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Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A Fo	r the	2010 ca	lendar year, or tax year beginning 07-01-2010 and ending 06-30-2011				
		pplicable	C Name of organization COLLEGIATE HOUSING FOUNDATION		_	-	identification number
☐ Add		-	Doing Business As		63-1	173	425
∏ Nar		_			E Telep	hone	number
☐ Init			Number and street (or P O box if mail is not delivered to street address) Ro POST OFFICE BOX 1385	om/suite	(251	928	3-9340
☐ Ten			City or town state or country and 710 + 4		G Gross	receip	ots \$ 81,937,218
		n pending	City or town, state or country, and ZIP + 4 FAIRHOPE, AL 365331385				
i App	licatioi	i pending	F Name and address of principal officer	-			
			LEEMAN H COVEY	(a) Isthisag	roup return	for affil	ıates?
			POST OFFICE BOX 1385 FAIRHOPE, AL 365331385	(b) Are all a			. ,
							t (see instructions) umber ►
I Tax	k-exen	npt status	✓ 501(c)(3)	(c) Group	exempt	011 11	umber F
J W	ebsite	e: ► WW	W COLLEGIATEHOUSING ORG				
K Forn	n of or	ganızatıon	✓ Corporation Trust Association Other ►	Year of fom	nation 19	96	M State of legal domicile AL
Pa	rt I	Sum	mary				
Governance		WITHIN FOR SUC AND (2)O ORGANI CARRYII ANY OF WHICH A INCOME	ORGANIZATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELE THE MEANING OF SECTION 501 (C)(3) OF THE US INTERNAL REVENUE PURPOSES (1) ASSISTING EACH OF ITS MEMBERS TO PROVIDE HOW OTHERWISE ASSISTING EACH OF ITS MEMBERS TO FURTHER THEIR IS ZATION IS EMPOWERED TO DO AND PERFORM SUCH ACTS AS MAY ENDOUT THE FOREGOING PURPOSES OF THE ORGANIZATION AND IN THE POWERS GRANTED TO NONPROFIT CORPORATIONS BY THE ALA ARE CONSISTENT WITH THE ORGANIZATION'S STATUS AS AN ORGAETAX UNDER SECTION 501(A) AND 501(C)(3) OF THE CODE AND (II) TIBLE UNDER SECTION 170(C)(2) OF THE CODE	JE CODE O DUSING FO EDUCATION BE NECESS I CONNEC BAMA NO NIZATION	OF 1986 OR ITS E ONAL MI SARY OF TION TI NPROFI	(TH ENRO ISSI R API HERI IT CO EMPT	E CODE) INCLUDING DLLED STUDENTS, ONS (B)THE PROPRIATE IN EWITH TO EXERCISE DRPORATION ACT
×6							
Activities	2	———— Check th	nis box 📭 if the organization discontinued its operations or disposed of mo	re than 25	% of its	net a	assets
ctiv			of voting members of the governing body (Part VI, line 1a)			3	6
⋖	4	Number	of independent voting members of the governing body (Part VI, line 1b) $$.			4	5
			mber of individuals employed in calendar year 2010 (Part V, line 2a)			5	2
			mber of volunteers (estimate if necessary)		-	6	0
			related business revenue from Part VIII, column (C), line 12 lated business taxable income from Form 990-T, line 34			7a 7b	54,805
				Prior	Year	Ť	Current Year
_	8	Contril	butions and grants (Part VIII, line 1h)		661,3	01	374,441
an He	9	-	m service revenue (Part VIII, line 2g)	ϵ	9,716,3	-	78,614,765
Revenue	10		ment income (Part VIII, column (A), lines 3, 4, and 7d)		1,934,2	-	2,725,021
	11 12		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		-62,2	287	54,805
		12) .		7	2,249,6	-	81,769,032
	13		s and similar amounts paid (Part IX, column (A), lines 1–3)			0	0
	14 15		ts paid to or for members (Part IX, column (A), line 4)			0	0
\$	13	5-10)			168,4	80	311,605
Expenses	16a		sional fundraising fees (Part IX, column (A), line 11e)			0	0
짚	ь		ndraising expenses (Part IX, column (D), line 25) • 0				105 406 360
	17 18		expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		33,538,2 33,706,7	\rightarrow	105,486,368
	19		ue less expenses Subtract line 18 from line 12		1,457,1	-	-24,028,941
항 연 항 명				Beginning o		nt	End of Year
geg gege	20	Totals	assets (Part X, line 16)	Ye	ar)7,851,3	29.7	953,680,803
Net Assets or Fund Balances	21		iabilities (Part X, line 26)		59,772,7	_	1,022,770,313
ž Ž	22		sets or fund balances Subtract line 21 from line 20		51,921,3	-	-69,089,510
Under	edge	lties of pe and belief	ature Block erjury, I declare that I have examined this return, including accompanying schedu f, it is true, correct, and complete. Declaration of preparer (other than officer) is				
		****	**	201	2-05-14		
Sign		Signa	ature of officer	Date			
Here			AN H COVEY PRESIDENT				
	1	<u> </u>	or print name and title	To	heck if sel	f_	T _{D-711}
D-!-!		Print/Type preparer's	name BRIAN M BLAKENEY BRIAN M BLAKENEY 2012-0		mployed •		PTIN
Paid Prepa	rer [me WILKINS MILLER HIERONYMUS LLC				Fırm's EIN ▶
Use (Firm's add	dress PO BOX 70047				Phone no (251) 410-6700
Mav t	he IR	S discus	MOBILE, AL 36670 ss this return with the preparer shown above? (see instructions)			_	V Yes ∇ No

|--|

Part	*****			Program S O contains a					: III							. [~
1	Briefl	y describe	the organ	nization's mis	ssion											
THE PURPASSI AND ORGACORE	MEAN: OSES STING PERFO ANIZA PORAT	ING OF SE (1)ASSIS EACH OF ORM SUCH TION AND TIONS BY AN ORGA	ECTION 5 TING EA TITS MEI ACTS A D IN CON THE ALA	RGANIZED 01(C)(3) OI CH OF ITS I MBERS TO F S MAY BE N NECTION T BAMA NON ON (I) EXEM UTIONS AR	FTHEUS MEMBERS URTHER ECESSAI THEREWI PROFIT (1PT FRON	S INTERI S TO PRO THEIR E RY OR AF TH TO EX CORPORA M FEDERA	NAL REV DVIDE H DUCATI PPROPRI XERCISE ATION A AL INCO	ENUE CO OUSING F ONAL MIS ATE IN C ANY OF CT WHIC ME TAX U	DE OF OR ITS SSIONS ARRYIN THE PO H ARE NDERS	1986 (T 5 ENROL 5 (B)THE NG OUT) WERS G CONSIS SECTIO	HE CO LED S ORGA THE FO GRANTI TENT N 501(DE) IN TUDEN NIZAT DREGO ED TO I WITH T A) AND	CLUD TS, A ION I ING P NONP THE OI	ING F ND(2 IS EM PURP(ROFI RGAN	FOR S)OTH POW OSES T	SUCH ERWISE ERED TO DO OF THE
2	the pr	or Form 99	90 or 990	rtake any sig)-EZ? ew services				luring the		ıch were	not lis	ted on	Γ	Yes	√ No	•
3	Did th	ie organiza es?	tion ceas	e conducting hanges on S	g, or make	e significa • • •					progra • •	m • •	Г	Yes	√ No)
4	Section	on 501(c)(3	3) and 50	ose achieve 1(c)(4) orga total expens	ınızatıons	and sect	ıon 4947	(a)(1) trus	sts are	required	to repo					and
	(Code) (Expenses \$		47,411,865	ıncludın	g grants of \$) (Re	evenue \$		24	1,970,4	180)
	PROV	IDE 3638 BED		HOUSING FACI		INE,CA FOR				VINE						
	(Code	<u>.</u>) (Expenses \$		6,787,967	ıncludın	g grants of \$) (Re	evenue \$			7,943,9	
	•			OUSING FACIL				,			, (,,-	
	(Code) (Expenses \$		5,688,412	ıncludın	g grants of \$) (Re	evenue \$			2,820,6	553)
	PROV	IDE 457 BED	STUDENT H	OUSING FACIL	ITY IN DES	MOINES, IO	WA FOR DI	RAKE UNIVER	RSITY							
4d	Othe	er program	services	(Describe in	n Schedul	e O) See	also Add	litional Da	ta for D	Descript id	on					
	(Exp	enses \$	4	5,126,746	ıncludır	ng grants	of\$) (Reve	nue \$		41,5	5,17	80)	
4e	Tota	l program s	service ex	penses ► \$	10	05,014,9	90									

Dart TV	Checklist	of Re	auired	Schedul	
	CHECKIISE	UI NE	uuneu	ociie aui	_ 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 😼	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νo
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νo
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		N o
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

orm	990 (2010)			Page 4
Part	t IV Checklist of Required Schedules (continued)			
	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1^7 If "Yes," complete Schedule I, Parts I and II	21		No
	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
	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-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Yes	
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 85			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
а	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	return	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	103	
1	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? <i>If "No," provide an explanation in Schedule O</i>	3b	Yes	
а	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νo
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
a	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?	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		
	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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	,,,		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	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 facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	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 year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
c	In which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand			
_	13c			_
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

_Se	ection A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	6								
b	Enter the number of voting members included in line 1a, above, who are independent	5								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No						
3	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? .	. 3	Yes							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No						
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No						
6	Does the organization have members or stockholders?	. 6	Yes							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	e 7a	Yes							
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .	. 7b		No						
8										
а	The governing body?	8a	Yes							
b	Each committee with authority to act on behalf of the governing body?	. 8b		No						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at torganization's mailing address? If "Yes," provide the names and addresses in Schedule O	he 9		No						
	ection B. Policies (This Section B requests information about policies not required by the Interna	I T		•						
Re	evenue Code.)		Yes	No						
	10a Does the organization have local chapters, branches, or affiliates?									
	10a	Yes								
b	10b	Yes								
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the for	^{m?} 11a	Yes							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990									
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes							
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give re									
	to conflicts?	12b	Yes							
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	. 12c	Yes							
13	Does the organization have a written whistleblower policy?	. 13		Νo						
14	Does the organization have a written document retention and destruction policy?	. 14	Yes							
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?								
а	The organization's CEO, Executive Director, or top management official	15a	Yes							
b	15b	Yes								
	b Other officers or key employees of the organization									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with taxable entity during the year?	a 16a		No						
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	4.61								
		16b								
	List the States with which a copy of this Form 990 is required to be filed AL, AR, CA, IL, PA, NC, FL									
T/	List the States with which a copy of this Form 330 is required to be medifial, AK, CA, IL, PA, NC, FL									

