from line 12		144,291,98		106,757,221	
Net Assets or Fund Balances				Beg	inning of Current Year		End of Year	
alan	20	Total a	ssets (Part X, line 16)		1,487,741,65	51	1,625,921,643	
d B			abilities (Part X, line 26)		262,840,47	_	294,249,178	
FE			sets or fund balances. Subtract line 21 from line 20		1,224,901,17	_	1,331,672,465	
Pa	art II		nature Block					
		_	f perjury, I declare that I have examined this return, including accompar	nying sche	edules and stater	nents,	and to the best of	
•		_	belief, it is true, correct, and complete. Declaration of preparer (other the	han officer	r) is based on all	inform	ation of which	
orepa	arer r	nas any i	knowledge.		2023-05-13			
c:		Signa	ature of officer		Date			
Sigr Her			MEN STOWERS SECRETARY					
	-	Туре	or print name and title		·			
		r	Print/Type preparer's name Preparer's signature [Date	G , F P1	ΓIN		
Pai	d			2023-05-13		00002534	4	
_	_{par}	Δr	Firm's name MAULDIN & JENKINS LLC		Firm's EIN 58-0	692043		
	pai Or	<u> </u>	Firm's address ▶ 200 GALLERIA PKWY SE STE 1700		Phone no. (770) 9	55.0600	1	
Jat	, UI	ıı y			Filone 110. (770) 9	JJ 0000		
			ATLANTA, GA 303395946					

May the IRS discuss this return with the preparer shown above? (see instructions)

Form	1 990 (2021)				Page 2
Pa	nt III Statement of Program	Service Accompl	ishments		
	Check if Schedule O contains	a response or note to	any line in this Part I	1	🗆
1	Briefly describe the organization's r	nission:			
	D PREPARES TALENTED STUDENT: ITIVELY ORIENTED UNIVERSITY I		DFESSIONS THROUG	H ENGAGED TEACHING AND	LEARNING IN A
2	Did the organization undertake any the prior Form 990 or 990-EZ? .	significant program sei	rvices during the year	which were not listed on	Yes No
	If "Yes," describe these new service	es on Schedule O.			
3	Did the organization cease conducti	ng, or make significant	changes in how it co	nducts, any program	☐Yes 🔽 No
	If "Yes," describe these changes or	Schedule O.			
4	Describe the organization's program expenses. Section 501(c)(3) and 50 the total expenses, and revenue, if a)1(c)(4) organizations	are required to report	<i>,</i>	,
4a	(Code:) (Expense	es \$ 197,920,891	including grants of \$) (Revenue \$	545,242,168)
	INSTRUCTIONAL EXPENDITURES THESI UNDERGRADUATE AND GRADUATE DEGR ARTS, MASTER OF ARCHITECTURE, AND I SCHOOLS COMMISSION ON COLLEGES AT ACCREDITING BOARD. THE UNDERGRADUACCREDITATION. APPROXIMATELY 3,400	EES. THE UNIVERSITY OFFE MASTER OF URBAN DESIGN ID THE MASTER OF ARCHITE IATE INTERIOR DESIGN PRO	RS THE BACHELOR OF ART DEGREES. THE UNIVERSIT ECTURE DEGREE PROGRAM IGRAM IS ADDITIONALLY A	S, BACHELOR OF FINE ARTS, MASTER (Y IS ACCREDITED BY THE SOUTHERN A IS ADDITIONALLY ACCREDITED BY THE CCREDITED DOMESTICALLY BY THE COU	OF FINE ARTS, MASTER OF SSOCIATION OF COLLEGES & NATIONAL ARCHITECTURAL
4b	(Code:) (Expense	es \$ 65,820,513	including grants of \$) (Revenue \$)
40	STUDENT AID THE UNIVERSITY PROVID			, ,	,
4c	(Code:) (Expense	es \$ 168,043,615	including grants of \$	152,119,866) (Revenue \$	87,985,780)
	CAMPUS SERVICES, STUDENT HOUSING, SUPPORTTHE MISSION OF THE UNIVERSIALL STUDENTS.				
4d	Other program services (Describe	in Schedule O.)			
	(Expenses \$	including grants o	of \$) (Revenue \$)
4e	Total program service expenses	431,785,019			

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Form 990 (2021) Page 3 **Checklist of Required Schedules** Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Yes 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🥞 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Νo 3 candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 Νo Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III . . 5 Νo 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 Νo Schedule D,Part I 📆. 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Νo 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part Il 🐯 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Yes 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 Νo 9 negotiation services? If "Yes," complete Schedule D, Part IV 🥦 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, Yes permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 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.

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete

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 🐯 c 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 🐿 d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

Did the organization's separate or consolidated financial statements for the tax year include a footnote that

. If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. 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 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . 🐒 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report on Part IX column (A), line 3, more than \$5,000 of grants or other assistance to or for

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

any foreign organization? If "Yes," complete Schedule F, Parts II and IV 🥦

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

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Nο

Nο

Νo

Nο

Νo

Nο

Nο

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11b

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12a

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28c

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33

35a

35h

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37

633

Λ

1a

1b

Yes

Yes

Yes

Yes

Yes

Yes

Yes

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Yes

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Pa	rt IV Checklist of Required Schedules (continued)						
			Yes	No			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes				
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's	23	Yes				

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If

Did the organization report any amount on Part X, line 5 or 22 for receivables from or sayables to any current or

former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

ប្រជុំ^Yអាច «លាក្សាខ្លែស ស្រាស់ និង ប្រជុំ ប្រជាជ្រាក្រ employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member,

Was the organization a party to a business transaction with one of the following parties (see the Schedule L,

c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes,"

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . .

អ៊ីត៉េ^{ក្}ពីទី៩ 6ម្បានអន្តែម៉ាស៊ីកិត្តមួយថា Me, terminate, or dissolve and cease operations? *If "Yes," complete schedule N, Part I*

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

พีลัร์ซุละ ชาตุลโศรลร์เอกิศัยใช้เอ็น หือเล็กงาtax-exempt or taxable entity? If-"Yes," complete Schedule R, Part II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🐒 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🐒 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable

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

Statements Regarding Other IRS Filings and Tax Compliance

a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes,"

or to a 35% controlled entity (including an employee thereof) or family member of any of these persons?

and complete Schedule K. If "No," go to line 25a

Part IV instructions for applicable filing thresholds, conditions, and exceptions):

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable

b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable

b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV .

"Yes," complete Schedule L, Part I

If "Yes," completeSchedule L,Part III

conservation contributions?

Part V

sections 301.7701-2 and 301.7701-3?

entity or family member of any of these persons?

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Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			_			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes				
3a	Did the organization have unrelated business gross income of $$1,000$ or more during the year?	3a	Yes				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	4a	Yes				
b	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account, beforeign country: ►FR, HK						
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts [###################################	5a		Νο			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο			
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No			
d	If "Yes," indicate the number of Forms 8282 filed during the year						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7-		N. o			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		N o			
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			110			
9	required?	7 g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8					
9							
а							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
a	Initiation fees and capital contributions included on Part VIII, line 12 10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club Section Sol(c)(12) organizations. Enter:						
11 a	Gross income from members or shareholders						
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the						
12	year.						
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note. See the instructions for additional information the organization must report on Schedule O.						
	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						
	Enter the amount of reserves on hand	14-		N.o.			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		N o			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	Yes				
16	IS ThesphysækizhtionstruetioostambfilesFiturtio4720þjSchedulleeNsection 4968 excise tax on net investment income?	16		N o			
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6060.	17					

year by the following: **a** The governing body?

Section C. Disclosure

13

14

18

apply.

Page 6 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 Schedul Check if Schedule O contains a response or note to any line in this Part VI	e O. S	See instructions.					
Section A. Governing Body and Management								
					Yes	No		
1 a	Enter the number of voting members of the governing body at the end of the tax	1a	9					
	Yeare 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	Enter the number of voting members included in line 1a, above, who are independent	1b	9					
2	Did any officer, director, trustee, or key employee have a family relationship or a bu	siness	relationship with any	_	V			

other officer, director, trustee, or key employee? . 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? .

Яa

9

10a

10b

11a

12a

12b

13

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15a

15b

16a

16b

Yes

Nο Nο Nο Νo Νo

Nο

No

Form	990	(2021

Νo

file the organization become aware during the year of a significant diversion of the organization's assets? . . Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a

Did the organization contemporaneously document the meetings held or written actions undertaken during the

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the

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

organization's mailing address? If "Yes," provide the names and addresses in Schedule 0

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters,

b Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13

affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

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?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that

State the name, address, and telephone number of the person who possesses the organization's books and records:

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

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?

Own website Another's website V Upon request Other (explain in Schedule O)

▶BRENTON MARONA PO BOX 3146 SAVANNAH, GA 314023146 (912) 525-5000

interest policy, and financial statements available to the public during the tax year.

Did the organization make any significant changes to its governing documents since the prior Form 990 was **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,

b Each committee with authority to act on behalf of the governing body?

10a Did the organization have local chapters, branches, or affiliates? .

Did the organization have a written document retention and destruction policy? .

a The organization's CEO, Executive Director, or top management official

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

Did the organization have a written whistleblower policy? .

b Other officers or key employees of the organization

List the states with which a copy of this Form 990 is required to be filed

(16) JOHN BUCKOVICH

(17) MAUREEN GARVIN

VP FOR SCAD UNIVERSITY SAFETY

DEAN, FOUNDATIONS & FINE A

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** Check if Schedule O contains a response or note to any line in this Part VII .

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount
- of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from organization and any related organizations.
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations. • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above

Check this box if neither the organization n	(A) (B) (C) (D) (E) (F)												
(A) Name and title	Average hours per week (list any hours for related organizations	unle:	ore th	(do nan rsor cer a or/t	not one is and rust	both a tee)	an	Reportable compensation from the organization (W-2/1099- MISC/1099-	Reportable compensation from related organizations (W-2/1099-MISC/1099-	Estimated amount of other compensation from the organization and related			
	below dotted line)	Individual trustee or director	Institutional Trustee Individual trustee or director		Key employee	Highest compensated employee	Former	NEC)	NEC)	organizations			
(1) GARRY BROWN TRUSTEE	2.00	х						0	0	0			
(2) ROBERT L NARDELLI TRUSTEE	2.00	х						0	0	0			
(3) LUCY COOKSON TRUSTEE	2.00	х						0	0	0			
(4) ANITA THOMAS TRUSTEE	2.00	х						0	0	0			
(5) JOHN G KENNEDY III TRUSTEE	2.00	х						0	0	0			
(6) STUART SAUNDERS TRUSTEE	2.00	х						0	0	0			
(7) ALAN B WHITAKER III TRUSTEE	2.00	х						0	0	0			
(8) VERONICA BIGGINS TRUSTEE	2.00	х						0	0	0			
(9) SALLY WARANCH RAJCIC TRUSTEE	2.00	х						0	0	0			
(10) PAULA WALLACE PRESIDENT	60.00			х				2,559,101	0	333,336			
(11) GLENN WALLACE CHIEF OPERATING OFFICER	50.00			х				778,021	0	25,284			
(12) JEFFREY JOSIAH WALLER CHIEF FINANCIAL OFFICER	50.00			х				658,745	0	43,950			
(13) CARMEN STOWERS SECRETARY	50.00			х				150,514	0	29,074			
(14) GOKHAN OZAYSIN CHIEF ACADEMIC OFFICER	50.00				х			778,075	0	45,025			
(15) PHILIP JOSEPH ALLETTO SENIOR VP FOR STUDENT SUCC	50.00				х			449,426	0	35,925			

