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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

		2012 cale oplicable	endar year, or tax year beginning 07-01-2012 , 2012, and ending 06-3 C Name of organization	30-2013	D Emplo	yer iden	tification number
	ress cha		COLLEGIATE HOUSING FOUNDATION			173425	
Nar	me char	nge	Doing Business As				
•	nal retur minated		Number and street (or P O box if mail is not delivered to street address) Room/st POST OFFICE BOX 1385	uite	E Telepho		
Am	ended r	eturn	City or town, state or country, and ZIP + 4 FAIRHOPE, AL 365331385		(251)	928-9	340
App	olication	pending			G Gross r	eceipts \$	187,627,272
			F Name and address of principal officer LEEMAN H COVEY POST OFFICE BOX 1385 FAIRHOPE,AL 365331385	a	s this a group iffiliates?		ΓYes Γ No
							led?
I Ta	x-exem	pt status	√ 501(c)(3)		Group exempt		
J W	ebsite	:⊫ ww	/W COLLEGIATEHOUSING ORG	''(c)			
			✓ Corporation Trust Association Other ►	L Year	of formation 19	96 M 9	State of legal domicile AL
Ра	rt I		mary escribe the organization's mission or most significant activities				
. Governance	A C C A V I	AND (2) DRGANI DARRYII ANY OF WHICH A	CH PURPOSES (1)ASSISTING EACH OF ITS MEMBERS TO PROVID OTHERWISE ASSISTING EACH OF ITS MEMBERS TO FURTHER TH IZATION IS EMPOWERED TO DO AND PERFORM SUCH ACTS AS MING OUT THE FOREGOING PURPOSES OF THE ORGANIZATION AND THE POWERS GRANTED TO NONPROFIT CORPORATIONS BY THE ARE CONSISTENT WITH THE ORGANIZATION'S STATUS AS AN OFE TAX UNDER SECTION 501(A) AND 501(C)(3) OF THE CODE AND TIBLE UNDER SECTION 170(C)(2) OF THE CODE	EIR EDUC IAY BE NE ID IN COI E ALABAM RGANIZA	CATIONAL M ECESSARY O NNECTION T IA NONPROF ATION (I) EX	ISSION R APPR HEREW IT COR EMPT F	IS (B)THE OPRIATE IN ITH TO EXERCISE PORATION ACT ROM FEDERAL
Activities &	2 0	Check th	nis box 🔭 if the organization discontinued its operations or disposed	of more th	an 25% of its	net ass	ets
ر کلائ	3 1	Jumher	of voting members of the governing body (Part VI, line 1a)			3	6
q,	l		of independent voting members of the governing body (Part VI, line 1b			4	5
	l		mber of individuals employed in calendar year 2012 (Part V, line 2a)			5	3
	l		mber of volunteers (estimate if necessary)			6	00.465
			related business revenue from Part VIII, column (C), line 12			7a 7b	90,465 89,465
			·		Prior Year		Current Year
g _i	8		butions and grants (Part VIII, line 1h)		3,200,		0
Revenue	9 10		ım service revenue (Part VIII, line 2g)		87,266, 2,650,	_	16.730.071
ž	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		76,		16,720,971
	12	Total r	revenue—add lines 8 through 11 (must equal Part VIII, column (A), lin	e			
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)		93,193,	0	124,462,264
	14		ts paid to or for members (Part IX, column (A), line 4)	. —		0	0
ø	15		es, other compensation, employee benefits (Part IX, column (A), lines		628,	430	702 547
Expenses	16a	5-10) Profes	sional fundraising fees (Part IX, column (A), line 11e)	_	020,	0	702,547
2 0	ь		ndraising expenses (Part IX, column (D), line 25) •0				
ш	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		108,586,	616	128,449,407
	18		expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		109,215,		129,151,954
Net Assets or Fund Balances	19	Reven	ue less expenses Subtract line 18 from line 12		-16,021, nning of Curre Year		-4,689,690 End of Year
Lsse Bee	20		assets (Part X, line 16)		1,071,624,	609	968,477,926
and Page	21		labilities (Part X, line 26)	•	1,156,995,		1,053,964,348
	22 1111		sets or fund balances Subtract line 21 from line 20 ature Block		-85,370,	/49	-85,486,422
Unde my ki	r pena nowled	Ities of place and the standard standar	perjury, I declare that I have examined this return, including accompain belief, it is true, correct, and complete Declaration of preparer (other t nowledge **		r) is based on		
		F Signa	ature of officer		Date		
		l٠					
	e	Type	AN H COVEY PRESIDENT or print name and title				
	e	Type P	or print name and title Print/Type preparer's name Preparer's signature [Date	Check If	PTIN	017
Here ——	e d	Type P B	or print name and title Print/Type preparer's name Preparer's signature	Date 2014-05-12	Check If self-employed Firm's EIN • 2	P004449	
	e	Type P B F	or print name and title Print/Type preparer's name Print/Type preparer's signature Print/Type preparer's signature Print/Type preparer's signature Print/Type preparer's signature		self-employed	P004449 7-035504	0

n 990 (2012)