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

Own website Another's website Vpon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization LEEMAN H COVEY

411 JOHNSON AVE SUITE B FAIRHOPE, AL 36532

(251) 928-9340

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees 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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the orga	nızatıon nor any re	lated or	ganız	zatio	n co	mpens	sate	d any current office	r, dırector, or trust	ee
(A) Name and Title	(B) Average hours per	Posi t				II		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
(1) LEEMAN H COVEY PRESIDENT	30 00	х		х				61,500	0	9,045
(2) JOHN BROOKS SLAUGHTER TREASURER	1 50	х		х				6,000	0	0
(3) HON JACK EDWARDS SECRETARY	1 50	х		х				6,000	0	0
(4) LINDA FLAHERTY-GOLDSMITH DIRECTOR	1 50	х						6,000	0	0
(5) JOHN B HICKS VICE PRESIDENT	1 50	х		х				6,000	0	0
(6) THOMAS M DALY DIRECTOR	1 50	х						6,000	0	0
(7) JANET BROWN ASSISTANT SECRETARY	30 00			х				51,250	0	8,738
(8) WILLIAM B GIVHAN GENERAL COUNSEL/CHIEF OPERATING OFFICER	40 00			х				0	0	0

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours per		tion (that a			II		(D) Reportable compensation from the	(E) Reportable compensation from related	- 1	(F) Estima mount o	ted f other
		week (describe hours for related organizations in Schedule	Individual trustee or director	Institutional Truste	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	0	from t rganizati relate organiza	he on and ed
		O)	n	မီ			<u> </u>						
											+		
											+		
							+				+		
					<u> </u>		_				_		
1b	Sub-Total				٠.	•	· .	•					
С	Total from continuation sheets	to Part VII, Sec	tion A				Þ						
d	Total (add lines 1b and 1c) .			•				*	142,750		0		17,783
2	Total number of individuals (incl \$100,000 in reportable compen					ted	above) who	received more tha	n			
												Yes	No
3	Did the organization list any for on line 1a? <i>If</i> " <i>Yes,"</i> complete Sci					ey e	employ •	ee, c	or highest compensa	ated employee	3		No
4	For any individual listed on line corganization and related organization and related organization.										4		No
5	Did any person listed on line 1a	receive or accri	ue comi	oensa	ation	fror	many	unre	lated organization o	r individual for	-7		
	services rendered to the organiz									•	5		No
Se	ection B. Independent Con												
1	Complete this table for your five \$100,000 of compensation from			ındep	ende	ent d	contra	ctors	that received more	than			
		- (A)								(B)		/_	

(A)	(B)	(C)
Name and business address	Description of services	Compensation
CAPSTONE ON-CAMPUS MANAGEMENT LLC 431 OFFICE PARK DRIVE BIRMINGHAM, AL 35223	MANAGEMENT	815,897
HAND ARENDALL LLC PO BOX 123 MOBILE, AL 36601	LEGAL	608,489
TOTAL CARE CUSTODIAL SERVICES LLC 4849 S DARROW DR APT 2247 TEMPE, AZ 822827722	MAINTENANCE	544,591
WILKINS MILLER HIERONYMUS LLC PO BOX 70047 MOBILE, AL 36532	ACCOUNTING	400,496
AMERICAN CAMPUS MANAGEMENT LLC 12700 HILL COUNTRY BLVD STE T-200 AUSTIN, TX 78738	MANAGEMENT	355,594
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►13	who received more than	

	•	(2010)					Pa	ge 9
Part	VIII	Statement of Revenu	1 e		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	excluded from tax under sections
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns	. 1c . 1d . 1e . and 1f	374,441	374,441			513, or 514
Program Service Revenue		RENTAL INCOME CONVENIENCE INCOME FEES/FORFEITED DEPOSIT MISCELLANEOUS INCOME All other program service rev Total. Add lines 2a-2f		531110 531110 531110 531110	76,083,603 1,348,375 630,168 552,619 78,614,765	630,168 552,619		1,348,375
	4 5 6a b	Investment income (including and other similar amounts) Income from investment of tax-excent Royalties	(I) Real 222,991 168,186 54,805	(II) Personal	153,051 2,571,970 54,805		54,805	153,051 2,571,970
ψ	7a b c d	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraising	(ı) Securities	(II) O ther				
Other Revenue	b c 9a b c 10a b c	(not including \$	ine 1c) a b idraising events Important to the control of the	Business Code				
	12	Total revenue. See Instruction	ons		81,769,032	77,266,390	54,805	4,073,396

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	Section 501(c)(3) and 501(c)(4) organizations must	st complete all c	columns.	(D)	
	ll other organizations must complete column (A) but are not required to	complete column	ns (B), (C), and ((B)	(D).	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21 $$				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	268,250		268,250	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,547		3,547	
9	Other employee benefits	22,400		22,400	
10	Payroll taxes	17,408		17,408	
a	Fees for services (non-employees) Management	7,674,925	7,674,925		
b	Legal	381,150	119,853	261,297	
С	Accounting	475,963	410,452	65,511	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				_
f	Investment management fees	351,751	351,751		
g	Other	474,495	474,495		
12	Advertising and promotion	249,560	242,364	7,196	
13	Office expenses	1,239,437	1,225,821	13,616	
14	Information technology	89,469	86,283	3,186	
15	Royalties				
16	Occupancy	28,593,021	28,576,876	16,145	
17	Travel	79,009	64,361	14,648	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	18,990		18,990	
20	Interest	39,660,074	39,660,074		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	21,835,947	21,831,337	4,610	
23	Insurance	1,367,745	1,324,794	42,951	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	MISCELLANEOUS	1,210,612	1,187,384	23,228	
Ь	REIMBURSED UNIVERSITY S	737,448	737,448		
С	LOSS ON DEBT RESTRUCTUR	626,883	626,883		
d	BAD DEBT	244,256	244,256		
e	PREOPENING COSTS	175,633	175,633		
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	105,797,973	105,014,990	782,983	0
26	Joint costs. Check here ► ☐ If following				
	SOP 98-2 (ASC 958-720) Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				200 (2010)

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			7,833,187	1	9,754,020
	2	Savings and temporary cash investments			37,749,852	2	200,181,220
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			1,733,105	4	1,662,192
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	s, ke	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under persons described in section $4958(c)(3)(B)$, and contributing a sponsoring organizations of section $501(c)(9)$ voluntary emploorganizations (see instructions)	emplo	yers, and			
sts		Schedule L				6	
Assets	7	Notes and loans receivable, net				7	
۲	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			18,182,879	9	20,593,078
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	636,844,830			
	b	Less accumulated depreciation	10b	97,260,426	373,789,159	10c	539,584,404
	11	Investments—publicly traded securities			120, 196, 467	11	130,191,988
	12	Investments—other securities See Part IV, line 11	76,266,584	12	28,081,697		
	13	Investments—program-related See Part IV, line 11			13		
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			172,100,164	15	23,632,204
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			807,851,397	16	953,680,803
	17	Accounts payable and accrued expenses .			26,821,832	17	36,724,037
	18	Grants payable				18	
	19	Deferred revenue			3,063,511	19	4,225,918
	20	Tax-exempt bond liabilities			781,447,418	20	938,569,539
Se	21	Escrow or custodial account liability Complete Part IV of Schedu	ıle D			21	
bilities	22	Payables to current and former officers, directors, trustees, ke employees, highest compensated employees, and disqualified					
Lial		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third partie	s.	•	30,101,594	23	28,194,220
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D	•		18,338,350	25	15,056,599
	26	Total liabilities. Add lines 17 through 25			859,772,705	26	1,022,770,313
-		Organizations that follow SFAS 117, check here ▶ 🔽 and com	plete	lines 27			
Balances		through 29, and lines 33 and 34.					
lan	27	Unrestricted net assets			-51,921,308	27	-69,089,510
B 3	28	Temporarily restricted net assets				28	
Fund	29	Permanently restricted net assets				29	
Fu		Organizations that do not follow SFAS 117, check here ► ┌ a	nd co	mplete			
ō		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other f	unds			32	
Net	33	Total net assets or fund balances			-51,921,308	33	-69,089,510
	34	Total liabilities and net assets/fund balances			807,851,397	34	953,680,803

Pal	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		81,7	769,03
2	Total expenses (must equal Part IX, column (A), line 25)	2		105,7	797,97
3	Revenue less expenses Subtract line 2 from line 1	3		-24,0	28,94
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		-51,9	921,30
5	Other changes in net assets or fund balances (explain in Schedule O)	5		6,8	360,73
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		-69,0	089,51
Pai	The contains a response to any question in this Part XII			୮	
1	Accounting method used to prepare the Form 990 Cash Accrual Other			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2 c		No
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
	Separate basis Consolidated basis 🔽 Both consolidated and separated basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	•	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

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As Filed Data -

DLN: 93493136010372

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

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

Inspection

Employer identification number

COLLEGIATE HOUSING FOUNDATION 63-1173425 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 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 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 331/3% 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 Seesection 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 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 that describes the type of supporting organization and complete lines 11e through 11h Type I **b** Type II Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