50.00

50.00

25,690

21,328

292,917

213,630

(A) Name and title	(B) Average hours per week (list any hours for related	more pers and	than on is	one bot rect	note bo th au or/t	offic rustee	ess er e)	(D) Reportable compensation from the organization (W-2/1099-	Reportable compensation from related organizations	Estima amount of compen from	ated of other sation the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	organiz and re organiz	ated
(18) BRADFORD GRANT	50.00					X		453,439	0		40,701
ok. VP FUK II								,			
(19) LESLEY CAMILLE HANAK	50.00					Х		472,731	0		35,036
CHIEF HUMAN RESOURCES OFFICER (20) STEVE MINEO											
	50.00	l				Х		317,993	0		37,768
VP FOR ADMISSION (21) HANNAH FLOWER											
VP FOR INT'L STUD SVC & LE	50.00					X		331,508	0		39,504
(22) KHOI NGUYEN VO	40.00										
VICE PRESIDENT FOR INDUSTRY RELATIONS	40.00					Х		261,236	0		34,913
1b Sub-Total			•	I	•						
c Total from continuation sheets to Part					•	•					
d Total (add lines 1b and 1c)	<u> </u>				•			7,717,336	0		747,534
Total number of individuals (including \$100,000 of reportable compensation					bov	e) who	o re	ceived more than			
										Yes	No
3 Did the organization list any former of						yee,	or h	ighest compensate	ed employee		
on line 1a? If "Yes," complete Schedul						•	•		3		No
4 For any individual listed on line 1a, is	the sum of repor	table o	comp	ensa	atior	and	othe	er compensation fr	om the		

	services rendered to the organization?? Tes, complete schedule Front such person	
Se	ction B. Independent Contractors	
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of	

Yes	No
	Νo
Yes	

10,447,804

9,152,900

Form 990 (2021)

\$100,000 of compensation from the organization > 134

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

compensation from the organization. Report compensation for the calculate year chains with or within the organization's tax year							
(A) Name and business address	(B) Description of services	(C) Compensation					
CLAYCO INC	CONSTRUCTION SERVICES	81,232,794					
2199 INNERBELT BUSINESS CENTER DRIV SAINT LOUIS, MO 63114							
JE DUNN CONSTRUCTION COMPANY	CONSTRUCTION SERVICES	27,091,745					
1001 LOCUST STREET KANSAS CITY, MO 64106							
BON APPETIT MANAGEMENT COMPANY	CONTRACTED FOOD SERVICE	19,949,139					
2400 YORKMONT ROAD CHARLOTTE, NC 28217							

2 Total number of independent contractors (including but not limited to those listed above) who received more than

SECURITY SERVICES

TRANSPORTATION SERVICES

organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

SUNSTATES SECURITY LLC

600 VINE STREET SUITE 1400 CINCINNATI, OH 45202

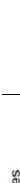
FIRST TRANSIT INC

1575 NORTHSIDE DR NW SUITE 410 ATLANTA, GA 30318

	990 (2021)		Davanua									Page 9
Part	VIII Statement Check if Sche			a res _i	ponse or no	te to	any line in this Par	t VIII .				🗆
							(A) Total revenue	Rela exe fun	(B) ted o empt ction	r	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contri	ibutions, Gifts, Grants	s, ar	nd OtherAmt	Simil	ar Amounts	b c d e f	Membership dues Fundraising events Related organizatio Government grants (cor All other contributions, gand similar amounts not above Noncash contributions ir	ns)	1a	44,200 12,119,594 7,898,344	
							lines 1a - 1f:\$ Total. Add lines 1a-	.1f		1 g	3,084,376	
					Business (•			20,062,138
	2a TUITION AND FEES				6	11310	536,306,279		536,3	06,279		
nue	b HOUSING & FOOD SE	RVIC	`F		_		87,985,780		87,9	85,780		
Reve					7	21310			4.5	42.024		
ice	c OTHER FEES AND RE	VENU	JE		6	11310	4,743,834		4,7	43,834		
Serv	d OTHER STUDENT REV	/ENU	ΙΕ		6	11310	3,821,263		3,8	21,263		
Program Service Revenue	e CONFERENCES & CO	MMU	NITY ED		6	11310	119,328		1	19,328		
Pro							251,464		2	51,464		
	f All other program						·					
	9 Total. Add lines 3 Investment income other 4 প্রামটোনা ভ্রমানার ১ es	e (in	ncluding divid	lends,		nd	11,138,58					11,138,580
	5 Royalties		1			ı	•					
			(i) Rea		(ii) Pers	onal						
				59,720		30,38	88					
	b Less: rental expenses 6b		0			0						
	c Rental income or	6с	1,0!	59,720		30,38	88					
	d (Nets)ental incom	e or	r (loss)				1,090,10	8			30,388	1,059,720
	7a Gross amount from sales of asset ther	from sales of 7a 28		23,000	(ii) Oth 5,	ner 558,04	43					
	b Less: cost or other basis and sales expenses	7b	332,12	20,525			0					
	c Gain or (loss)	7c	-51,29	97,525	5,	558,04	43					
	d Net gain or (loss	-				•	-45,739,48	2				-45,739,482
Other Revenue	8a Gross income from fu (not including \$ contributions reported See Part IV, line 18	d on	44,200 of line 1c).	8a		66,45						
Re	b Less: direct expe c Net income or (lo			8b sing e		16,09	-49,64	0				-49,640
Other	9a Gross income fro	aming		>								
	See Part IV, line 1 b Less: direct expe	19 ense	 es	9a 9b								
	c Net income or (lo			activ	ities	•						
	10a Gross sales of inventory, less returns and allowances . 10a b Less: cost of goods sold 10b					39,01						
	c Net income or (lo			ш-	ntory		1,179,71	6			1,179,710	5
				1		•						
	Miscellaneo 11a OTHER REVENI	Revenue	Business	7111		4			1,013,394	1 21,480		
	b TRUSTEES THE	ATE	R			7111	10 418,44	4			418,444	1
	d All other revenue											
	e Total. Add lines			- I		•	1,453,31	8				
	12 Total revenue. Se	ee ir	nstructions .			•	622,387,16		633.	227,948	2,641,94	-33,544,866
	i						. ,==:,,=0	1	/-		, , , = , , ,	,,

Forr	m 990 (2021)				Page 10
Pa	art IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must	•		<u> </u>	. ,
	Check if Schedule O contains a response or note to	any line in this Part			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	335,130	335,130		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	149,772,967	149,772,967		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	2,011,769	2,011,769		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	6,308,461	1,009,354	5,299,107	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	137,225	137,225		
	Other salaries and wages	131,008,733	108,368,704	22,378,465	261,564
۵	Other employee benefits	20,088,027	16,212,937	3,836,245	38,845
	Payroll taxes	9,567,523	7,635,882	1,913,397	18,244
	Fees for services (non-employees):			, ,	· · · · · ·
	Management				
	Legal	1,077,563		1,077,563	
	Accounting	259,573		259,573	
c	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	51,370,137	38,756,361	12,607,127	6,649
12	Advertising and promotion	1,756,017	44,218	1,711,799	
	Office expenses	15,598,494	8,475,523	7,087,402	35,569
14	Information technology				_
15	Royalties				
16	Occupancy	16,300,250	15,009,367	1,289,781	1,102
17	Travel	7,175,081	5,286,037	1,889,044	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	634,821	629,668	5,153	
20	Interest	10,264,461	46,528	10,217,933	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	49,526,090	47,332,436	2,192,679	975
23	Insurance	5,246,686	197,020	5,049,666	
24	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.)				
	a STUDENT MEAL PLAN	19,900,991	19,900,991		
	b STUDENT ACTIVITIES	4,590,671	4,399,582	188,027	3,062
	c EQUIPMENT RENTAL AND ST	2,078,800	500,023	1,578,777	
	d MEALS & REFRESHMENTS	1,945,177	1,436,615	499,893	8,669
	e All other expenses	8,675,294	4,286,682	4,312,835	75,777
25	Total functional expenses. Add lines 1 through 24e	515,629,941	431,785,019	83,394,466	450,456
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2021)			Page 11
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
1 Cash-non-interest-bearing	28,224,153	1	61,955,049
2 Savings and temporary cash investments	5,357,002	2	75,370,541
3 Pledges and grants receivable, net	1,039,561	3	1,939,382
4 Accounts receivable, net	6,723,637	4	7,205,198
5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7 Notes and loans receivable, net	1,709,110	7	2,329,699



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32

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

					beginning or year		Life of year
	1	Cash-non-interest-bearing			28,224,153	1	61,955,049
	2	Savings and temporary cash investments		ſ	5,357,002	2	75,370,541
	3	Pledges and grants receivable, net			1,039,561	3	1,939,382
	4	Accounts receivable, net			6,723,637	4	7,205,198
	5	Loans and other receivables from any current	or forn	ner officer, director,			
		trustee, key employee, creator or founder, su		-		5	
	6	controlled entity or family member of any of t Loans and other receivables from other disqu					
		under section $4958(f)(1)$), and persons desc	ribed i	n section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net			1,709,110	7	2,329,699
	8	Inventories for sale or use		[1,217,276	8	1,200,265
	9	Prepaid expenses and deferred charges .			20,853,380	9	11,806,481
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,293,179,882			
	b	Less: accumulated depreciation	10b	382,537,373	801,521,561	10 c	910,642,509
	11	Investments—publicly traded securities .			527,166,068	11	456,699,942
	12	Investments—other securities. See Part IV, li	ne 11		296,527	12	296,527
	13	Investments—program-related. See Part IV, I	ine 11		49,984,145	13	50,004,950
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			43,649,231	15	46,471,100
	16	Total assets: Add lines 1 through 15 (must e	qual lii	ne 33)	1,487,741,651	16	1,625,921,643
	17	Accounts payable and accrued expenses			43,347,409	17	59,735,928
	18	Grants payable			85,081	18	85,081
	19	Deferred revenue			28,306,553	19	29,374,011
	20	Tax-exempt bond liabilities			165,375,934	20	185,773,482
S	21	Escrow or custodial account liability. Complete	te Part	IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or fo	rmer o	fficer, director, trustee,			
p		key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons				22	
Lia	22			-	10.062.280	22	12 092 500
	23	Secured mortgages and notes payable to unro		·	19,062,280	23	13,982,500
	24	Unsecured notes and loans payable to unrela		· · · · · · · · · · · · · · · · · · ·	6 662 245	24	F 200 176
	25	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			6,663,215	25	5,298,176
	26	Total liabilities. Add lines 17 through 25 .			262,840,472	26	294,249,178
35		Organizations that follow FASB ASC 958, che	ck her	e and complete			
nce		lines 27, 28, 32, and 33.					
ala	27	Net assets without donor restrictions			1,189,606,951	27	1,298,677,413
nd B	28	Net assets with donor restrictions		L	35,294,228	28	32,995,052
Assets or Fund Balances		Organizations that do not follow FASB ASC 9	58, che	eck here 🕨 🗌 and			
o	20	complete lines 29 through 33.	da			20	
sts	29	Capital stock or trust principal, or current fun		aont fund		29 30	
SSE	30 21	Paid-in or capital surplus, or land, building or		F			
A	31	Retained earnings, endowment, accumulated income, or other funds				31	

1,224,901,179

1,487,741,651

32

33

1,331,672,465

1,625,921,643

Form **990** (2021)

10	10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column				1,331,	572,46
Pa	rt XII	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII					. 🔽
					Yes	No
1		organization changed its method of accounting from a prior year or checked "Other," explain on				
	Sche	dule O.				