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

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

S	ection A. Public Support		and to quanty t				
	endar year (or fiscal year beginning						
Care	in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
_	behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5 from						
Ū	line 4						
S	ection B. Total Support		<u> </u>	I I.			
	endar year (or fiscal year beginning						
	ın) >	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
Ū	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support (Add lines 7						
	through 10)					<u> </u>	
12	Gross receipts from related activiti	es, etc (See inst	ructions)			12	
13	First Five Years If the Form 990 is t	for the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	501(c)(3) organı	
	check this box and stop here						►
	-tiC Ct-ti	L'a Carana at B					
<u> </u>	ection C. Computation of Pub Public Support Percentage for 2010			11 column (f))			
	· ·		•	II Column (1))		14	
15	Public Support Percentage for 2009	Schedule A, Pa	rt II, line 14			15	
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, check	
_	and stop here. The organization qua						▶ □
b	33 1/3% support test—2009. If the				5a, and line 15 is 3	33 1/3% or more,	- -
	box and stop here. The organization				45.46		►
1/a	10%-facts-and-circumstances test-						
	is 10% or more, and if the organization made						rt a d
	in Part IV how the organization mee	ts the "racts and	circumstances"	test ine organiz	ration qualifies as	a publicly suppo	
L	organization	_2000 If+ba a	anization did not	chack a hay an l	no 12 165 166 -	r 17a and line	► □
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ						
	Explain in Part IV how the organization						V
	supported organization	aon meets the 10	acts and circuilis	tances test file	z organizacion qual	mes as a publici	y ▶[¯
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b, check this	box and see	- 1
	instructions	on ala not check	a box on fine 15	, 100, 100, 1700	I by check tills	SON GING SCC	▶ □

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	zation rails to q	dailiy dilder tik	e tests listed be	elow, piedse co	implete Fait II.	
	ndar year (or fiscal year beginning	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	in) ► Gifts, grants, contributions, and membership fees received (Do not include any "unusual		254,550	490,724	661,301	374,441	1,781,016
2	grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to	46,224,946	58,975,459	63,756,701	69,716,397	78,615,765	317,289,268
3	the organization's tax-exempt purpose Gross receipts from activities						
	that are not an unrelated trade or business under section 513 Tax revenues levied for the						
4	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2,	46,224,946	59,230,009	64,247,425	70,377,698	78,990,206	319,070,284
b	and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than						0
	disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
8	Add lines 7a and 7b Public Support (Subtract line 7c from line 6)						319,070,284
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	A mounts from line 6	46,224,946	59,230,009	64,247,425	70,377,698	78,990,206	319,070,284
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,904,037	3,492,576	2,002,704	1,934,213	2,725,021	13,058,551
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	2,904,037	3,492,576	2,002,704	1,934,213	2,725,021	13,058,551
11	Net income from unrelated business activities not included in line 10b, whether or not the						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support (Add lines 9, 10c, 11 and 12)	49,128,983	62,722,585	66,250,129	72,311,911	81,715,227	332,128,835
14	First Five Years If the Form 990 is check this box and stop here	for the organization	on's first, second	, third, fourth, or f	nith tax year as a	section501(c)(3	3) organization, ►
	ction C. Computation of Pub						
15	Public Support Percentage for 2010			13 column (f))		15	96 070 %
16	Public support percentage from 200	J9 Schedule A, P	art III, line 15			16	95 590 %
Se 17	ction D. Computation of Inv Investment income percentage for) (f))	4-	2.022.0
18	Investment income percentage for Investment income percentage from				(1))	17	3 930 %
	33 1/3% support tests—2010. If the				l line 15 is more	18 than 33 1/3% and	4 410 % I line 17 is not

17	3 9 3 0 %
18	4 410 %

more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported **▶**▽ organization

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2010

Software ID: Software Version:

EIN: 63-1173425

Name: COLLEGIATE HOUSING FOUNDATION

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code PROVIDE 516 BED) (Expenses \$) STUDENT HOUSING FACIL		including grants of \$) (Revenue \$	3,817,663)
(Code) (Expenses \$	3,653,409	including grants of \$ SBURY, MD FOR SALISBURY UN) (Revenue \$ IVERSITY	3,514,827)
(Code PROVIDE 753 BED) (Expenses \$ O STUDENT HOUSING FACIL		including grants of \$ INGHAM, AL FOR UNIV OF ALA) (Revenue \$ ABAMA AT BIRMINGHAM	3,702,126)
(Code PROVIDE 420 BED) (Expenses \$) STUDENT HOUSING FACIL		including grants of \$ SON, MD FOR TOWSON UNIVER) (Revenue \$	3,495,997)
(Code PROVIDE 312 BED) (Expenses \$) STUDENT HOUSING FACIL		including grants of \$ INGTON, VT FOR THE UNIVERS) (Revenue \$ SITY OF VERMONT	2,395,096)
(Code ROVIDE 523 BED) (Expenses \$) STUDENT HOUSING FACIL		including grants of \$ INGHAM, AL FOR THE UNIVERS) (Revenue \$ SITY OF ALABAMA AT BI	3,780,365) RMINGHAM
(Code ROVIDE 338 BED) (Expenses \$) STUDENT HOUSING FACIL		including grants of \$ ND, FL FOR STETSON UNIVERS) (Revenue \$ SITY	2,431,940)
(Code PROVIDE 384 BED) (Expenses \$) STUDENT HOUSING FACIL		including grants of \$ DND, OK FOR CENTRAL OKLAHO) (Revenue \$ OMA UNIVERSITY	2,590,444)
(Code ROVIDE 416 BED) (Expenses \$) STUDENT HOUSING FACIL		including grants of \$ RIETTA, NY FOR THE ROCHEST!) (Revenue \$ ER INSTITUTE OF TECHN	2,577,851) NO LO GY
(Code ROVIDE 352 BED) (Expenses \$) STUDENT HOUSING FACIL		including grants of \$ RIETTA, NY FOR THE ROCHEST!) (Revenue \$ ER INSTITUE OF TECHNO	1,969,609) DLOGY
) (Expenses \$) STUDENT HOUSING FACIL STRUCTION AS OF 6/30/11	ITY IN DEKA	including grants of \$ LB, IL FOR NORTHERN ILLINO) (Revenue \$ IS UNIVERSITY (ADDITI	1,845,701) ONAL 1008
(Code PROVIDE 267 BED) (Expenses \$) STUDENT HOUSING FACIL		including grants of \$ TALES, NM FOR EASTERN NEW N) (Revenue \$ MEXICO UNIVERSITY	1,053,496)
(Code ROVIDE 264 BED) (Expenses \$) STUDENT HOUSING FACIL		including grants of \$ NOLIA, AR FOR SOUTHERN ARk) (Revenue \$ (ANSAS UNIVERSITY	1,503,696)
(Code ROVIDE 258 BED) (Expenses \$) STUDENT HOUSING FACIL		including grants of \$ VELL, NM FOR EASTERN NEW MI) (Revenue \$ EXICO UNIVERSITY	807,892)
(Code) (Expenses \$ D STUDENT HOUSING FACIL		ıncludıng grants of \$) (Revenue \$	1,086,118)

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code PROVIDE 182 BEI	, , ,		including grants of \$ PA, FL FOR THE UNIVERSITY) (Revenue \$ OFTAMPA	915,990)
(Code PROVIDE 177 BEI	, , , , ,		including grants of \$ NY, NY FOR THE ALBANY CO) (Revenue \$ LLEGE OF PHARMACY	1,179,180)
(Code PROVIDE 90 BEDI			including grants of \$ ST DAVID'S, PA FOR EASTER) (Revenue \$ RN COLLEGE	1,082,504
(Code PROVIDE 122 BEI	, , , ,	,	including grants of \$ NY, NEW YORK FOR THE ALB.	, ,	819,340) ACY
(Code PROVIDE 142 BEI	, , , ,	•	including grants of \$ PHIS, TN FOR CHRISTIAN BR) (Revenue \$ OTHERS UNIVERSITY	521,362)
(Code PROVIDE 143 BEI	, , , , ,	,	including grants of \$ /ILLE, VA FOR AVERETT COL) (Revenue \$ LEGE	440,083)

DLN: 93493136010372

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

tema	I Revenue Service	► Attach to Fe	orm 990. ► See separate instructions.			Inspect	ion
	me of the organi			Emp	loyer ident if icat	tion numbe	r
COI	LLEGIATE HOUSING I	FOUNDATION		63-	1173425		
Pa			dvised Funds or Other Similar F	_		Complet	e if the
	organiz	zation answered "Yes" to Form 99	I .		(L) F J	LL	
	Total number a	t and afvent	(a) Donor advised funds	1	(b) Funds and of	ther accou	nts
L >	Total number a	tributions to (during year)					
<u>.</u> 2	33 3	nts from (during year)					
, L		ie at end of year					
5	Did the organiz	zatıon ınform all donors and donor advı	L sors in writing that the assets held in dor organization's exclusive legal control?	nor advi	ısed	┌ Yes	┌ No
5	Did the organiz	zation inform all grantees, donors, and	donor advisors in writing that grant funds efit of the donor or donor advisor, or for a			┌ Yes	┌ No
Pa	rt III Conse	rvation Easements. Complete	ıf the organization answered "Yes" t	o Forn	n 990, Part IV	, lıne 7.	
2	Protection Preservati Complete lines	ion of land for public use (e g , recreati n of natural habitat ion of open space s 2a–2d if the organization held a qual he last day of the tax year	on or pleasure)	certifie	d historic struct		a
		,			Held at the	End of the	Year
а	Total number o	of conservation easements		2a			
b	Total acreage	restricted by conservation easements		2b			
c	Number of con	servation easements on a certified his	toric structure included in (a)	2c			
d	Number of con	servation easements included in (c) a	cquired after 8/17/06	2d			
;	the taxable yea		erred, released, extinguished, or terminate ation easement is located	ed by th	ne organization o	during	
,	Does the organ	, , , ,	the periodic monitoring, inspection, han	—— dling of	violations, and	┌ Yes	┌ No
,	Staff and volun	iteer hours devoted to monitoring, insp	pecting and enforcing conservation easen	nents d	uring the year 🕨	-	
'	A mount of exp	enses incurred in monitoring, inspecti	ng, and enforcing conservation easement	s durin	g the year 🟲 🕏 _		
•		servation easement reported on line 2) and 170(h)(4)(B)(II)?	(d) above satisfy the requirements of sec	ction		┌ Yes	┌ No
•	balance sheet,		onservation easements in its revenue and the footnote to the organization's financia nents				
ar			ns of Art, Historical Treasures, 'Yes" to Form 990, Part IV, line 8.	or Ot	her Similar <i>I</i>	Assets.	
la	art, historical t	treasures, or other similar assets held	116, not to report in its revenue stateme for public exhibition, education or resear lancial statements that describes these i	ch ın fu			<u>,</u>
b	historical treas	·	116, to report in its revenue statement a public exhibition, education, or research i s			•	
	(i) Revenues i	ncluded in Form 990, Part VIII, line 1			► \$		
	(ii) Assets Inc	luded in Form 990, Part X			► \$		
2	If the organiza	,	orıcal treasures, or other sımılar assets fo S 116 relatıng to these ıtems	or finan			
а	Revenues incli	uded in Form 990. Part VIII. line 1			► \$		