Both consolidated and separate basis

Both consolidated and separate basis

2a

2b

2c

За

3b

Yes

Yes

Νo

Νo

Form 990 (2021)

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

a separate basis, consolidated basis, or both:

Single Audit Act and OMB Circular A-133?

Separate basis

Separate basis

Schedule O.

basis, consolidated basis, or both:

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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.

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

Form 990 (2021)		
Additional Data		Return to Form
	Software ID:	
	Software Version:	
Form 990, Special C	ondition Description:	
	Special Condition Description	

(Form 990) Department of the Treasury

Internal Revenue Service

SCHEDULE A

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.

OMB No. 1545-0047

Inspection

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

		DLLEGE OF ART AND DESIGN	Employer identification number
INC			58-1357177
Pa	rt I	Reason for Public Charity Status (All organizations must complete this pa	rt.) See instructions.
The	organiz	zation 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).)	
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:

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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 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.)
- A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 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:
- - An organization that normally receives: (1) more than 331/3% 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.)
- An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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.
- 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.
- 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally
- integrated, or Type III non-functionally integrated supporting organization.
- Provide the following information about the supported organization(s).
- (i) Name of supported (ii) EIN (iv) Is the organization (iii) Type of (v) Amount of (vi) Amount of organization organization listed in your governing monetary support other support (see (described on lines document? (see instructions) instructions) 1- 10 above (see instructions)) Yes No

Schedule A (Form 990) 2021

	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6							
	Section B. Total Support						
	alendar year or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
		1		ı		I	

- 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.). . Total support. Add lines 7 through
 - 12
- 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) 14

Section C. Computation of Public Support Percentage

Public support percentage for 2020 Schedule A, Part II, line 14 15

16a 33 1/3% support test-2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain

in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

b 10%-facts-and-circumstances test-2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

supported organization $\ldots\ldots\ldots\ldots\ldots\ldots$ Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see Schedule A (Form 990) 2021

	dule A (Form 990) 2021						Page 3
Ρ	Support Schedule f	or Organiza	tions Descri	bed in Section	n 509(a)(2)	tan Callad La an	alifornia de Dant
	(Complete only if you II. If the organization						alify under Part
Se	ection A. Public Support	rans to quant	y dilder the t	ests listed belt	ovv, piedoe com	piece rait III)	
	ndar year	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
•	fiscal year beginning in)	(4) 2017	(6) 2010	(6) 2013	(u) 2020	(6) 2021	(i) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.") .						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either						
	paid to or expended on its behalf						
_	The color of countries of facility						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified						
h	persons Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
_	amount on line 13 for the year. Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support						
	ndar year	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
-	fiscal year beginning in)	(-)	(4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4	(-,	(-,	(-,	(-)
9	Amounts from line 6 Gross income from interest,						
10a	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
L	 Unrelated business taxable income						
D	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975.						
	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included on						
	line 10b, whether or not the						
	business is regularly carried on.						
12	_						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c,						
	11, and 12.)						
14	First 5 years. If the Form 990 is for	-			•	. ,	
	check this box and stop here						▶∟
	ection C. Computation of Pub			10			
15	Public support percentage for 2021	line 8, column (t) divided by li	ne 13, column (f))	· · 15	

Public support percentage from 2020 Schedule A, Part III, line 15 16

Section D. Computation of Investment Income Percentage

Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from **2020** Schedule A, Part III, line 17

b 33 1/3% support tests—2020. 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

17

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

19a 331/3% support tests—2021. 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

За

3b

3с

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b Schedule A (Form 990) 2021

Page 4

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you

Section A. All Supporting Organizations

implete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you mplete Sections A and D, and complete Part V.)

checked	box 12b, of Part I, co
checked box	12d, of Part I, cor

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,		
	describe the designation. If historic and continuing relationship, explain.	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization		
	was described in section 509(a)(1) or (2).	2	

amendment to the organizing document).

organization's organizing document?

"Yes," complete Part I of Schedule L (Form 990).

(1) or (2))? If "Yes," provide detail in Part VI.

organizations)? If "Yes," answer line 10b below.

whether the organization had excess business holdings).

3b and 3c below.

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines

made the determination.

b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)

purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

or supervised by or in connection with its supported organizations.

b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that

Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

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

Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If

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)

b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting

assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from,

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine

all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

Substitutions only. Was the substitution the result of an event beyond the organization's control?

the filing organization's supported organizations? If "Yes," provide detail in Part VI.

regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

supporting organization had an interest? If "Yes," provide detail in Part VI.

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if

Supporting Organizations (continued)

Page **5**

11	11 Has the organization accepted a gift or contribution from any of the following persons?					
а		on who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c the governing body of a supported organization?	11a			
	٠:	was a second and the second and the second				
b		y member of a person described on 11a above?	11b 11c			
С	Part V		116			
S	ection	B. Type I Supporting Organizations		1		
				Yes	No	
1	regular year? i organiz and/or	officers, directors, trustees, or membership of one or more supported organizations have the power to ly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax f "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the ation's activities. If the organization had more than one supported organization, describe how the powers to appoint remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, 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.					
S	ection	C. Type II Supporting Organizations				
				Yes	No	
1		majority of the organization's directors or trustees during the tax year also a majority of the directors or				
		s of each of the organization's supported organization(s)? If "No," describe in Part VI how control or ement of the supporting organization was vested in the same persons that controlled or managed the supported	1			
_		D. Aff) Type III Supporting Organizations				
	ection	b. Air Type III Supporting Organizations		Yes	No	
1	organiz year, (organization provide to each of its supported organizations, by the last day of the fifth month of the ation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the				
_	-	ation's governing documents in effect on the date of notification, to the extent not previously provided?	1			
2	organiz	ny of the organization's officers, directors, or trustees either (i) appointed or elected by the supported ation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the				
	-	ation maintained a close and continuous working relationship with the supported organization(s).	2			
3		on of the relationship described in line 2 above, did the organization's supported organizations have a ant 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	3			
S	ection	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 inst	ructio	ns):		
	a 🕅	The organization satisfied the Activities Test. Complete line 2 below.				
	ь 🗆	The organization is the parent of each of its supported organizations. Complete line 3 below.				
		The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions)	(see			
2	Activit	es Test. Answer lines 2a and 2b below.		Ves	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

b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

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.

constituted substantially all of its activities.

Parent of Supported Organizations. Answer lines 3a and 3b below.

each of the supported organizations? If "Yes" or "No", provide details in Part VI.

organization's involvement.

Schedule A (Form 990

2a

2b

За

3b

_		
<u>)</u>	2021	

Page **6**

instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) Add lines 1 through 3 4 5 Depreciation and depletion 5 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) 7 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year Section B - Minimum Asset Amount (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for 1 short tax year or assets held for part of year): 1a a Average monthly value of securities **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt use assets 2 3 Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See

5 Net value of non-exempt-use assets (subtract line 4 from line 3)

Adjusted net income for prior year (from Section A, line 8, Column A)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Multiply line 5 by 0.035

Enter 85% of line 1

Enter greater of line 2 or line 3 Income tax imposed in prior year

3

Recoveries of prior-year distributions

Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount

6 7 8 Current Year 1 2

3 4

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) Schedule A (Form 990) 2021

5

4 Distributions for 2021 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2021 distributable amount

c Remainder, Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in ${\it Part~VI}$

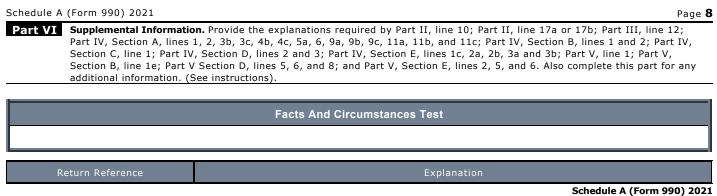
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines

See instructions.

a Excess from 2017. **b** Excess from 2018. c Excess from 2019. . . **d** Excess from 2020. e Excess from 2021.

3j and 4c. 8 Breakdown of line 7:

Schedule A (Form 990) (2021)



SCHEDULE D (Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990,

OMB No. 1545-0047

Open to Public Inspection

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Department of the Treasury Internal Revenue Service ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. Name of the organization

SAV	/ANNAH COLLEGE OF ART AND DESIGN		Employer identification number						
INC			58-1357177						
Pa	Organizations Maintaining Donor A Complete if the organization answered		unds or Accounts.						
	Complete if the organization answered	(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 add the organization's property, subject to the organizat								
6	Did the organization inform all grantees, donors, and charitable purposes and not for the benefit of the doi impermissible private benefit?	nor or donor advisor, or for any other purpo	ose conferring						
Pa	rt 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 or Preservation of land for public use (e.g., recreating		historically important land area						
	Protection of natural habitat	<u> </u>	certified historic structure						
	Preservation of open space								
2	Complete lines 2a through 2d if the organization hel	d a gualified concernation contribution in t	he form of a concernation						
2	easement on the last day of the tax year.	u a qualified conservation contribution in t	Held at the End of the Year						
а	Total number of conservation easements		2a						
b	Total acreage restricted by conservation easements	3	2b						
С	Number of conservation easements on a certified his	storic structure included in (a)	2c						
d	Number of conservation easements included in (c) a historic structure listed in the National Register	cquired after 7/25/06, and not on a	2d						
3	Number of conservation easements modified, transfe		d by the organization during the						
4	Number of states where property subject to conserv	vation easement is located							
5	Does the organization have a written policy regardin violations, and enforcement of the conservation eas	g the periodic monitoring, inspection, hand	Iling of Yes No						
6	Staff and volunteer hours devoted to monitoring, ins	specting, handling of violations, and enforc							
7	Amount of expenses incurred in monitoring, inspecti	ing, handling of violations, and enforcing co	onservation easements during the year						
8	Does each conservation easement reported on line (B)(i) and section 170(h)(4)(B)(ii)?								
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financia							
Par	Complete if the organization answered		or Other Similar Assets.						
1a	If the organization elected, as permitted under FAS of art, historical treasures, or other similar assets h service, provide, in Part XIII, the text of the footno	eld for public exhibition, education, or rese	arch in furtherance of public						
b	service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB 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 .		b \$2,014,376						
(i	ii)Assets included in Form 990, Part X		45,171,100						
2	If the organization received or held works of art, his following amounts required to be reported under FA	•	r financial gain, provide the						
а	Revenue included on Form 990, Part VIII, line 1 .		· · · · · ▶ \$						
b	Assets included in Form 990, Part X								
I	Danerwork Deduction Act Notice see the Instructions	for Forms 000	Cabadula D (Farm 000) 202:						

Part XIII.

Public exhibition

c Leasehold improvements

d Equipment

Scholarly research

collection items (check all that apply):

Preservation for future generations

Escrow and Custodial Arrangements.