РŒП	Organizations maintaining Collections of A	ITL, HIS	LUII	cai iieas	ures, or othe	i Sillillai ASS	ets (cc	ntinuea)
3	Using the organization's accession and other records, check alterns (check all that apply)	any of th	ne fol	lowing that	are a significant i	use of its collection	on	
а	Public exhibition	d	Γ	Loan or ex	change programs	5		
b	Scholarly research	e	Γ	Other				
С	Preservation for future generations							
4	Provide a description of the organization's collections and exp Part XIV	plaın hov	v the	y further the	e organization's e	xempt purpose ın		
5	During the year, did the organization solicit or receive donation assets to be sold to raise funds rather than to be maintained a						Yes	┌ No
Par	rt IV Escrow and Custodial Arrangements. Com Part IV, line 9, or reported an amount on Form				on answered "Y	es" to Form 99	0,	
1a	Is the organization an agent, trustee, custodian or other inter included on Form 990, Part X?	mediary	for c	ontributions	s or other assets		Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV and complete th	he follow	ıng t	able		I 8		
_						Amo	ount	
C	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
Т	Ending balance				1f			_
2a	Did the organization include an amount on Form 990, Part X, l	line 21?				ı	Yes	No
b	If "Yes," explain the arrangement in Part XIV				. F 000 P.	1.77/ 1 40		
Ра	rt V Endowment Funds. Complete if the organizat (a)Current Year		wer Prior				e) Four Ye	ears Back
1a	Beginning of year balance	(-)	,	(5)	(4)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	
ь	Contributions							
c	Investment earnings or losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year end balance hel	ld as						
а	Board designated or quasi-endowment 🕨							
b	Permanent endowment ▶							
С	Term endowment ▶							
За	Are there endowment funds not in the possession of the organ	nization	that	are held and	l admınıstered for	the		
	organization by					·	Yes	No
	(i) unrelated organizations		•			3a(i)		
b	(ii) related organizations					3a(ii	<u> </u>	<u> </u>
4	Describe in Part XIV the intended uses of the organization's					30		<u> </u>
Pai	rt VI Investments—Land, Buildings, and Equipm				Part X, line 10.			
	Description of investment		(a)	Cost or other s (investment)	(b)Cost or other	(c) Accumulated depreciation	(d) Bo	ok value
1a	Land				8,810,913			8,810,913
ь	Buildings				599,967,297	81,241,495		8,725,802
	Leasehold improvements				<u> </u>			· ·
	Equipment				28,066,620	16,018,931	1	2,047,689
	Other							-
	ıl. Add lınes 1a-1e <i>(Column (d) should equal Form 990, Part X, co</i>	lumn (B)	, line	10(c).) .	.		53	9,584,404

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)	(B)Book value	Cost or end-o	-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
	+		
	+		
	_		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
		1.2	
Part VIII Investments—Program Related. See	Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation
,	(-,	Cost or end-o	-year market value
		<u> </u>	
	+		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	1		
Part IX Other Assets. See Form 990, Part X, III	ne 15.		
(a) Descrip			(b) Book value
(4) 2 3 3 3 1			(2) 20011 1212
Total (Column (b) chould acreal forms 200, Part V ==1 (D) (5)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1			
Part X Other Liabilities. See Form 990, Part >			
	(, line 25.		
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability			
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	(, line 25. (b) A mount		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.		
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes SECURITY DEPOSITS	(, line 25. (b) Amount 1,748,187		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	(, line 25. (b) A mount		
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes SECURITY DEPOSITS	(, line 25. (b) Amount 1,748,187		
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes SECURITY DEPOSITS	(, line 25. (b) Amount 1,748,187		
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes SECURITY DEPOSITS	(, line 25. (b) Amount 1,748,187		
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes SECURITY DEPOSITS	(, line 25. (b) Amount 1,748,187		
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes SECURITY DEPOSITS	(, line 25. (b) Amount 1,748,187		
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes SECURITY DEPOSITS	(, line 25. (b) Amount 1,748,187	, , , , , , ,	
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes SECURITY DEPOSITS	(, line 25. (b) Amount 1,748,187		
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes SECURITY DEPOSITS	(, line 25. (b) Amount 1,748,187		
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes SECURITY DEPOSITS	(, line 25. (b) Amount 1,748,187		
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes SECURITY DEPOSITS	(, line 25. (b) Amount 1,748,187	.	
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes SECURITY DEPOSITS	(, line 25. (b) Amount 1,748,187		
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes SECURITY DEPOSITS	(, line 25. (b) Amount 1,748,187	.	
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes SECURITY DEPOSITS	(, line 25. (b) Amount 1,748,187		
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes SECURITY DEPOSITS	(, line 25. (b) Amount 1,748,187		
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes SECURITY DEPOSITS	(, line 25. (b) Amount 1,748,187		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	81,769,032
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	105,797,973
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-24,028,941
4	Net unrealized gains (losses) on investments	4	2,788,538
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	4,072,201
9	Total adjustments (net) Add lines 4 - 8	9	6,860,739
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-17,168,202
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	88,797,957
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)	ļ	
е	Add lines 2a through 2d	2e	7,028,925
3	Subtract line 2e from line 1	3	81,769,032
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	81,769,032
	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	
1	Total expenses and losses per audited financial statements	1	105,966,159
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	168,186
3	Subtract line 2e from line 1	3	105,797,973
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	105,797,973

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		THE FOUNDATION IMPLEMENTS A POLICY FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES THAT ADDRESSES THE DETERMINATION OF WHETHER CERTAIN TAX POSITIONS OF THE FOUNDATION WOULD BE SUSTAINED UPON EXAMINATION BASED ON TECHNICAL MERITS OF THE POSITION IF THE MORE-LIKELY-THANNOT THRESHOLD IS MET, AN ENTITY MUST MEASURE THE TAX POSITION TO DETERMINE THE AMOUNT TO RECOGNIZE IN THE FINANCIAL STATEMENTS FOR TAXEXEMPT ENTITIES, TAX POSITIONS INCLUDE THE ENTITY'S TAX-EXEMPT STATUS AND ASSUMPTIONS USED TO DETERMINE UNRELATED BUSINESS TAXABLE INCOME THE FOUNDATION HAD NO UNRECOGNIZED BENEFITS AT JUNE 30, 2010 OR JUNE 30, 2011 THE TAX YEARS 2007-2010 REMAIN OPEN TO EXAMINATION
PART XI, LINE 8 - OTHER ADJUSTMENTS		GAIN ON SALE OF PROJECT ASSETS 957,385 NET UNREALIZED GAIN ON INTEREST EXCHANGE 3,114,816
PART XII, LINE 2D - OTHER ADJUSTMENTS		GAIN ON SALE OF PROJECT ASSETS 957,385 CHANGE IN FAIR VALUE OF INTEREST EXCHANGE 3,114,816 EXPENSES PER FINANCIAL STATEMENTS REPORTED ON PART VIII LINE 6B 168,186
PART XIII, LINE 2D - OTHER ADJUSTMENTS		EXPENSES PER FINANCIAL STATEMENTS REPORTED ON PART VIII LINE 6B 168,186

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

DLN: 93493136010372

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

COLLEGIATE HOUSING FOUNDATION

Employer identification number 63-1173425

В	art I Bond Issues														
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue P	'rıce	(f)) Description	of Purpose		feased	Beh Iss	On alf of suer	fina	Pool ncing
										Yes	No	Yes	No	Yes	No
A	NEW CASTLE COUNTY DELAWARE	51-6000160	643284AA0	09-29-2005	44,96!	5,000	REFU	ROVIDE FUI IND BONDS EMBER 17, 1	ISSUED ON		x		X		Х
В	DELAWARE COUNTY AUTHORITY	23-1973437	24600NAC7	12-30-2008	5,95(0,000	REFU	ROVIDE FUI IND BONDS 29, 2000			Х		Х	×	
С	HOUSING FACILITIES BOARD OF THE CITY OF MAGNOLIA ARKANSAS	73-1687429	559557AP8	12-30-2003	11,871	1,268	TO C HOUS SOUT	TO CONSTRUCT A STUDENT HOUSING FACILITY AT SOUTHERN ARKANSAS UNIVERSITY			Х		x		Х
D	VERMONT HOUSING FINANCE AGENCY	03-0239902	924197AA4	07-29-2004	23,075	5,000	Hous	TO CONSTRUCT A STUDENT HOUSING FACILITY AT THE UNIVERSITY OF VERMONT			Х		Х		х
l _				!			<u> </u>							<u> </u>	
-			 											-	
Pa	art II Proceeds														
	IIII FIOCCCUS				A	4		В	3		С			D	
1	Amount of bonds retired					5,100	0,000		205,000		1,0	060,000			
2	Amount of bonds legally defea	ased													
3	Total proceeds of issue		,		,	44,965	5,000		5,950,000		11,9	961,235	5	23	550,928
4	Gross proceeds in reserve fur	nds			1	2,800	0,583		422,105		8	348,513	3		869,608
5	Capitalized interest from proc	eeds				28€	5,793				2	286,793	3	1	595,815
6	Proceeds in refunding escrow	,			†	41,565	5,741	5,741 5,831,000							
7	Issuance costs from proceeds	is			1	359	,832 67,175			2	237,067	,		461,500	
8	Credit enhancement from prod	ceeds				141	1,427						132,0		132,046
9	Working capital expenditures	from proceeds				97	7,417			355,311			+		197,078
10	Capital expenditures from pro	oceeds				9,466	5,945				9,4	166,945	;	19	,332,990
11	Other spent proceeds					14	4,979					14,979	,		
12	O ther unspent proceeds								_						
13	Year of substantial completion	ın			200	01		20	01		2004			2005	
					Yes	No	0	Yes	No	Yes		No	Ye	s	No
14	Were the bonds issued as par	rt of a current refund	ling issue?			Х	(Х			Χ			X
15	Were the bonds issued as par	rt of an advance refu	ındıng ıssue?		Х			Х				Х			Х
16	Has the final allocation of pro	ceeds been made?			Х			Х		Х			Х		
17	Does the organization maintal allocation of proceeds?	· 	and records to supp	port the final	Х			Х		Х			х		
Pa	rt IIII Private Business U														
					Yes	A N	lo	Ves	No.	Ves	C 	No	Ve	D	No

			Α		В		С	I)
		Yes	Yes No		No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		Х		Х		Х		Х
2	Are there any lease arrangements that may result in private business use of bond-financed property?		×		X		X		X

Fall	Private Business Use (Continueu)								
		4	A		В		С	ľ)
		Yes	No	Yes	No	Yes	No	Yes	No
За	Are there any management or service contracts that may result in private business use?		х		х		х		Х
b	Are there any research agreements that may result in private business use of bond-financed property?		×		×		×		Х
С	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	×		X		х		х	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %		0 %		0 %		0 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %		0 %		0 %		0 %
6	Total of lines 4 and 5		0 %		0 %		0 %		0 %
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		Х		Х		Х	

Part IV Arbitrage

		A		В		С		D		
		Yes	No	Yes	No	Yes	No	Yes	No	
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		Х		х		×	
2	Is the bond issue a variable rate issue?	X		×			×	X		
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	X		X			Х		X	
ь	Name of provider	PNC BANK NATIONAL TI ASSOCIATION		TD BANK NA						
С	Term of hedge	20 400000000000		20 50000	0000000					
d	Was the hedge superintegrated?		х		Х					
e	Was a hedge terminated?		х		Х					
4a	Were gross proceeds invested in a GIC?		Х	Х		х		X		
b	Name of provider	SOCIETE GE NATIONAL A		SOCIETE GE	NERAL	WACHOVIA NATIONAL A		AMERICAN INTERNATIC GROUP	NAL	
С	Term of GIC	10 00000	0000000	10 00000	0000000	9 80000	0000000	2 20000	0000000	
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	Х		Х		Х		Х		
5	Were any gross proceeds invested beyond an available temporary period?	х		х		Х		х		
6	Did the bond issue qualify for an exception to rebate?		Х		Х		Х		Х	

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
See Additional Data Table		

Identifier	Return Reference	Explanation
,	DESCRIPTION OF PURPOSE	TO CONSTRUCT A STUDENT HOUSING FACILITY AT NORTHERN ILLINOIS UNIVERSITY AND PROVIDE FUNDS TO REFUND BONDS ISSUED ON OCTOBER 23, 2006
SCHEDULE K		FIVE SCHEDULE K SCHEDULES COMPLETED TO ACCOUNT FOR ALL OUTSTANDING POST-DECEMBER 31, 2002 BONDS
SCHEDULE K PART II LINE 3	BETWEEN SCHEDULE K PART I COLUMN E AND PART II	HOUSING FACILITIES BOARD OF THE CITY OF MAGNOLIA ARKANSAS 12/30/03 ISSUE - INVESTMENT EARNINGS DURING PROJECT PERIOD VERMONT HOUSING FINANCE AGENCY 7/29/04 ISSUE - INVESTMENT EARNINGS DURING THE PROJECT PERIOD CALIFORNIA STATEWIDE COMMUNITIES DEVELOPMENT AUTHORITY 12/14/04 ISSUE - INVESTMENT EARNINGS DURING THE PROJECT PERIOD CALIFORNIA STATEWIDE COMMUNITIES DEVELOPMENT AUTHORITY 7/30/08 ISSUE - INVESTMENT EARNINGS DURING THE PROJECT PERIOD CITY OF PORTALES, NEW INDUSTRIAL DEVELOMENT AUTHORITY 11/18/05 ISSUE - INVESTMENT EARNINGS DURING THE PROJECT PERIOD CITY OF ROSWELL, NEW MEXICO 9/20/06 ISSUE - INVESTMENT EARNINGS DURING THE PROJECT PERIOD CITY OF ALBANY INDUSTRIAL DEVELOPMENT AUTHORITY 5/3/07 ISSUE - INVESTMENT EARNINGS DURING THE PROJECT PERIOD CITY OF ALBANY INDUSTRIAL DEVELOPMENT AUTHORITY 5/9/07 ISSUE - INVESTMENT EARNINGS DURING THE PROJECT PERIOD CITY OF ALBANY INDUSTRIAL DEVELOPMENT AUTHORITY 1/25/08 ISSUE - INVESTMENT EARNINGS DURING THE PROJECT PERIOD ILLINOIS FINANCE AUTHORITY 2/23/11 ISSUE - INVESTMENT EARNINGS DURING THE PROJECT PERIOD ILLINOIS FINANCE AUTHORITY 3/10/11 ISSUE - INVESTMENT EARNINGS DURING THE PROJECT PERIOD
		SCHEDULE K, PART II, ENTITY 1, LINE 9 VERMONT HOUSING FINANCE AGENCY 7/29/04 ISSUE INCLUDES EXPENDITURES IN THE AMOUNT OF \$807,451 FOR INTEREST INCURRED ON THE VERMONT HOUSING FINANCE AGENCY 7/29/04 ISSUE AFTER THE PROJECT PERIOD BUT PAID WITHIN THREE YEARS OF THE ISSUE DATE
SCHEDULE K, PART II, ENTITY 2, LINE 12		CALIFORNIA STATEWIDE COMMUNITIES DEVELOPMENT AUTHORITY 12/14/04 ISSUE ONLY UNSPENT PROCEEDS ARE THOSE BEING HELD IN THE REDEMPTION FUND PENDING REDEMPTION SCHEDULE K PART II, ENTITY 3, LINE 12 VOLUSIA COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY 11/18/05 ISSUE UNSPENT PROCEEDS HAD TO BE RETAINED BY THE ORGANIZATION PENDING RESOLUTION OF CONSTRUCTION DISPUTE SCHEDULE K PART II, ENTITY 4, LINE 12 IOWA FINANCE AUTHORITY 5/9/07 ISSUE ONLY UNSPENT PROCEEDS ARE THOSE BEING HELD IN THE PREPAYMENT FUND PENDING REDEMPTION
SCHEDULE K, PART II, ENTITY 2, LINE 16		CALIFORNIA STATEWIDE COMMUNITIES DEVELOPMENT AUTHORITY 12/14/04 ISSUE FINAL ALLOCATION HAS BEEN MADE, EXCEPT FOR THOSE UNSPENT PROCEEDS HELD IN THE REDEMPTION FUND SCHEDULE K PART II, ENTITY 3, LINE 16 VOLUSIA COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY 11/18/05 ISSUE FINAL ALLOCATION HAS BEEN MADE, EXCEPT FOR THOSE UNSPENT PROCEEDS RESULTING FROM CONSTRUCTION DISPUTE SCHEDULE K PART II, ENTITY 4, LINE 16 IOWA FINANCE AUTHORITY 5/9/07 ISSUE FINAL ALLOCATION HAS BEEN MADE, EXCEPT FOR THOSE UNSPENT PROCEEDS HELD IN THE PREPAYMENT FUND
SCHEDULE K, PART IV, LINE 5		NEW CASTLE COUNTY, DELAWARE 9/29/05 ISSUE ALL GROSS PROCEEDS INVESTED BEYOND THE APPLICABLE TEMPORARY PERIOD EXCEPTION WERE INVESTED AT A YIELD THAT IS LESS THAN THE YIELD OF THE RESPECTIVE BONDS DELAWARE COUNTY AUTHORITY 12/30/08 ISSUE ALL GROSS PROCEEDS INVESTED BEYOND THE APPLICABLE TEMPORARY PERIOD EXCEPTION WERE INVESTED AT A YIELD THAT IS LESS THAN THE YIELD OF THE RESPECTIVE BONDS HOUSING FACILITIES BOARD OF THE CITY OF MAGNOLIA, ARKANSAS 12/30/03 ISSUE ALL GROSS PROCEEDS INVESTED BEYOND THE APPLICABLE TEMPORARY PERIOD EXCEPTION WERE INVESTED AT A YIELD THAT IS LESS THAN THE YIELD OF THE RESPECTIVE BONDS VERMONT HOUSING FINANCE AGENCY 7/29/04 ISSUE ALL GROSS PROCEEDS INVESTED BEYOND THE APPLICABLE TEMPORARY PERIOD EXCEPTION WERE INVESTED AT A YIELD THAT IS LESS THAN THE YIELD OF THE RESPECTIVE BONDS CALIFORNIA STATEWIDE COMMUNITIES DEVELOPMENT AUTHORITY 12/14/04 ISSUE ALL GROSS PROCEEDS INVESTED BEYOND THE APPLICABLE TEMPORARY PERIOD EXCEPTION WERE INVESTED AT A YIELD THAT IS LESS THAN THE YIELD OF THE RESPECTIVE BONDS CALIFORNIA STATEWIDE COMMUNITIES DEVELOPMENT AUTHORITY 4/27/06 ISSUE ALL GROSS PROCEEDS INVESTED BEYOND THE APPLICABLE TEMPORARY PERIOD EXCEPTION WERE INVESTED AT A YIELD THAT IS LESS THAN THE YIELD OF THE RESPECTIVE BONDS CALIFORNIA STATEWIDE COMMUNITIES DEVELOPMENT AUTHORITY 7/30/08 ISSUE ALL GROSS PROCEEDS INVESTED BEYOND THE APPLICABLE TEMPORARY PERIOD EXCEPTION WERE INVESTED AT A YIELD THAT IS LESS THAN THE YIELD OF THE RESPECTIVE BONDS THE PUBLIC EDUCATIONAL BUILDING AUTHORITY OF THE CITY OF BIRMINGHAM 12/31/09 ISSUE ALL GROSS PROCEEDS INVESTED BEYOND THE APPLICABLE TEMPORARY PERIOD EXCEPTION WERE INVESTED AT A YIELD THAT IS LESS THAN THE YIELD OF THE RESPECTIVE BONDS TEMPORARY PERIOD EXCEPTION WERE INVESTED AT A YIELD THAT IS LESS THAN THE YIELD OF THE RESPECTIVE BONDS COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY 11/18/05 ISSUE ALL GROSS PROCEEDS INVESTED BEYOND THE APPLICABLE TEMPORARY PERIOD EXCEPTION WERE INVESTED AT A YIELD THAT IS LESS THAN THE YIELD OF THE RESPECTIVE BONDS COUNTY O