No

Page 2

	Complete if the organization and Part X, line 21.	swered "Yes" on	Form 990, Part I	V, line 9, or r	eported an amo	unt or	Form	າ 990,
1a	Is the organization an agent, trustee, custo included on Form 990, Part X?		•			res	No	
b	If "Yes," explain the arrangement in Part X	III and complete th	e following table:		Amou	nt		_
c	Beginning balance			1c				
d	Additions during the year			1d				_
е	Distributions during the year			. 1e				_
f	Ending balance			. 1f				<u>_</u>
2a	Did the organization include an amount on						No	
b	If "Yes," explain the arrangement in Part X	III. Check here if t	ne explanation has	been provided	in Part XIII	•		
P	Endowment Funds. Complete if the organization and	swered "Yes" on	Form 990 Part I	V line 10				
	complete if the organization and	(a) Current year	(b) Prior year		ck (d) Three years b	ack (e)	Four ye	ars back
1 a	Beginning of year balance	258,229,841	173,468,912	185,103,91	.2 154,773,3	41	123,	346,891
b	Contributions	31,549,385	39,492,315	648,00				670,097
С	Net investment earnings, gains, and losses	-34,480,614	45,268,954	-4,493,00	6,209,9	45	4,	815,927
d	Grants or scholarships			7,790,00	6,239,3	07	4,	059,574
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance	255,298,612	258,229,841	173,468,91	.2 185,103,9	12	154,	773,341
2	Provide the estimated percentage of the cur	rent year end bala	nce (line 1g, colum	n (a)) held as:				
а	Board designated or quasi-endowment	92.000 %						
b	Permanent endowment ► 7.700 %							
С	Term endowment ▶ 0.300 %							
За	The percentages on lines 2a, 2b, and 2c sh Are there endowment funds not in the posse	•	zation that are held	d and administo	rad for tha			
Ja	organization by:	ession of the organi	zation that are held	and administe	red for the		Yes	No
	(i) Unrelated organizations					3a(i)		Νo
	(ii) Related organizations					3a(ii)		No
b	If "Yes" on 3a(ii), are the related organizat	ions listed as requi	red on Schedule R?			3b		<u> </u>
4	Describe in Part XIII the intended uses of t	he organization's e	ndowment funds.					
Pa	rt VI Land, Buildings, and Equipm Complete if the organization and		Form 990. Part I	V. line 11a. S	ee Form 990 P	art X.	line 1	0.
	Description of property (a) Cost or oth (investment)	er basis (b) Cost	or other basis (other)				ook valu	
1a	Land		140,931,438				14	0,931,438
	Buildings		763,960,089		238,903,322		52	5,056,767

8,198,306

101,828,205

278,245,844

16,000

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

7,443,472

74,894,626

61,295,953

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

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?. . .

Loan or exchange programs

Other

✓ Yes

754,834

26,933,579

216,965,891

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	. ,	od of valuation: of-year market value
(1) Financi	al derivatives			
	-held equity interests	·		
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.)	Þ		
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: or end-of-year market value
(1)				, , , , , , , , , , , , , , , , , , , ,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, col.(B) line 13.)	Þ		
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 9	990, Part IV,	, line 11d. See Form 9	
(1)	(a) Description			(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, col.(B) line 15.)			. •
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 9 See Form 990, Part X, line 25.	990, Part IV,	line 11e or 11f.	
1.	(a) Description of liability			(b) Book value
(1) Federal (7)	income taxes			
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col.(B) line 25.)			5,298,176
	for uncertain tax positions. In Part XIII, provide the text of the n's liability for uncertain tax positions under FIN 48 (ASC 740)			

Sche	dule D (Form 990) 2021					Page 4
Pa		ue per Audited Financial Sta	teme	ents With Revenu	e per	
	Return. Complete if the organization	n answered 'Yes' on Form 990,	Dart I	V line 12a		
1	Total revenue, gains, and other suppor	•	<u> </u>	v, iiile 12a.	1	
2	Amounts included on line 1 but not on	'	-		_	
а	Net unrealized gains (losses) on invest		2a			
b	Donated services and use of facilities		2b			
c	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII.)		2d			
						!
e	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$				3	
4	Amounts included on Form 990, Part V	III, line 12, but not on line 1 :				
а	Investment expenses not included on I	Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII.)		4b			
c	Add lines 4a and 4b				4c	
5	Total revenue. Add lines 3 and 4c. (This	s must equal Form 990, Part I, line	12.)		5	
Par	•	ses per Audited Financial St n answered 'Yes' on Form 990,		•	ses pei	Return.
1	Total expenses and losses per audited				1	
2	Amounts included on line 1 but not on	Form 990, Part IX, line 25:				
а	Donated services and use of facilities		2a			
b	Prior year adjustments		2b			
c	Other losses		2c			
d	Other (Describe in Part XIII.)		2d			
		•				I
е	Add lines 2a through 2d				2e	
3	Subtract line 2e from line 1				3	
4	Amounts included on Form 990, Part IX	x, line 25, but not on line 1:	1	1		
а	Investment expenses not included on	Form 990, Part VIII, line 7b	4 a			
b	Other (Describe in Part XIII.)		4b	1		1
b	· · · · · · · · · · · · · · · · · · ·		70			
c	Add lines 4a and 4b				4c	
5	Total expenses. Add lines 3 and 4c. (Th	is must equal Form 990, Part I, line	18.)		5	
	rt XIII Ipplemental Information				•	
	vide the descriptions required for Part II Part XI, lines 2d and 4b; and Part XII, lir					
-, '	Return Reference			planation		
DAD.		HIED DART III LINE 4 THE HA	•		DDIMAR	TIV DELATE TO ADDAG
PAK	TIII, LINE 4: SCHED	ULE D, PART III, LINE 4 THE UN	VEKSI	III 5 CULLECTIONS	LKIMAK	ILI KELAIE IU AKEAS

Return Reference	Explanation
PART III, LINE 4:	SCHEDULE D, PART III, LINE 4 THE UNVERSITY'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.
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.
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 UNIVERSITY RECOGNIZES INTEREST AND PENALTIES, IF ANY, RELATED TO UNCERTAIN TAX POSITIONS WITHIN INCOME TAX EXPENSE.
	Schedule D (Form 990) 2021

SCHEDULE E (Form 990)

Schools

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

2021

OMB No. 1545-0047

epartment of the Treasury	FARIACII (O FOI III 990 OI FOI III 990-EZ.		Open to		С
ternal Revenue Service ame of the organiza	► Go to www.irs.gov/Form990EZ for the latest information.	mployer identific	Inspec		
AVANNAH COLLEĞE OF A	RT AND DESIGN	inployer identific	ation nun	iibei	
c Part I	5	8-1357177			
Part I				YES	N
	zation have a racially nondiscriminatory policy toward students by statement in its instrument, or in a resolution of its governing body?			Yes	
2 Does the organ	zation include a statement of its racially nondiscriminatory policy toward students logues, and other written communications with the public dealing with student adm	in all its			
	scholarships?		2	Yes	
an mepesgetuating	ation publicized its racially nondiscriminatory policy on its primary publicly access its taxable year in a manner reasonably expected to be noticed by visitors to the h	nomepage, or			
	roadcast media during the period of solicitation for students, or during the registrati				
	ram, in a way that makes the policy known to all parts of the general community it ," please explain. If you need more space use Part II				
	, preude explain. Il you need more appace ade l'art III		3	Yes	
_	zation maintain the following?			Vas	
	ng the racial composition of the student body, faculty, and administrative staff? . enting that scholarships and other financial assistance are awarded on a racially n			Yes	
		,	4b	Yes	
•	alogues, brochures, announcements, and other written communications to the pub missions, programs, and scholarships?	-	. 4c	Yes	
d Copies of all ma	iterial used by the organization or on its behalf to solicit contributions?		. 4d	Yes	
<u>-</u>	"No" to any of the above, please explain. If you need more space, use Part II. zation discriminate by race in any way with respect to:				
a Students' right	or privileges?		5a		١
b Admissions po	icies?		5b		١
c Employment of	faculty or administrative staff? $\ldots \ldots \ldots \ldots \ldots$		5c		١
d Scholarships or	other financial assistance?		5d		ſ
e Educational po	icies?		5e		ı
f Use of facilities	?		5f		ı
g Athletic progra	ms?		5g		ı
	icular activities?		5h		
_	zation receive any financial aid or assistance from a governmental agency? ation's right to such aid ever been revoked or suspended?			Yes	

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 E (Form 990) (2021)
Additional Data	Return to Form

Software ID:

Software Version:

(Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

SCHEDULE F

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

Open to Public Inspection

58-1357177

(e) If activity listed in (d) is a

program service, describe

specific type of

service(s) in the region

PROGRAM SERVICES

OWNERSHIP OF REAL

RELATED TO MEAL

PLANS AND

PROPERTY.

Cat. No. 50082W

STUDY ABROAD

CAMPUS

Employer identification number

(f) Total expenditures

for and investments

in the region

2,011,769

20,805

3,493,704

457,657

5,983,935

5,983,935

Schedule F (Form 990) 2021

OMB No. 1545-0047

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

For grantmakers. Does the organization maintain records to substantiate the amount of its grants Offier assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used ∀es

fundraising, program services

investments, grants to

recipients located in the

region)

0 PROGRAM SERVICES

0 PROGRAM-RELATED

0 PROGRAM SERVICES

INVESTMENTS

INVESTMENT

0 CAPITAL

to award the grants or assistance?

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

(b) Number of

offices in the

region

1

1

1

1

employees,

agents, and

independent

contractors in the

region

(c) Number of (d) Activities conducted in region (by type) (such as,

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

(1) EUROPE (INCLUDING

(3) EUROPE (INCLUDING

ALBANIA, ANDORRA, AUSTRIA, BELGIUM (2) EAST ASIA AND THE

PACIFIC - AUSTRALIA,

BRUNEI, BURMA, CAMBODIA,

ICELAND & GREENLAND) -ALBANIA, ANDORRA, AUSTRIA, BELGIUM (4) EUROPE (INCLUDING

ICELAND & GREENLAND) -

ALBANIA, ANDORRA,

AUSTRIA, BELGIUM

(5) (6) (7) (8) (9)

10) 11) 12 13) 14) 15) 16) 17)

3a Sub-total .

to Part I .

b Total from continuation sheets

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

c Totals (add lines 3a and 3b)

ICELAND & GREENLAND) -

SAVANNAH COLLEGE OF ART AND DESIGN

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	CAMPUS OPERATIONS	2,011,76	9WIRE	0		
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
2 Enter total nur	mber of recipie	nt organizations lister r which the grantee	ed above that are r	ecognized as chariti	es by the foreign co	untry, recognized as	5	

(2) (3) (4) (5) (6) (7) (8) (9)

10) (11)

12) 13) (14)

15)

16) (17)

18)

Schedule F (Form 990) 2021

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (b) Region (c) Number of (d) Amount of (e) Manner of cash (f) Amount of (a) Type of grant or (a) Description (h) Method of

(a) Type of grant of	(b) Region	(c) Number of		(e) Manner of cash	(1) Amount of	(g) Description	(ii) Method of
assistance		recipients	cash grant	disbursement	noncash	of noncash	valuation
					assistance	assistance	(book, FMV,
							appraisal, other)
(1)							

Schedule F (Form 990) 2021

Schedule	F (Form 990) 2021	Page 5
Part V	Provide the informatio method; amounts of in (accounting method);	mation n required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting nivestments vs. expenditures per region); Part II, line 1 (accounting method); Part III and Part III, column (c) (estimated number of recipients), as applicable. Also complete by additional information. See instructions.
	ReturnReference	Explanation
PART I, L	INE 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.
PART I, L	_INE 3:	ACCRUAL METHOD IS USED TO ACCOUNT FOR EXPENDITURES.
PART III	ACCOUNTING METHOD:	
·	<u> </u>	
		Schedule F (Form 990) 2021