Schedule K (Form 990)

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

DLN: 93493136010372 OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

63-1173425

Employer identification number

		-			

COLLEGIATE HOUSING FOUNDATION

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defease		Beh	On alf of suer		Pool ncing
							Yes	No	Yes	No	Yes	No
A	CALIFORNIA STATEWIDE COMMUNITIES DEVELOPMENT AUTHORITY	68-0164610	13078RDC1	12-14-2004	111,032,953	TO CONSTRUCT A STUDENT HOUSING FACILITY AT THE UNIVERSITY OF CALIFORNIA IRVI	X			X		Х
В	CALIFORNIA STATEWIDE COMMUNITIES DEVELOPMENT AUTHORITY	68-0164610	13078REF3	04-27-2006	101,688,202	TO PROVIDE FUNDS TO REFUND BONDS ISSUED ON DECEMBER 14, 2004 X X			х			
С	CALIFORNIA STATEWIDE COMMUNITIES DEVELOPMENT AUTHORITY	68-0164610	13078RES5	07-30-2008	221,367,790	TO CONSTRUCT A STUDENT HOUSING FACILITY AT THE UNIVERSITY OF CALIFORNIA IRVI				х		
D	THE PUBLIC EDUCATIONAL BUILDING AUTHORITY OF THE CITY OF BIRMINGHAM	63-1254527	09107PAC1	12-31-2009	29,365,000	TO PROVIDE FUNDS TO REFUND BONDS ISSUED ON MARCH 4, 2005		х		X		Х
_												
												1

Part II	Drocoade
	Proceeds

Pa	rt II Proceeds								
			A	I	В	(С	l	D
1	A mount of bonds retired		3,480,000		755,000				50,000
2	A mount of bonds legally defeased		95,040,000						
3	Total proceeds of issue	1	14,610,514	1	01,688,202	2	32,351,335		29,365,000
4	Gross proceeds in reserve funds		929,412		5,992,629		13,257,532		2,100,482
5	Capitalized interest from proceeds		9,021,196				26,625,781		
6	Proceeds in refunding escrow	1	00,736,284	1	00,736,284				29,365,000
7	Issuance costs from proceeds		1,457,203		895,710		1,992,466		
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds		3,388,403		25,000		9,497,596		
10	Capital expenditures from proceeds		94,778,786		31,207	1	71,273,097		
11	Other spent proceeds								
12	Other unspent proceeds		158,542				10,157,037		
13	Year of substantial completion	20	06	20	06	20	10	20	06
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		Х		Х		х	Χ	
15	Were the bonds issued as part of an advance refunding issue?		Х	Х			Х		Х
16	Has the final allocation of proceeds been made?		Х	Х			Х	Х	
17	Does the organization maintain adequate books and records to support the final			· · · · · · · · · · · · · · · · · · ·		V			

Part IIII Private Business Use

allocation of proceeds?

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

Part III Private Business Use (Continued)

-6	Fire de dismess ose (continuca)											
			4		В		С		D			
		Yes	No	Yes	No	Yes	No	Yes	No			
За	Are there any management or service contracts that may result in private business use?		×		х		х		х			
ь	Are there any research agreements that may result in private business use of bond-financed property?		×		×		×		x			
С	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	Х		x		x		x				
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %		0 %		0 %		0 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %			0 %	0 %		0 %				
6	Total of lines 4 and 5	0 %			0 %		0 %		0 %			
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х		Х		Х		Х				

Part IV Arbitrage

للفائد	Al Did age								
		Α_		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		×		х		х		×
2	Is the bond issue a variable rate issue?		X		X		Х	X	
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		×		х		х		х
ь	Name of provider				•		•		
С	Term of hedge								
d	Was the hedge superintegrated?								
е	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?	Х			Х	Х		Х	
b	Name of provider	GE FUNDING MARKET SER			•	MONUMENTA INSURANCE COMPANY		HYPO REALE BANK INTERNATIO	
С	Term of GIC	9 60000	0000000			9 80000	0000000	10 00000	0000000
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	х				Х		Х	
5	Were any gross proceeds invested beyond an available temporary period?	х		х		Х		х	
6	Did the bond issue qualify for an exception to rebate?		Х		х		х	Х	

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule 0 (Form 990).

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

DLN: 93493136010372

2010

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

COLLEGIATE HOUSING FOUNDATION

Employer identification number 63-1173425

Part I Bond Issues															
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue P	rice	(f)) Description	n of Purpose	(g) De		Beh Iss	On alf of uer	fina	Pool ncing
							TO P	ROVIDE FU	NDS TO	Yes	No	Yes	No	Yes	No
A	CITY OF TAMPA FLORIDA	59-1101138	NONEAVAIL	07-22-2009	19,970		REFU	REFUND BONDS ISSUED ON OCTOBER 28, 2005			Х		Х		Х
В	VOLUSIA COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY	52-1293529	92883TBF1	11-18-2005	16,668	3,729	HOU:	TO CONSTRUCT A STUDENT HOUSING FACILITY AT STETSON UNIVERSITY			X		X		Х
С	CITY OF PORTALES NEW MEXICO	85-6000162	736174AA1	10-03-2006	13,520	0,000	HOU: EAST	TO CONSTRUCT A STUDENT HOUSING FACILITY AT EASTERN NEW MEXICO JNIVERSITY			x		Х		Х
D	CITY OF ROSWELL NEW MEXICO	85-6000165	778624AA0	09-20-2006	11,710	0,000	HOU: EAST	TO CONSTRUCT A STUDENT HOUSING FACILITY AT EASTERN NEW MEXICO UNIVERSITY			Х		Х		Х
_															
_															
Part II Proceeds A B C D															
1	A mount of bonds retired			A		.,000		775,000		C	40,000		D	120,000	
<u> </u>	Amount of bonds legally defeas	sed				011	.,000		773,000			.40,000			120,000
3	Total proceeds of issue				-	19,970	0.000		16,974,530		13.8	392,047		12.	012,652
4	Gross proceeds in reserve fund	ds				1,158								903,178	
5	Capitalized interest from proce	eeds					,506 614,506					 		406,168	
6	Proceeds in refunding escrow				1	L9,970									
7	Issuance costs from proceeds					328	738		328,738		2	38,125			211,313
8	Credit enhancement from proc	eeds				866	,093		866,093			76,533			28,261
9	Working capital expenditures f	rom proceeds				261	.,470		261,470		2	46,318			475,081
10	Capital expenditures from proc	eeds			1	13,709	,238		13,709,238		11,6	69,299		9,	877,793
11	Other spent proceeds					127	,370				1	.27,370			110,873
12	Other unspent proceeds					63	,021		63,021						
13	Year of substantial completion				20	07		20	06		2007			2007	
		_	-		Yes	No)	Yes	No	Yes		No	Yes	•	No
14			Х				Х			X			Х		
<u>15</u>				Х			Х			X			Х		
16	Has the final allocation of proceeds been made?			Х				Х	Х			X			
17	Does the organization maintain allocation of proceeds?		nd records to supp	ort the final	×			Х		Х			Х		
Pa	t IIII Private Business U	se			T .	<u> </u>			В		С			D	
											•		1	<u> </u>	

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

No

Χ

Χ

Yes

No

Х

Χ

Yes

Yes

Yes

No

Х

No

Х

Χ

Part III Private Business Use (Continued)

ч.	Filvate business ose (continued)								
			4		В		С		D
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		Х		×		×		х
ь	Are there any research agreements that may result in private business use of bond-financed property?		×		×		×		×
С	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	Х		Х		x		x	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %		0 %		0 %		0 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %		0 %	0 %			0 %
6	Total of lines 4 and 5	0 %			0 %		0 %		0 %
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х		Х		Х		Х	

Part IV Arbitrage

		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		х		Х		х		Х
	Is the bond issue a variable rate issue?	<u> </u>			.,,	.,			
2		X			Х	Х		X	
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		х		х	×		×	
ь	Name of provider	ROYAL BANK CANADA	OF			ROYAL BANK CANADA	YAL BANK OF NADA		
С	Term of hedge	7 00000	7 00000000000 7 0000000		0000000	5 00000	0000000		
d	Was the hedge superintegrated?		Х				Х		х
е	Was a hedge terminated?		х				х		Х
4a	Were gross proceeds invested in a GIC?		Х	Х		Х		Х	
b	Name of provider	CITIGROUP FINANCIAL PRODUCTS		CITIGROUP FINANCIAL PRODUCTS		TRANSAMER INSURANCE COMPANY	ICA LIFE	CITIGROUP FINANCIAL PRODUCTS	
c	Term of GIC	10 00000	0000000	10 00000	0000000	5 00000	0000000	4 90000	0000000
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	Х		х		х		х	
5	Were any gross proceeds invested beyond an available temporary period?		х	х		х		Х	
6	Did the bond issue qualify for an exception to rebate?	Х			Х		Х		Х

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

DLN: 93493136010372 OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Part I Bond Issues

COLLEGIATE HOUSING FOUNDATION

Employer identification number

63-1173425

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f)	(f) Description of Purpose		feased	Beh	(h) On Behalf of Issuer		Pool ncing
								Yes	No	Yes	No	Yes	No
Α	CITY OF ALBANY INDUSTRIAL DEVELOPMENT AGENCY	52-2015750	012440HR7	05-03-2007	12,780,000	HOU:	TO CONSTRUCT A STUDENT HOUSING FACILITY AT THE ALBANY COLLEGE OF PHARMACY		Х		Х		Х
В	IOWA FINANCE AUTHORITY	52-1699886	46247BAA9	05-09-2007	36,335,000	Hous	TO CONSTRUCT A STUDENT HOUSING FACILITY AT DRAKE UNIVERSITY		Х		х		X
С	BERKS COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY	23-7418629	084523AA7	06-13-2007	10,775,000	HOUS	TO PURCHASE A STUDENT HOUSING FACILITY AT KUTZTOWN UNIVERSITY		X		Х		Х
D	CITY OF ALBANY INDUSTRIAL DEVELOPMENT AGENCY	52-2015750	012440KR3	01-25-2008	6,495,000	HOU:	TO CONSTRUCT A STUDENT HOUSING FACILITY AT THE ALBANY COLLEGE OF PHARMACY		Х		х		Х
_													
_													
De	art II Proceeds												
	110cccus				A		В		С			D	
1	A mount of bonds retired				795	5,000			2	50,000			520,000
2	A mount of bonds legally defeas	sed											
3	Total proceeds of issue				12,837	,193	37,477,764		10,7	75,000		6,	531,819
4	Gross proceeds in reserve fund	ds			2,174	,894	2,174,894		1	36,803			
5	Capitalized interest from proce	eds			169	,034	2,067,238						106,314
6	Proceeds in refunding escrow	scrow											
7	Issuance costs from proceeds				245	,628	674,392		2	03,364			110,970
8	Credit enhancement from proceeds				78	3,048	49,035			47,097			71,641
9	Working capital expenditures from proceeds				215	,977	1,380,646		3	67,562			181,957
10	Capital expenditures from proceeds				12,128	3,506	30,829,036		9,7	70,184		5,	833,760

alloc	ation of pro	allocation of proceeds?									
Part III	Private	Business Use									

Other spent proceeds

Other unspent proceeds

Year of substantial completion

11

12

13

14

15

16

17

		Α		В		C)
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		Х		Х		Х		Х
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X	X			X		X

Were the bonds issued as part of a current refunding issue?