Additional Data Software ID: Software Version:

SCHEDULE G (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

2021

QUAIOpen to Public

OMB No. 1545-0047

organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

Inspection
Employer identification number

Schedule G (Form 990) 2021

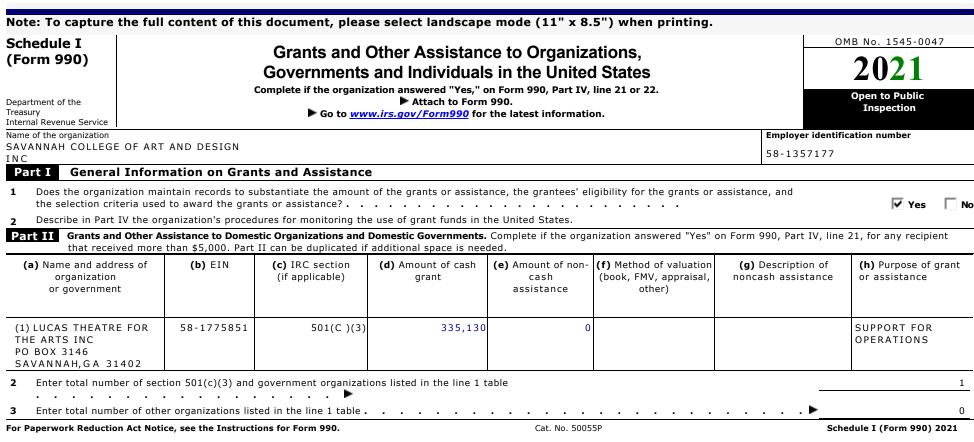
A' N	VANNAH COLLEGE OF AR C	T AND DESIGN					58-135717	7
P		ctivities. Complers are not requi		_	zation answered "Yes this part.	" on Form	990, Part I	V, line 17.
1	Indicate whether the orga	anization raised fur	ıds throug	h any of	the following activities.	Check all th	nat apply.	
а	Mail solicitations				e Solicitation of n	on-governn	nent grants	
b	∏ Internet and email so	licitations			f Solicitation of g	overnment	grants	
c	Phone solicitations				g Special fundrais	sing events		
d	☐ In-person solicitation	ıs						
2a b	or key employees listed i	in Form 990, Part N est paid individuals	/II) or en or entitie	tity in co s (fundra	nnection with profession	al fundraisi	ng T	es No
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(or ret	unt paid to cained by) er listed in ol. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
1								
2								
3								
4								
5								
Э								
6								
7								
8								
9								
. 0								
ot	al	· · · · · · ·		.▶				
3	List all states in which the registration or licensing.	organization is reg	istered o	licensed	to solicit contributions	or has been	notified it is	exempt from

Cat. No. 50083H

	rt II Fundraising Events. Com more than \$15,000 of fundr				
	events with gross receipts g		(b) Event #2	(c)Other events	(d) Total events (add col. (a) through col. (c))
		ANNIVERSARY (event type)	(event type)	(total number)	coi. (e))
Revenue					
	1 Gross receipts	110,650			110,650
	2 Less: Contributions	44,200			44,200
	3 Gross income (line 1 minus line 2)	66,450			66,450
	4 Cash prizes	33,133			33,133
	5 Noncash prizes				
Ses	6 Rent/facility costs				
Direct Expenses	7 Food and beverages	116,090			116,090
to m	8 Entertainment				
Dire	9 Other direct expenses				
	10 Direct expense summary. Add lines	4 through 9 in column (d)		116,090
	11 Net income summary. Subtract line 1				-49,640
Par	t III Gaming. Complete if the or \$15,000 on Form 990-EZ, li		"Yes" on Form 990, P	art IV, line 19, or rep	ported more than
		ı		1	
evenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	1 Gross revenue	(a) Bingo	bingo/progressive	(c) Other gaming	
(O	1 Gross revenue	(a) Bingo	bingo/progressive	(c) Other gaming	
(O	2 Cash prizes	(a) Bingo	bingo/progressive	(c) Other gaming	
(O	2 Cash prizes	(a) Bingo	bingo/progressive	(c) Other gaming	
	2 Cash prizes	(a) Bingo	bingo/progressive	(c) Other gaming	
(O	2 Cash prizes		bingo/progressive hingo		(d) Total gaming (add col.(a) through col.(c))
(O	2 Cash prizes	(a) Bingo Yes% No	bingo/progressive	(c) Other gaming Yes% No	
(O	2 Cash prizes	☐ Yes	bingo/progressive hingo Yes% No	Yes%	
(O	2 Cash prizes	Yes% No 2 through 5 in column (d	bingo/progressive hingo Yes% No No	☐ Yes% No	
(O	2 Cash prizes	Yes% No 2 through 5 in column (duct line 7 from line 1, column	bingo/progressive hingo Yes% No umn (d)	☐ Yes% No	
Direct Expenses	2 Cash prizes	Yes% No 2 through 5 in column (duct line 7 from line 1, column ation conducts gaming a	Yes	Yes%_ No	
b o Direct Expenses	2 Cash prizes	Yes%_ No 2 through 5 in column (doct line 7 from line 1, column at gaming activities in each	bingo/progressive hingo Yes% No No ctivities:ch of these states?	Yes%_ No	Yes No
b o Direct Expenses	2 Cash prizes	Yes % No 2 through 5 in column (duct line 7 from line 1, column ation conducts gaming at gaming activities in each	Yes% No No ctivities:	Yes%_ No	Yes No
Pirect Expenses	2 Cash prizes	Yes % No 2 through 5 in column (duct line 7 from line 1, column at gaming activities in each licenses revoked, suspendicenses	bingo/progressive hingo Yes	Yes	Yes No

Sche	edule G (Form 990) 2021				Page 3
11	Does the organization conduct ga	ming activities with nonmen	nbers?		Yes No
12			or a member of a partnership or other entity		Yes No
13	Indicate the percentage of gamin	g activity conducted in:			
а	The organization's facility .			13a	%
b	An outside facility			13b	%
14	Enter the name and address of th	e person who prepares the o	organization's gaming/special events books a	and rec	cords:
	Name 🕨				
	Address				
15a	_	• • •	whom the organization receives gaming		Yes No
b	If "Yes," enter the amount of gam amount of gaming revenue retains		organization \$ andand	d the	
C	If "Yes," enter name and address	. ,			
	Name Name				
	Address				
16	Gaming manager information:				
	Name Name				
	Gaming manager compensation	' \$			
	Description of services provided				
	bescription of services provided				
	Director/officer	Employee	☐ Independent contractor		
17	Mandatory distributions:				
а			le distributions from the gaming proceeds to		
	retain the state gaming license?				Yes No
b		•	tributed to other exempt organizations or sp	ent	
Par	in the organization's own exempt rt IV Supplemental Inform		r * \$ anations required by Part I, line 2b, co	lumn	s (iii) and (v): and
r a	Part III, lines 9, 9b, 10		, as applicable. Also provide any additi		
	instructions. Return Reference		Explanation		
Α.	dditional Data		Sched	ule G (F	Form 990) 2021
AC	dditional Data				Return to Form
		Softwar	re ID:		

Software Version:



(1)

(2)

(3)

(4)

PART I, LINE 2:

Part III can be duplicated if additional space is needed.

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amour cash gra	•	(d) Amount of noncash assistant		(d) Amount of noncash assistance		(e) Method of valua (book, FMV, appraisal, oth	(f) Descriptio
(1) STUDENT SCHOLARSHIPS	14240	149,772,967							

SATISFACTORY PROGRESS TOWARDS GRADUATION.

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

Schedule I (Form 990) 2021

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

(7) Part IV Explanation

Return Reference

(Form 990) 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. Department of the Treasury ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. Internal Revenue Service Name of the organization SAVANNAH COLLEGE OF ART AND DESIGN

Questions Regarding Compensation

Schedule J

INC

Part I

2021

Open to Public Inspection

OMB No. 1545-0047

Employer identification number 58-1357177 No

	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	▼ Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	2	Yes	
	directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		165	
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.			
	Compensation committee Written employment contract			
	✓ Independent compensation consultant ✓ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
	•			
а	Receive a severance payment or change-of-control payment?	4a	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	NI.
С	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c		Νo
	The second and the persons and provide the applicable amounts for each item in fact 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:			
а	The organization?	5a		Νo

Compensation Information

Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form

Any related organization? . . . Νo If "Yes," on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? 6a Νo Any related organization? Νo If "Yes," on line 6a or 6b, describe in Part III. 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 accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe Νo If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

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

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

instructions, on row (ii). Do not list any individuals that are not listed on Note. The sum of columns (B)(i)-(iii) for each listed individual must equal	Form 990, Part VII the total amount o	of Form 990. Part '	VII. Section A. line	e 1a. applicable co	olumn (D) and (E) amounts for	that individual.
(A) Name and Title	(B) Breakdown of W-2, 1099-MISC compensation,			(C) Retirement	(D) Nontaxable	(E) Total of	(F)
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	and other deferred compensation	benefits	columns (B)(i)-(D)	Compensation in column (B) reported as deferred on prior Form 990
1PAULA WALLACE PRESIDENT (i)	1,198,542	1,148,193	212,366	308,501	24,835	2,892,437	0
(ii)	0					0	 0
2GOKHAN OZAYSIN (i)	515.510	259,657	1,800	22,457	22,568	823,100	0
CHIEF ACADEMIC OFFICER							
(ii)		0	0	0	0	0	0
3GLENN WALLACE CHIEF OPERATING OFFICER (i)	512,764	253,257	12,000	22,394	2,890	803,305	0
(ii)	0				0	0	 0
4JEFFREY JOSIAH WALLER CHIEF FINANCIAL OFFICER (i)	417,610	210,425	30,710	21,417	22,533	702,695	0
(ii)							
	0	0 147,147	0 33,389	0 20,198	0 14,838	0 507,767	0
CHIEF HUMAN RESOURCES OFFICER							
(iii	0	0	0	0	0	0	0
6BRADFORD GRANT SR. VP FOR IT	280,940	143,069	29,430	19,909	20,792	494,140	0
(ii)	0						
7PHILIP JOSEPH ALLETTO SENTOR VIDEOR CTUDENT SUCC		0 144,213	0 19,906	0 20,118	0 15,807	0 485,351	0
SLINIOR OF FOR STUDENT SUCC							
(ii)	0	0	0	0	0	0	0
8HANNAH FLOWER VP FOR INT'L STUD SVC & LE (i)	257,024 	50,250	24,234	18,687	20,817	371,012	0
(ii)	0	0			0	0	 0
9STEVE MINEO VP FOR ADMISSION (i)	228,782	57,641	31,570	16,300	21,468	355,761	0
(ii)							
	0	0	0	0	0	0	0
VP FOR SCAD UNIVERSITY SAFETY (i)		35,000	9,573	12,486	13,204	318,607	0
(ii)	0	0	0	0	0	0	0
11KHOI NGUYEN VO VICE PRESIDENT FOR INDUSTRY RELATION (i)	200,046	30,750	30,440	14,562	20,351	296,149	0
(ii)							
12MAUREEN GARVIN	0	0	0	0 12,775	0 8,553	0 234,958	0
DEAN, FOUNDATIONS & FINE A							
(ii)	0	0	0	0	0	0	0
13CARMEN STOWERS SECRETARY (i)	111,514	30,000	9,000	8,247	20,827	179,588	0
(ii)	0				0	0	 0
		J	Ŭ	<u> </u>	, v	<u> </u>	,
						Call 1 2 2 2	Form 990) 2021

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

PART I, LINES 4A-B

PART I, LINE 7

PART I, OUESTION 3

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

PART II.

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

SENIOR MANAGEMENT OR THE BOARD.

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 REOUIRED 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 THE PRESIDENT BEGAN 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 EOUAL TO THE PRESENT VALUE OF A LIFE ANNUITY THAT WILL PROVIDE AN ANNUAL BENEFIT EQUAL TO 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. THE PRESIDENT'S TOTAL 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

DISCRETION OF THE COMPENSATION COMMITTEE.

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 RECEIVES THE DETAILED PERFORMANCE REVIEW AND THE COMPENSATION MARKET ANALYSIS AND WRITTEN OPINION FROM THE INDEPENDENT CONSULTING FIRM, CONSIDERS THE RECOMMENDATION OF THE COMMITTEE, AND VOTES ON THE PRESIDENT'S COMPENSATION, THIS PRACTICE ALSO INCLUDES A MARKET ANALYSIS OF COMPENSATION PAID TO SENIOR MANAGEMENT AND ANY INDIVIDUAL RELATED TO A MEMBER OF

Page 3

Schedule J (Form 990) 2021

INDEPENDENT COMPENSATION CONSULTING FIRM (AON). FOR ALL OTHERS LISTED, COMPENSATION IS DETERMINED IN THE SOLE 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



Department of the Treasury Internal Revenue Service

Schedule K

(Form 990)

Supplemental Information on Tax-Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part Ⅵ, line 24a. Provide descriptions,

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

explanations, and any additional information in Part VI. ▶ Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

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

SAV. INC	of the organization ANNAH COLLEGE OF ART AND TE I Bond Issues	DESIGN	<u> </u>								loyer iden 1357177	tificatio	on numb	er			
Pa	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price		(f) Description of purpose		(f) Description of purpose		escription of purpose		(g) Defeased		On alf of suer		Pool ncing
										Yes	No	Yes	No	Yes	No		
A	PRIVATE COLLEGES AND UNIVERSITIES AUTHORITY	58-1407780	74265LD47	10-01-2014	194,1	, S		MPUS T HOU	SOCIATED BUILDING AN SING	ID	Х		Х		Х		
В	PRIVATE COLLEGES AND UNIVERSITIES AUTHORITY	58-1407780	74265LD47	11-10-2021	190,0	, S		MPUS T HOU	SOCIATED BUILDING AN SING	ID	Х		Х		Х		
Pai	rt II Proceeds				_												
						A		В	3		С			D			
1	Amount of bonds retired				1	80,970,0	00		1,600,000								
2	Amount of bonds legally defeas																
3	Total proceeds of issue				1	94,858,0	47	19	0,028,084								
4	Gross proceeds in reserve fund	ds															
5	Capitalized interest from proce	eds															
6	Proceeds in refunding escrows																
7	Issuance costs from proceeds					3,882,6	55		1,293,068								
8	Credit enhancement from proce																
9	Working capital expenditures fr																
10	Capital expenditures from proc	ceeds			1	90,975,3	92	12	1,167,775								
11	Other spent proceeds																
12	Other unspent proceeds							6	7,567,241								
13	Year of substantial completion				2 (017											
					Yes	No	Y	'es	No	Yes	No		Yes		No		
14	Were the bonds issued as part bonds (or, if issued prior to 202		-	mpt		х			×								
	Wassaha banda isasad sa sasa		din = :==			1											
15	Were the bonds issued as part bonds (or, if issued prior to 202		-	ie		Х			x								
16	Has the final allocation of proce	eeds been made?.				Х			Х								
17	Does the organization maintain of proceeds?	adequate books and	d records to suppor	t the final allocation	Х				X								
For F	Paperwork Reduction Act Notice,			- •	Ca	t. No. 50	193E				1	Sched	ule K (F	orm 99	0) 2021		

Schedule K (Form 990) 2021

Schedule K (Form 990) 2021

Par	rt III Private Business Use									
				Α		В		С		D
			Yes	No	Yes	No	Yes	s No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which oproperty financed by tax-exempt bonds?			х		Х				
2	Are there any lease arrangements that may result in private business use of bottom financed property?			х		Х				
3a	Are there any management or service contracts that may result in private busi bond-financed property?		Х		Х					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or othe counsel to review any management or service contracts relating to the finance		Х		Х					
С	Are there any research agreements that may result in private business use of I financed property?	bond-		Х		Х				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or othe counsel to review any research agreements relating to the financed property?									
4	Enter the percentage of financed property used in a private business use by en than a section $501(c)(3)$ organization or a state or local government			1.800 %						
5	Enter the percentage of financed property used in a private business use as a runrelated trade or business activity carried on by your organization, another se 501(c)(3) organization, or a state or local government	ection				1.800 %	6			
6	Total of lines 4 and 5			1.800 %		1.800 %	6			
7	Does the bond issue meet the private security or payment test?			Х		Х				
8a	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 w issued?			х		х				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or dispo									
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sect 1.141-12 and 1.145-2?									
9	Has the organization established written procedures to ensure that all nonquali of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	ified bonds	×		Х					
Pai	rt IV Arbitrage									
		A			В			Ç		D
		Yes	No	Yes	No	, o	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		Х		Х					
2	If "No" to line 1, did the following apply?		ļ					ļ		

Χ

Χ

Χ

Χ

Χ

Χ

Χ

Χ

ulations s
Arbitra

b

С

-	Penalty in Lieu of Arbitrage Rebate?
2	If "No" to line 1, did the following apply? . $$.
а	Rebate not due yet?

Exception to rebate?

If "Yes" to line 2c, provide in Part $\overline{\mathbf{V}}$ the date the rebate computation was performed Is the bond issue a variable rate issue?

er filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	
eu of Arbitrage Rebate?	
e 1, did the following apply?	

Name of provider.

hedge with respect to the bond issue?

No

Yes

Schedule K (Form 550) 2021		rage J
Part IV Arbitrage (Continued)		
	_	_

No

Χ

Yes

No

Χ

Yes

No

Yes

D	Nume of provider 1 1 1 1 1 1 1 1 1					
С	Term of hedge					
d	Was the hedge superintegrated?					
е	Was the hedge terminated?					
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х	Х		
b	Name of provider					
С	Term of GIC					
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?					
6	Were any gross proceeds invested beyond an available temporary period?		Х	Х		
7	Has the organization established written procedures to monitor the requirements of section 148?	Х		Х		

Procedures To Undertake Corrective Action

Has the organization or the governmental issuer entered into a qualified

		Α	В		С		D	
	Yes	No	Yes	No	Yes	No	Yes	No
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		Х					
Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).								

Return Reference Explanation

THE DIFFERENCE BETWEEN THE TOTAL PROCEEDS OF ISSUE (PART II, LINE 3) AND THE ISSUE PRICE LISTED IN PART I, COLUMN (E), IS THE PART II LINE 3 RESULT OF INVESTMENT EARNINGS, FOR THE 2014 BOND ISSUE, OF \$17,538 DURING THE 2014 TAX YEAR, \$430,896 DURING THE 2015 TAX YEAR, \$248,955 DURING THE 2016 TAX YEAR, \$27,682 DURING THE 2017 TAX YEAR, \$193.64 DURING THE 2018 TAX YEAR, AND \$0.26 DURING THE 2019 TAX YEAR. FOR THE 2021 BOND ISSUE THE INVESTMENT EARNINGS DURING THE 2021 TAX YEAR IS \$24,476.



Schedule L			Trar	nsactio	ns with In	terestec	Persons	;			ОМІ	З No.	1545	-0047	
(Form 990)		► Comple	_	28b, or 28	nswered "Yes" sc, or Form 990- ach to Form 990	EZ, Part V, lir	ne 38a or 40b.	25a,	25b, 2	26, 27,		20	2	1	
Department of the Trea Internal Revenue Serv	-	•	Go to <u>www.i</u>		rm990 for insti			rmati	on.			Open to Public Inspection			
Name of the org	ganizatio SE OF ART	on AND DESIG	N					En	ploy	er ider	tificati	ion nu	mber		
INC										7177					
					501(c)(3), sect on Form 990, Pa										
		ified person		(b) Relationship	•	squalified pers		· ·				(d) Corrected			
													Yes	No	
2 Enter the a	mount	of tay incu	rrad by the a	rannizatio	n managers or o	licaualified n	orcone during t	the w		ndor					
Con	nplete if anizatio (b) Rel	f the organ	l an amount o	vered "Yes on Form 99 (d) Loan orga	on Form 990-190, Part X, line to or from the anization?			(g) In default?		(h) Approved by board or committee?		(i ag	(i) Written agreement?		
				То	From			Yes	No	Yes	No	Yes		No	
Γotal .					•	\$									
	nts or	Assista		fiting Ir	iterested Pe										
Con	nplete	if the org	anization a	nswered	"Yes" on Forn	n 990, Part	IV, line 27.								
(a) Name of i perso		` ,	Relationship rested perso organizati	n and the	(c) Amount o	f assistance	(d) Type of	f assi:	stanc	e (•	e) Purp	ose o	f assis	stance	
or Paperwork Re	duction /	Act Notice,	see the Instr	uctions for	Form 990 or 990)-EZ. Ca	at. No. 50056A				chedul	el (F	orm 99	0) 202	

(1) GLENN WALLACE

(3) LUKE BUCKOVICH

(4) SOPHIA ALLETTO

Return Reference

Part V

between interested

person and the organization

FAMILY MEMBER OF

(2) HABIBE ISIL OZAYSIN

Supplemental Information

PAULA WALLACE,

PRESIDENT FAMILY MEMBER OF

GOKHAN OZAYSIN.

KEY EMPLOYEE FAMILY MEMBER OF JOHN BUCKOVICH.

KEY EMPLOYEE KEY EMPLOYEE

FAMILY MEMBER OF PHILIP ALLETTO,

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

transaction

89,544

Explanation

15,985 WAGES AND BENEFITS

31,696 WAGES AND BENEFITS

838,923 WAGES AND BENEFITS

Yes

Schedule L (Form 990) 2021

Nο

organization's revenues?

Page 2

No

Nο

Nο

Nο

(Form 990)

SCHEDULE M

Noncash Contributions

2021

OMB No. 1545-0047

Open to Public

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Inspection

	e of the organization NNAH COLLEGE OF ART AND DESIGN	Employer identification number						
NC					58-1357177			
Pa	rt 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, lin 1g	Method of noncash contri		_	nts
1	Art—Works of art	Х	15	2,014,37	6 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							
	Intellectual property							
	Securities—Publicly traded .							
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 ► (HORSES)	Х	4	1,070,00	0 APPRAISAL			
26	Other ▶ ()							
27	Other ▶ ()							
28	Other ▶ ()							
29	Number of Forms 8283 received by for which the organization complet	_			29			1 9
							Yes	No
30a	During the year, did the organizat it must hold for at least three yea exempt purposes for the entire ho	rs from the	date of the initial contribut					
	· · · · · · · · · · · · · · · · · · ·	٥,				30a		Νo
	If "Yes," describe the arrangemen			wiou of any acastandered	contributions?	21	Vec	
31	Does the organization have a gift	•		•		31	Yes	
32a	Does the organization hire or use contributions?			to solicit, process, or sell	noncash	32a		N. o

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

b If "Yes," describe in Part II.

describe in Part II.