Has the final allocation of proceeds been made?

Were the bonds issued as part of an advance refunding issue?

Does the organization maintain adequate books and records to support the final

250,000

302,523

No

Χ

Х

2007

Yes

Х

Х

302,523

No

Χ

Χ

Х

2008

Yes

Х

250,000

No

Χ

Χ

2006

Yes

Χ

Χ

227,177

No

Χ

Х

2008

Yes

Х

Х

Part III Private Business Use (Continued)

	Ţ	A			В		С		D
	Г	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	·	х		х		Х		X
b	Are there any research agreements that may result in private business use of bond-financed property?	·	х		X		Х		х
С	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	Х		х		х		х	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %		2 950 %		0 %		0 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %		0 %		0 %		0 %
6	Total of lines 4 and 5		0 %		2 950 %		0 %		0 %
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	×		х		Х		Х	

Part IV Arbitrage

		А		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?								
			X		X		X		X
2	Is the bond issue a variable rate issue?	Х		Х		Х		Х	
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?								
			X	X		X			X
ь	Name of provider	CITIBANK N.	A	CITIBANK N	Α	ROYAL BANK OF CANADA			
С	Term of hedge	5 00000	0000000	5 00000	0000000	7 000000000000			
d	Was the hedge superintegrated?		х		Х		х		
e	Was a hedge terminated?		х		Х	х			
4a	Were gross proceeds invested in a GIC?		Х	×			Х		Х
ь	Name of provider	SOCIETE GE	NERAL	SOCIETE GE	NERAL		•		•
С	Term of GIC	30 00000	0000000	30 000000000000					
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	x		Х					
5	Were any gross proceeds invested beyond an available temporary period?		Х	х			х		Х
6	Did the bond issue qualify for an exception to rebate?	Х			Х		×	×	

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).

► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service Name of the organization

COLLEGIATE HOUSING FOUNDATION

OMB No 1545-0047

DLN: 93493136010372

Open to Public Inspection

Employer identification number 63-1173425

Part I Bond Issues (a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue	Price	(f)) Descriptio	n of Purpose	(g) Def	eased	Beh	On alf of suer) Pool ancing
									Yes	No	Yes	No	Yes	No
ILLINOIS FINANCE A AUTHORITY	86-1091967	45202QBS1	02-23-2011	58,77		HOU	ONSTRUC SING FACI NOIS STAT /ERSITY			Х		Х		х
ILLINOIS FINANCE B AUTHORITY	86-1091967	45202QCD3	03-10-2011	130,43	35,517	SEE:	SCHEDULE	K PART V		х		Х		х
c DUTCHESS COUNTY LOCAL DEVELOPMENT CORPORATION	27-3106797	NONEAVAIL	06-29-2011	15,83		HOU CULI	SING FACI	T A STUDENT LITY AT THE TITUTE OF		х		Х		x
													-	
Part II Proceeds														
Part II Proceeds					Α			В		С		1		
1 A mount of bonds retired														
2 Amount of bonds legally defea	ised													
3 Total proceeds of issue					58,815	,214		.30,485,257		15,8	33,664			
4 Gross proceeds in reserve fur	nds			4,876,015 10,685,418		1,090,839			+					
5 Capitalized interest from proc	eeds					,429								
6 Proceeds in refunding escrow					18,512	,973		18,512,973						
7 Issuance costs from proceeds	5				1,020	,804		1,960,059	315,000					
8 Credit enhancement from prod	eeds													
9 Working capital expenditures	from proceeds				737	,448		737,448			59,375			
10 Capital expenditures from pro	ceeds				5,811	,120		6,597,195	1,071,656					
11 Other spent proceeds														
12 Other unspent proceeds					46,677	,846		93,319,606			1,673			
13 Year of substantial completion	n					•		•						
				Yes	No	•	Yes	No	Yes		No	Ye	s	No
14 Were the bonds issued as par	t of a current refund	ing issue?			X		Х				Χ			
15 Were the bonds issued as par	t of an advance refu	ndıng ıssue?			Х			Х			Х			
16 Has the final allocation of prod	ceeds been made?				х			Х			Х			
17 Does the organization maintai	n adequate books a	nd records to supp	oort the final	Х			Х		Х					
Part IIII Private Business U	Jse							<u>'</u>		•				
					Α			В		С			D	

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

No

Χ

Yes

No

Χ

Χ

Yes

Yes

Yes

No

Χ

Part III Private Business Use (Continued)

		Α		В			С		D				
		Yes	Yes No		No	Yes	No	Yes	No				
3a	Are there any management or service contracts that may result in private business use?		х		×	х							
b	Are there any research agreements that may result in private business use of bond-financed property?		х		х		×						
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	Х		х		x							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %		0 %	0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %			0 %						
6	Total of lines 4 and 5	0 %		0 %		0 %		0 %			0 %		
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х		×		Х							

Part IV Arbitrage

		A B C						D		
		Yes	No	Yes	No	Yes	No	Yes	No	
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?									
	bolid issue.		X		X		X			
2	Is the bond issue a variable rate issue?		X		X	X				
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?									
			X		X	X				
	Name of provider	TD BANK NA				TD BANK NA	TD BANK NA			
С	Term of hedge	8 8000	0000000			8 80000000000				
d	Was the hedge superintegrated?		х				х			
е	Was a hedge terminated?		Х				Х			
4 a	Were gross proceeds invested in a GIC?		Х		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?									
5	Were any gross proceeds invested beyond an available temporary period?		х		х		х			
6	Did the bond issue qualify for an exception to rebate?	х		х		×				

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

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SCHEDULE O

As Filed Data -

DLN: 93493136010372

OMB No 1545-0047

2010

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Supplemental Information to Form 990 or 990-EZ

Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization COLLEGIATE HOUSING FOUNDATION

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

63-1173425

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3		THE STUDENT HOUSING FACILITIES OWNED BY THE ORGANIZATION ARE MANAGED BY THE ASSOCIATED MEMBER COLLEGE OR UNIVERSITY OR BY AN INDEPENDENT MANAGEMENT COMPANY APPROVED BY SUCH COLLEGE OR UNIVERSITY

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		ANY COLLEGE OR UNIVERSITY FOR WHICH COLLEGIATE HOUSING FOUNDATION (THE FOUNDATION) OWNS AND OPERATES A STUDENT HOUSING FACILITY OR RELATED IMPROVEMENTS IS A MEMBER OF THE FOUNDATION AS LONG AS THE FOUNDATION OWNS OR OPERATES THE FACILITIES

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		THE MEMBER SCHOOLS ELECT THE ORGANIZATION'S BOARD OF DIRECTORS

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B		ORGANIZATION HAS NO COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		A DRAFT OF THE FORM 990 IS PREPARED BY THE ORGANIZATION'S ACCOUNTING FIRM AND AFTER REVIEW BY THE ORGANIZATION'S LEGAL COUNSEL, IS REVIEWED AND APPROVED BY THE PRESIDENT OF THE ORGANIZATION BEFORE BEING FILED A COPY IS ALSO FURNISHED TO THE ORGANIZATION'S BOARD MEMBERS PRIOR TO FILING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	EACH BOARD MEMBER IS ANNUALLY REQUIRED TO ACKNOWLEDGE IN WRITING THEIR RECEIPT OF THE ORGANIZATION'S WRITTEN CONFLICT OF INTEREST POLICY AND AGREE TO COMPLY WITH THE SAME

Identi	fier Return Reference	Explanation
		THE BOARD OF DIRECTORS REVIEWED COMPENSATION SURVEYS AND OTHER DATA FOR SIMILAR ORGANIZATIONS AND BASED ALL OF THE OFFICERS' SALARIES ON SUCH INFORMATION PERSONS WITH A CONFLICT OF INTEREST WERE NOT PRESENT FOR THE VOTING OR DELIBERATION AND DID NOT VOTE ON THE SUBJECT

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	COPIES OF DOCUMENTS REQUIRED BY LAW TO BE AVAILABLE TO THE PUBLIC ARE PROVIDED UPON REQUEST

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 2,788,538 GAIN ON SALE OF PROJECT ASSETS 957,385 NET UNREALIZED GAIN ON INTEREST EXCHANGE 3,114,816 TOTAL TO FORM 990, PART XI, LINE 5 6,860,739

Identifier	Return Reference	Explanation
	FORM 990, PART IV, QUESTION 24B	ALL GROSS PROCEEDS INVESTED BEYOND THE APPLICABLE TEMPORARY PERIOD EXCEPTION WERE INVESTED AT A YIELD THAT IS LESS THAN THE YIELD ON THE RESPECTIVE BONDS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data SCHEDULE R Related Or

DLN: 93493136010372

Related Organizations and Unrelated Partnerships

See separate instructions.

1 20

Employer identification number

2010

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

(Form 990)

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990.