Schedule M (Form 990) (2021)	Page 2									
Part III Supplemental Informat	ion. 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. Als	so complete this part for any additional information.									
Return Reference	Explanation									
PART I, COLUMN (B):	NUMBER OF CONTRIBUTIONS.									
	Schedule M (Form 990) (2021)									

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

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

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

Mattach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization SAVANNAH COLLEGE OF ART AND DESIGN INC

Employer identification number 58-1357177

	[58-135/1//
Return Reference	Explanation
FORM 990 PART I LINE 1	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 DISCIPILINES 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 ENTHUSISAN, BE COLLABORATIVE. EMBRACE AND ACT UPON OUR COLLECTIVE GENIUS; BE TRANSFORMATIVE. CREATE LIFE-CHANGING EXPERIENCES; BE COMPANIANTE. CREATE CHEVERYONE WITH KINDNESS AND CARE. THE SAVANNAH COLLEGE OF ART AND DESIGN IS A PRIVATE. MONPROFIT, ACCREDITED INSTITUTION CONFERRING BACHELORS AND MASTERS DEGREES AT DISTINCTIVE LOCATIONS TO PREPARE TALENTED STUDENTS FOR PROFESSIONAL CAREERS. SCAD OFFERS 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 9,0000 ALUMNI WORLDWIDE, SCAD DEMONSTRATES AND EXCEPTIONAL EDUCATION AND UNIPARALLEDED CAREER PREPARATION. AT LOCATIONS IN SAVANNAH AND ATLANTA, GEORGIA; IN LACOSTE, FRANCE; AND ONLINE THROUGH SCAD ELEARNING, THE DIVERSE STUDENT BODY CONSISTS OF MORE THAN 15,000 STUDENTS, FROM ACROSS THE UNITED STATES AND MORE THAN 100 COUNTRIES. SCAD SIMNOVATIVE CURRICULUM IS ENHANCED BY ADVANCED, PROFESSIONAL-LEVEL TECHNOLOGY, EQUIPMENT AND LEARNING RESOURCES. THE UNIVERSITY, STUDENTS, FACULTY AND ALUMNI HAVE GARNARED ACCLAIM FROM RESPECTED ORGANIZATIONS AND PUBLICATIONS WORLDWING INCLUDING TIME, VOGUE AGAINEMENT AND LEARNING RESOURCES. THE UNIVERSITY, STUDENTS, FACULTY AND ALUMNI HAVE GARNARED ACCLAIM FROM RESPECTED ORGANIZATIONS AND PUBLICATIONS TO THE QUALITY OF LIFE IN THE COMMUNITIES IT SERVES. FOR FOUR DECADES, SCAD HAS DEAD AND INTERNATIONAL BUSINESS AND TOURIST DESTINATION. EXCEPTIONAL UNIVERSITY IMPACT IS BEST MEASURED BY THE CONTRIBUTIONS TO THE QUALITY OF LIFE IN THE COMMUNITIES IT SERVE
FORM 990, PART I, LINE 1	SCAD HOSTS EDUCATIONAL ART FESTIVALS THAT ARE FREE AND OPEN TO THE PUBLIC, INCLUDING SCAD DEFINE ART, SCADSTYLE, SIDEWALK ARTS FESTIVAL, AND SAND ARTS FESTIVAL. SCAD HOSTS K-12 EDUCATORS AT THE UNIVERSITY FOR VARIOUS LEARNING OPPORTUNITIES. THE ANNUAL SCAD EDUCATOR FORUM GIVES 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. SCAD ALSO SERVES ITS COMMUNITIES BY SAVING HISTORIC PROPERTIES AND REPURPOSING THEM FOR REVITALIZED NEW USES. MORE THAN 100 SCAD BUILDINGS WORLDWIDE ARE ADAPTIVELY REHABILITATED HISTORIC PROPERTIES, INCLUDING A REPURPOSED RAILROAD DEPOT, SYNAGOGUE, POWER STATION, FARMHOUSE, BOULANGERIE, AND MYRIAD FORMER SCHOOLHOUSES, PRIVATE RESIDENCES, AND INDUSTRIAL BUILDINGS. MANY OF THESE ARE OFFICIALLY DESIGNATED HISTORIC LANDMARK BUILDINGS. SCAD SECURITY CONDUCTS COMMUNITY PATROLS IN DOWNTOWN AND MIDTOWN SAVANNAH FOR THE BENEFIT OF STUDENTS, AND THROUGH THIS INITIATIVE, THE SCAD DEPARTMENT OF UNIVERSITY SAFETY ALSO PROVIDES SUPPORT TO THE SAVANNAH POLICE DEPARTMENT. IN ATLANTA, SCAD ALSO PARTNERS WITH THE ATLANTA POLICE DEPARTMENT.
FORM 990, PART I, LINE 1	SCAD PROVIDES A VALUABLE SERVICE THAT PROPELS THE ECONOMY - OFFERING SPECIALIZED DEGREE PROGRAMS THAT PREPARE GRADUATES FOR MYRIAD INDUSTRIES. SCAD EDUCATES PROFESSIONALS TO FILL JOBS. TO BEST SUPPORT WORKFORCE NEEDS, SCAD MAINTAINS RELATIONSHIPS WITH THE INDUSTRIES IT SERVES. ACADEMIC PROGRAMS ARE DEVELOPED IN CONCERT WITH THE BUSINESS COMMUNITY, AND OFTEN, COMPANIES REQUEST NEW PROGRAMS TO FILL EMERGING TALENT NEEDS FOR THEIR BUSINESSES. FOR EXAMPLE, AN EXECUTIVE AT DISNEY CONVEYED TO SCAD THE COMPANY'S NEED FOR ATTRACTION AND ENTERTAINMENT DESIGNERS, AND SCAD ANSWERED THIS REQUEST WITH THE M.F.A. IN THEMED ENTERTAINMENT. AN EXECUTIVE AT LORAL ASKED SCAD TO DEVELOP A FRAGRANCE PROGRAM AND A SOCIAL STRATEGY PROGRAM TO FILL SPECIFIC NEEDS IN THEIR INDUSTRY. SCAD CREATED A B.F.A. IN BUSINESS OF BEAUTY AND FRAGRANCE AND A B.F.A. SOCIAL STRATEGY AND MANAGEMENT. SCAD ALSO PARTNERED WITH GOOGLE TO CREATE THE COUNTRY'S FIRST B.F.A. IN USER EXPERIENCE DESIGN. IN ALL, SCAD OFFERS MORE THAN 100 UNDERGRADUATE AND GRADUATE DEGREE PROGRAMS IN 44 MAJORS, AND OFFERS 75 MINORS. THESE PROGRAMS ARE

RESEARCHED AND DEVELOPED AT SCAD AND REVISED REGULARLY TO KEEP PACE WITH INDUSTRY TRENDS. COMPANIES

Explanation ALSO COME TO SCAD TO HIRE TALENT FOR THEIR WORKFORCES. IN 2021-22, SCAD HOSTED MORE THAN 700 EMPLOYER ENGAGEMENTS TO INTERVIEW SCAD STUDENTS FOR POSITIONS, INCLUDING GOOGLE, GE, INTUIT, LULULEMON, PARAMOUNT ANIMATION, DISNEY, AMAZON, DELOITTE, GENSLER, FACEBOOK, HASBRO, IBM, SONY PICTURES, KOHL'S, APPLE, DREAM WORKS, AND WARNER MEDIA. TO DATE, SCAD ALUMNI HAVE LAUNCHED 869 NEW BRANDS AND BUSINESSES, A 6% INCREASE OVER LAST YEAR. THROUGH SCADPRO, THE UNIVERSITY'S DESIGN AND RESEARCH CONSULTANCY, SCAD FACULTY AND STUDENTS COLLABORATE WITH COMPANIES AND ORGANIZATIONS TO HELP THEM SOLVE PROBLEMS, KEEP THEIR BUSINESSES VITAL, AND ADVANCE THEIR COMPETITIVE ADVANTAGE. SCAD STUDENTS, GUIDED BY EXPERT SCAD FACULTY, HAVE WORKED WITH 350+ CLIENTS FOR 700+ COLLABORATIONS, WITH 55+ PRODUCTS TAKEN TO MARKET AND STUDENTS RECEIVING 250+ OFFERS OF EMPLOYMENT. CLIENTS SCAD HAS SERVED INCLUDE BMW, COCA-COLA, DELOITTE, DELTA AIR LINES, DISNEY, FOX SPORTS, GOOGLE, GULFSTREAM, THE HOME DEPOT, LENOVO, LORE'AL, MERCEDES-BENZ, MICROSOFT, NASA, PROCTOR & GAMBLE, SAMSUNG, UBER, AND VOLVO. SCAD IS THE ONLY UNIVERSITY THAT OFFERS A PROFESSIONAL COMMERCIAL GALLERY SERVICE TO THE PUBLIC, CALLED SCAD ART SALES, WHICH IS FOCUSED EXCLUSIVELY ON PLACING THE WORK OF STUDENTS, ALUMNI, AND FACULTY WITH CLIENTS INCLUDING COLLECTORS AND COMPANIES FROM FACEBOOK TO NETFLIX. SCAD OFFERS ALUMNI A FULLY FUNDED RESIDENCY PROGRAM, THE SCAD ALUMNI ATELIER, WHICH PROVIDES LODGING, RESOURCES, AND A STIPEND TO REALIZE NEW CREATIVE WORK FOR THE MARKET, ALSO, THROUGH SCADPRO FUND, THE UNIVERSITY INVESTS IN SCAD ALUMNI BUSINESSES, HELPING THEM SCALE THEIR BUSINESSES AND SOLVE CHALLENGES THROUGH INNOVATION BY DESIGN. SCAD HAS A LONG-STANDING TRADITION OF COMMUNITY SERVICE. SINCE 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 2021-22, SCAD CONTINUED ITS TRADITION OF GIVING BACK TO THE COMMUNITY THROUGH SCAD SERVE AND IN MANY OTHER WAYS. THROUGH SCAD SERVE, 745 SCAD STUDENTS AND EMPLOYEES VOLUNTEERED 2,128 HOURS TO SERVE 138 COMMUNITY NEEDS, INCLUDING: -DONATED 23 COMPUTERS TO FAMILY PROMISE OF THE COASTAL EMPIRE -PACKED, AND DISTRIBUTED 14,100 NUTRITIOUS MEALS IN SAVANNAH AND ATLANTA, GA. -DONATED 1,600 POUNDS OF FRESH FOOD FROM SCAD'S BACK40 GARDEN (6,500 SERVINGS) TO AMERICA'S SECOND HARVEST -PAINTED A LARGE-SCALE BASKETBALL COURT MURAL TO REVITALIZE A PUBLIC PARK IN ATLANTA (PAINT OUR PARKS INITIATIVE) -DONATED 2,000 POUNDS OF CLEANING SUPPLIES TO SAVANNAH'S UNION MISSION -DONATED ART TO BEAUTIFY THE UNION MISSION'S MENTAL HEALTH COUNSELING CENTER AND PARKER'S HOUSE IN SAVANNAH DECEMBER 2021 MARKED THE UNIVERSITY'S 26TH YEAR SUPPORTING THE SAVANNAH UNION MISSION WITH HOLIDAY GIFTS FOR CHILDREN. MEMBERS OF THE SCAD FAMILY DONATED OVER 100 TOYS AND OTHER GIFTS TO FULFILL THE WISHES OF 20 FAMILIES AND CHILDREN. 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. SCAD DELIVERS THE ITEMS TO GOODWILL, SUPPORTING THAT ORGANIZATION'S MISSION TO PROVIDE JOBS AND JOB TRAINING FOR INDIVIDUALS WITH DISABILITIES, VETERANS, AND OTHERS. IN SPRING 2022, SCAD DONATED 36,000 POUNDS OF ITEMS, WHICH HELPS SUPPORT OVER 850 HOURS OF JOB TRAINING. 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. SCAD HAS FOUR 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 ATTRACTED MORE THAN 43,000 VISITORS IN 2021-22. SCAD MOA ENCOMPASSES 82,000 SQUARE FEET, WITH GALLERIES, ACADEMIC SPACE, AND A THEATER. 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 OF ACADEMIC AND STUDIO SPACE ALSO SURROUNDS THE PERIMETER OF THE MUSEUM, INCLUDING A FASHION RESOURCE LIBRARY AND GARMENT COLLECTION AND FILM SALON. IN 2021-22, 16,000+ PEOPLE VISITED SCAD FASH. NEW THIS YEAR, SCAD OPENED SCAD FASH MUSEUM OF FASHION AND FILM IN LACOSTE. ALSO IN LACOSTE, SCAD'S FRENCH HISTORY MUSEUM HOLDS ARTIFACTS THAT SCAD PRESERVATIONISTS DISCOVERED WHILE RESTORING THE SCAD LACOSTE FACILITIES, INCLUDING ROMAN CARVINGS AND COINS AND MEDIEVAL ARTIFACTS. IN ADDITION TO ITS MUSEUMS, SCAD DISPLAYS PUBLIC ART FOR COMMUNITY ENRICHMENT AND ENJOYMENT, INCLUDING PROMINENT PUBLIC ART ON VIEW IN THE LIGHT BOXES OUTSIDE THE MAIN SCAD ATLANTA BUILDING AND THE JEWEL BOXES OUTSIDE THE SCAD MUSEUM OF ART. 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, SCAD-DEVELOPED CURRICULUM GUIDES WERE DISTRIBUTED TO SCHOOL GROUPS VISITING SCAD MUSEUMS. SCAD HOSTS SCHOOL GROUPS FOR MUSEUM TOURS, AND THIS YEAR, MORE THAN 5,500 K-12 SCHOOL CHILDREN VISITED THE SCAD MUSEUM OF ART AND SCAD FASH ATLANTA. NOTABLY, IN 2021-22, SCAD'S CURRICULUM GUIDE FOR "A THOUSAND MILES AND COUNTING" WAS DISTRIBUTED TO 305 SCHOOL CHILDREN FOR BLACK HISTORY MONTH. 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. THE SAVANNAH WOMEN OF VISION INVESTITURE AT SCAD'S ARNOLD HALL COMMEMORATES AN ELITE CADRE OF WOMEN OF VALOR, ALTRUISM, AND INTELLECT WHOSE REMARKABLE LEADERSHIP AND SERVICE POSITIVELY IMPACTED THE SAVANNAH COMMUNITY. SCHOOL GROUPS AND VISITORS ARE INVITED TO TOUR THE PORTRAIT GALLERY, AND SCAD PROVIDES TO STUDENTS AND EDUCATORS A FREE CURRICULUM GUIDE, ALIGNED TO NATIONAL EDUCATION STANDARDS, THAT EXPLORES THE LASTING IMPACT OF THESE WOMEN OF CIVIC, EDUCATIONAL, PHILANTHROPIC, AND CREATIVE VIRTUE. SCAD ALSO PRODUCED THE SAVANNAH WOMEN OF VISION FILM, NARRATED BY CELEBRATED ACTOR PHYLICIA RASHAD, AND MAKES THE FILM AVAILABLE ONLINE FOR VIEWERS TO LEARN ABOUT THE IMPORTANT ACCOMPLISHMENTS AND CONTRIBUTIONS OF THESE WOMEN.

Return

Reference

Return Reference	Explanation
LINE 2	
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.
FORM 990, PART VI, SECTION B, LINE 12C	THE UNVERSITY'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.
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.
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.
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.

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

Cat. No. 51056K

Schedule O (Form 990) 2021

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Part I

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.

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

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

2021

OMB No. 1545-0047

Open to Public Inspection

Name of the organization SAVANNAH COLLEGE OF ART AND DESIGN INC

Employer identification number

58-1357177

(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 SUPPORT SERVICES LLC PO BOX 3146 SAVANNAH, GA 31402 27-1079682	SUPPORT	GA	0	6,562	SAVANNAH COLLEGE OF ART AND DESIGN INC)	
(2) ACORN HANGAR LLC PO BOX 3146 SAVANNAH, GA 31402	AIRCRAFT MANAGEMENT	GA	0	0	SAVANNAH COLLEGE OF ART AND DESIGN INC)	
(3) ACORN LEASING COMPANY PO BOX 3146 SAVANNAH, GA 31402	AIRCRAFT MANAGEMENT	GA	0	0	entity SAVANNAH COLLEGE OF ART AND DESIGN INC SAVANNAH COLLEGE OF ART AND DIRECT CONTROLLING ON THE COLLEGE OF ART AND DESIGN INC SAVANNAH COLLEGE OF ART AND DESIGN INC SAVANNAH COLLEGE OF ART AND DESIGN INC		
(4) SCAD HOLDINGS LLC PO BOX 3146 SAVANNAH, GA 31402 82-4187069	SUPPORT	GA	0	0	SAVANNAH COLLEGE OF ART AND DESIGN INC	ID	
(5) MUSEUM CAFE LLC PO BOX 3146 SAVANNAH, GA 31402 46-3951516	SUPPORT	GA	97,583	2,115	SAVANNAH COLLEGE OF ART AND DESIGN INC)	
(6) SCAD MUSEUM LLC PO BOX 3146 SAVANNAH, GA 31402 27-3916875	MUSEUM	GA	234,457	17,531,829	SAVANNAH COLLEGE OF ART AND DESIGN INC)	
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the tax-		organization answ	ered "Yes" on Fo	orm 990, Part IV,	line 34 because it had	one	
(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 stat (if section 501(c)(us Direct controlling	Sec 512 (1 contr ent	g) ction 2(b) 13) rolled city?
(1)LUCAS THEATRE FOR THE ARTS INC 32 ABERCORN STREET SAVANNAH, GA 31401	CULTURAL	GA	501(C)	LINE 10		Yes	
58-1775851 (2)SCAD FOUNDATION (HONG KONG) LIMITED 292 TAI PO ROAD N KOWLOON, N. KOWLOON HK	EDUCATION	нк	EXEMPT	LINE 2		Yes	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat. No. 50135	Υ	_	Schedule R (Form 990) 202	21

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the	
because it had one or more related organizations treated as a partnership during the tax	cyear.

because it had one or more related	organizations trea	ited as a p	partnership	during the ta	x 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	end-of-	(h) Disproprtionate allocations? Yes No		amount in box 20 of Schedule K- 1 (Form 1065)	Gene man par	j) eral or naging tner?	(k) Percentage ownership
							Yes	N (0	Yes	No	
Part IV Identification of Related Organi 34 because it had one or more relate								answe	ered "Yes" on	Form 9	90, Parl	: IV, line
(a) Name, address, and EIN of related organization	(b) Primary activity	(st	(c) Legal domicile tate or foreign	(d) Direct contentit	trolling Ty	(e) Type of entity C corp, S corp, or trust)	(f) Share of to income		(g) Share of end-of- year assets	Perce	h) entage ership	(i) Section 512(b) (13) controlled entity?

Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total p, income	Share of end-of- year assets	Percentage ownership		512(b) ntrolled ity?
		country)						Yes	No
(1)LACOSTE SCHOOL OF THE ARTS IN FRANCE ASSOCIATION RUE DU FOUR LACOSTE, LACOSTE 84480 FR	CAMPUS	FR	SAVANNAH COLLEGE OF ART AND DESIGN INC	С	2,100,657	22,173,363	100.000 %	Yes	
(2)LACOSTE SCHOOL OF THE ARTS IN FRANCE SA (FKA COMPANIA DE NAVEGACION) PO BOX 3146 SAVANNAH, GA 31402	CAMPUS	РМ	SAVANNAH COLLEGE OF ART AND DESIGN INC	С			100.000 %	Yes	
	•		•		•		Schedule R (Form	990) 2	021

chedule R (Form 990	0) 2021					Pag	e 3		
Part V Transac	ctions With Related Organizations. Complete if the organization answ	vered "Yes" on Form 9	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.			-		Yes	No		
1 During the tax yea	r, did the orgranization engage in any of the following transactions with one or more	e related organizations li	isted in Parts II-IV	?					
a Receipt of (i) in	iterest, (ii)annuities, (iii) royalties, or (iv) rent from a controlled entity \cdots				1a		No		
b Gift, grant, or c	apital contribution to related organization(s)				1b	Yes			
c Gift, grant, or ca	Gift, grant, or capital contribution from related organization(s)								
d Loans or loan g	Loans or loan guarantees to or for related organization(s)								
e Loans or loan g	uarantees by related organization(s)				1e		No		
f Dividends from	related organization(s)				1f		No		
g Sale of assets t	Sale of assets to related organization(s)								
h Purchase of ass	eets from related organization(s)				1h		No		
i Exchange of ass	ets with related organization(s)				1i		No		
j Lease of facilitie	es, equipment, or other assets to related organization(s)				1j		No		
k Lease of facilities	es, equipment, or other assets from related organization(s)				1k		No		
I Performance of services or membership or fundraising solicitations for related organization(s)							No		
m Performance of services or membership or fundraising solicitations by related organization(s)							No		
n Sharing of facilit	ries, equipment, mailing lists, or other assets with related organization(s) \cdot \cdot \cdot				1n	Yes			
• Sharing of paid	employees with related organization(s)				10	Yes			
p Reimbursement	paid to related organization(s) for expenses				1p		No		
q Reimbursement	paid by related organization(s) for expenses				1q		No		
r Other transfer o	of cash or property to related organization(s)				1r		No		
s Other transfer o	of cash or property from related organization(s)				1s		No		
2 If the answer to	any of the above is "Yes," see the instructions for information on who must comple	ete this line, including co	vered relationship	and transaction thresholds.					
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount in	ivolved			
L)LUCAS THEATRE FOR T	HE ARTS INC	В	300,000	TRANSACTION AMOUNT					
2)LACOSTE ASSOC FOR T	HE ARTS	В	2,011,769	TRANSACTION AMOUNT					
3)SCAD FOUNDATION (HO	ONG KONG) LTD	D	20,805	TRANSACTION AMOUNT					

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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.

revenue) that was not a related organization. See inst				in invest	ment partne																							
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from	section , 501(c)(3) d, organizations? rom		organizations?		organizations?		(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		c) (f) Share of total income ations?	ortners Share of total income tions?	(f) Share of total income stions?	cations? (f) Share of total income income	e) (f) partners tion Share of total c)(3) income zations?		c) (f) artners Share of total income ations?	total er	total end-of-year	(h) Disproprtionate allocations?		Code V-UBI amount in box 20 of Schedule K-1	(j) General or managing partner?		(k) Percentage ownership
			tax under sections 512- 514)	Yes	No			Yes	No	(Form 1065)	Yes	No																
	l	<u> </u>			<u> </u>						chedule P	(Form 9	990) 2021															