COLLEGIATE	TOOSING FOUNDALION				63-1173425			
Part I	Identification of Disregarded Entities (Comple	te if the organizati	on answered "Yes	" on Form 990, Pa	rt IV, line 33.)			
	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (sta or foreign country	(d) te Total income	(e) End-of-year assets	(f) Direct controlling entity		
See Additiona	I Data Table							
Part II	Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during th	ations (Complete e tax year.)	ıf the organizatio	n answered "Yes"	on Form 990, Part	IV, line 34 becau	se 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 status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(controlled organization	
							Yes	No
For Privacy	Act and Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.	Cat No 5	0135Y	ı	Schedule R (Form 990) 2010

Part III Identifi because	ication of Relat it had one or mo	ed Organie	anizations Taxa ted organizations t	ble as a Partner reated as a partne	ship (Co ership du	mplete if ring the t	the org ax year	ganızatıon (r.)	answe	ered "\	es" on Fo	rm 990,	Part	IV, lır	ne 34
(a) Name, address, and EIN of related organization	(b) f Primary activity dom (sta fore cour		(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		(g) Share of end-of-year assets		(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		(j) General or managing partner?		(k) Percentage ownership
(a) Name, address, and EIN orelated organization Part IV Identiline 34									Yes	No			Yes	No	
(a) Name, address, and EIN of related organization Part IV Identif line 34															
Part IV Identifi	i cation of Relat because it had on	ed Orga e or mo	anizations Taxa ore related organiz	ble as a Corpora ations treated as a	tion or a corpora	Trust (Co	I omplete ust dur	e if the org ing the tax	anıza year	tion ar .)	nswered "\	es" on	<u>I</u> Form	990,	Part IV,
Name, address, an	(a) d EIN of related organız	ration	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d Direct cor enti	ntrolling	(e) Type of el (C corp, S or trust	corp,	Share o	(f) f total income	Sha end-o	j) re of f-year sets		(h) Percentage ownership

(6)

Pa	Transactions With Related Organizations (Complete if the organization answered "Ye	s" on Form 990, Par	t IV, line 34, 35, 3	5A, or 36.)						
	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No				
1 D	During the tax year, did the orgranization engage in any of the following transactions with one or more related orga	nızatıons lısted ın Part	s II-IV?							
а	a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity									
b	Gift, grant, or capital contribution to other organization(s)			1b						
c	Gift, grant, or capital contribution from other organization(s)			1c						
d	Loans or loan guarantees to or for other organization(s)			1d						
е	Loans or loan guarantees by other organization(s)			1e						
f	Sale of assets to other organization(s)			1f						
g	Purchase of assets from other organization(s)			1 g						
h	h Exchange of assets									
i	Lease of facilities, equipment, or other assets to other organization(s)			1i						
j	Lease of facilities, equipment, or other assets from other organization(s)			1 j						
k	k Performance of services or membership or fundraising solicitations for other organization(s)									
ı	Performance of services or membership or fundraising solicitations by other organization(s)									
m	m Sharing of facilities, equipment, mailing lists, or other assets									
n	Sharing of paid employees			1n						
0	Reimbursement paid to other organization for expenses			10						
р	Reimbursement paid by other organization for expenses			1p						
q	Other transfer of cash or property to other organization(s)			1 q						
r	O ther transfer of cash or property from other organization(s)			1r						
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, in	ncluding covered relati	onships and transact	ion thresholds						
	(a)	(b)	(c)	(d)						
	Name of other organization	Transaction type(a-r)	Amount involved	Method of determing involved		ount				
(1)										
(2)										
(3)										
(4)										
(4)										
(5)										
(-)		1		1						

Part VI 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

(a) Name, address, and EIN of entity	(a) ress, and EIN of entity Primary activity Legal domicile (state or foreign country)		501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	h) eral or aging tner?
			Yes	No		Yes	No		Yes	No
									+	
									+	

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Schedule R (Form 990) 2010

Software ID: **Software Version:**

EIN: 63-1173425

Name: COLLEGIATE HOUSING FOUNDATION

Form 990, Schedule R, Part I - Identification of Disregarded Entities						
(a) Name, address, and EIN 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	
CHF-DELAWARE LLC POST OFFICE BOX 1385 FAIRHOPE, AL 365331385 52-2236764	TO FINANCE, OWN AND OPERATE A STUDENT HOUSING FACILITY FOR THE UNIVERSITY	AL	7,945,192	37,717,996	N/A	
CHF-ROCHESTER LLC POST OFFICE BOX 1385 FAIRHOPE, AL 365331385 63-1238875	TO FINANCE, OWN AND OPERATE A STUDENT HOUSING FACILITY FOR THE UNIVERSITY	AL	2,218,971	11,005,045	N/A	
CHF-BIRMINGHAM LLC POST OFFICE BOX 1385 FAIRHOPE, AL 365331385 63-1251862	TO FINANCE, OWN AND OPERATE A STUDENT HOUSING FACILITY FOR THE UNIVERSITY	AL	3,847,640	18,448,018	N/A	
CHF-MAGNOLIA LLC POST OFFICE BOX 1385 FAIRHOPE, AL 365331385 20-0513786	TO FINANCE, OWN AND OPERATE A STUDENT HOUSING FACILITY FOR THE UNIVERSITY	AL	1,534,115	10,416,270	N/A	
CHF-WINOOSKI LLC POST OFFICE BOX 1385 FAIRHOPE, AL 365331385 20-1480741	TO FINANCE, OWN AND OPERATE A STUDENT HOUSING FACILITY FOR THE UNIVERSITY	AL	2,407,895	19,886,568	N/A	
CHF-IRVINE LLC POST OFFICE BOX 1385 FAIRHOPE, AL 365331385 20-2001737	TO FINANCE, OWN AND OPERATE A STUDENT HOUSING FACILITY FOR THE UNIVERSITY	AL	28,165,826	431,721,362	N/A	
CHF-UAB II LLC POST OFFICE BOX 1385 FAIRHOPE, AL 365331385 20-2198694	TO FINANCE, OWN AND OPERATE A STUDENT HOUSING FACILITY FOR THE UNIVERSITY	AL	3,899,196	26,633,651	N/A	
CHF-ELON LLC POST OFFICE BOX 1385 FAIRHOPE, AL 365331385 20-2956535	TO FINANCE, OWN AND OPERATE A STUDENT HOUSING FACILITY FOR THE UNIVERSITY	AL	3,918,256	25,156,969	N/A	
CHF-TAMPA LLC POST OFFICE BOX 1385 FAIRHOPE, AL 365331385 20-2916605	TO FINANCE, OWN AND OPERATE A STUDENT HOUSING FACILITY FOR THE UNIVERSITY	AL	915,990	17,755,535	N/A	
CHF-DELAND LLC POST OFFICE BOX 1385 FAIRHOPE, AL 365331385 20-3494776	TO FINANCE, OWN AND OPERATE A STUDENT HOUSING FACILITY FOR THE UNIVERSITY	AL	2,485,713	14,860,529	N/A	
CHF-PORTALES LLC POST OFFICE BOX 1385 FAIRHOPE, AL 365331385 20-5208772	TO FINANCE, OWN AND OPERATE A STUDENT HOUSING FACILITY FOR THE UNIVERSITY	AL	1,099,302	11,750,767	N/A	
CHF-ROSWELLLLC POST OFFICE BOX 1385 FAIRHOPE, AL 365331385 20-5208808	TO FINANCE, OWN AND OPERATE A STUDENT HOUSING FACILITY FOR THE UNIVERSITY	AL	807,998	10,126,115	N/A	
CHF-KUTZTOWN LLC POST OFFICE BOX 1385 FAIRHOPE, AL 365331385 26-0176083	TO FINANCE, OWN AND OPERATE STUDENT HOUSING FACILITIES FOR THE UNIVERSITY	AL	1,086,133	8,984,817	N/A	
CHF-HOLLAND SUITES LLC POST OFFICE BOX 1385 FAIRHOPE, AL 365331385 20-8580707	TO FINANCE, OWN AND OPERATE STUDENT HOUSING FACILITIES FOR THE UNIVERSITY	AL	1,232,823	12,017,724	N/A	
CHF-DEKALB LLC POST OFFICE BOX 1385 FAIRHOPE, AL 365331385 20-5208725	TO FINANCE, OWN AND OPERATE STUDENT HOUSING FACILITIES FOR THE UNIVERSITY	AL	1,476,843		N/A	
CHF-DES MOINES LLC POST OFFICE BOX 1385 FAIRHOPE, AL 365331385 20-8355661	TO FINANCE, OWN AND OPERATE STUDENT HOUSING FACILITIES FOR THE UNIVERSITY	AL	2,960,495	32,732,971	N/A	
CHF-HOLLAND SUITES II LLC POST OFFICE BOX 1385 FAIRHOPE, AL 365331385 26-1705515	TO FINANCE, OWN AND OPERATE STUDENT HOUSING FACILITIES FOR THE UNIVERSITY	AL	819,603	6,417,462	N/A	
CHF - NORMAL LLC POST OFFICE BOX 1385 FAIRHOPE, AL 365331385 27-2995601	TO FINANCE, OWN AND OPERATE STUDENT HOUSING FACILITIES FOR THE UNIVERSITY	AL	0	62,631,686	N/A	
CHF - DEKALB II LLC POST OFFICE BOX 1385 FAIRHOPE, AL 365331385 27-2995547	TO FINANCE, OWN AND OPERATE STUDENT HOUSING FACILITIES FOR THE UNIVERSITY	AL	533,527	132,610,471	N/A	
CHF - DEKALB III LLC POST OFFICE BOX 1385 FAIRHOPE, AL 365331385 27-5438414	TO FINANCE, OWN AND OPERATE STUDENT HOUSING FACILITIES FOR THE UNIVERSITY	AL	0	0	N/A	
CHF - WYOMING LLC POST OFFICE BOX 1385 FAIRHOPE, AL 365331385 45-2392042	TO FINANCE, OWN AND OPERATE STUDENT HOUSING FACILITIES FOR THE UNIVERSITY	AL	0	0	N/A	
CHF - CIA LLC POST OFFICE BOX 1385 FAIRHOPE, AL 365331385 27-3512639	TO FINANCE, OWN AND OPERATE STUDENT HOUSING FACILITIES FOR THE UNIVERSITY	AL	0	3,117,411	N/A	