Form	990 (2	201	2)																																							Ра	ge 🛭
Par	t III																			hm tıon				art	: 11	Ί						į	ı										<u>.</u> [~
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4	Descr expen the to	ses	Se	ecti	on.	501	(c)	(3)) aı	nd 5	501	(c)	(4)) or	ga	nız	atıc	ons	ar	e re	qu	ired	d to	re																	s,		
	(Code							1) (Exp	ense	es \$				62	2.60	0,80)4	ın	cludı	na (aran	nts o	of \$) (Reve	enue	\$				16,27	74.8	392)			
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	(Code							1) (Exp	ense	es \$				14	,29	3,76	54	ın	cludı	ng (gran	nts o	of \$) (Reve	enue	\$				12,20	 09,!	549)			
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4c	(Code							1) (Exp	ense	es \$				7	7,34	7,75	56	ın	cludı	ng (gran	nts o	of \$) (Reve	enue	\$				8,10	01,6	589)			
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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		No
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? <i>If</i> "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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\square}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	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
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Νo
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 $\chi^{f G}$	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? If "Yes," complete Schedule D, Parts XI and XII	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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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 United States? 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 United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1° If "Yes," complete Schedule I, Parts I and II	21		No
22	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
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d 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	
C	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? <i>If</i> "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
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest 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
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		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
С	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
30	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
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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 11b and 19?	38	Yes	

αI	Check if Schedule O contains a response to any question in this Part V			Г
	Check in 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 95			
)	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	1		
:	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c	Yes	
3	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			
,	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	1		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
ı	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
1	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		N
				- 14
1	If "Yes," enter the name of the foreign country ►			
	See instructions for filling requirements for Form 1D F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	100		
	11 163, to fine 3a of 3b, and the organization the Form 6000-1'	5c		
ı	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		N
	organization solicit any contributions that were not tax deductible as charitable contributions?			
	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).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		N
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	1		N
	file Form 8282?	7c		IN
	11 res, indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	 7g		
	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?		1	
		8		
	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the organization make any taxable distributions under section 4966?	9a 9b		
	Did the organization make a distribution to a donor, donor advisor, or related person?	90		
	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	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		
,	Enter the amount of reserves the organization is required to maintain by the states			
	in which the organization is needed to issue qualified neutrin plans	-		
	Enter the amount of reserves on hand	 		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes" has it filed a Form 7.20 to report these payments? If "No" provide an explanation in Schedule 0	14h		

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
1 a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
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	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
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 the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ıe Cod	e.)
Se		evenu	ue Cod Yes	e.) No
		evenu 10a		
10a	ection B. Policies (This Section B requests information about policies not required by the Internal R		Yes	
10a b	Did the organization have local chapters, branches, or affiliates?	10a	Yes Yes	
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No

- 17 List the States with which a copy of this Form 990 is required to be filed AL, AR, CA, IL, PA, NC, FL, OR
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►LEEMAN H COVEY 409 JOHNSON AVE FAIRHOPE, AL (251) 928-9340

<u>Part VIII</u> 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 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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 organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot rect	not box h ar	chec k, unle n offic ustee	ess er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) LEEMAN H COVEY	30 00	х		х				105,000	0	16,530
PRESIDENT/EXECUTIVE DIRECT (2) JOHN BROOKS SLAUGHTER TREASURER	1 50	Х		х				10,000	0	(
(3) HON JACK EDWARDS	1 50	X		x				10,000	0	
SECRETARY (4) LINDA FLAHERTY-GOLDSMITH	1 50							10,000	-	
DIRECTOR		Х						10,000	0	(
(5) JOHN B HICKS VICE PRESIDENT	1 50	x		х				10,000	0	(
(6) THOMAS M DALY DIRECTOR	1 50	Х						10,000	0	(
(7) JANET BROWN ASSISTANT SECRETARY	35 00			х				72,750	0	15,633
(8) WILLIAM B GIVHAN GENERAL COUNSEL/CHIEF OPER	40 00			х				360,000	0	31,271
			_	_						
										Form 990 (2012

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

	(A) Name and Title	A verage hours per week (list any hours for related fo						Reportable compensation from related organizations (W-	С	(F) Estima nount of ompens from t	other ation ne		
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		ganızatı relate organıza	d
								•					
1b c	Sub-Total	· · · · · s to Part VII. S	· · · ection A	٠.				-					
d	Total (add lines 1b and 1c) .	•						F	587,750	1	0		63,434
2	Total number of individuals (ine \$100,000 of reportable compe	_					d abov	e) wl	ho received more th	an			
												Yes	No No
3	Did the organization list any fo on line 1a? <i>If</i> "Yes," complete S					key	emplo	yee,	or highest compen	sated employee	_		NI.
4	For any individual listed on line organization and related organization and related organization.	e 1a, is the sum	of repo	rtable	e co						3	,	No
5	Did any person listed on line 1	a receive or acc	rue cor	npen:	• satı	• on fr	om any	unr	elated organization	or individual for	4	Yes	
	services rendered to the organ	iization? <i>If</i> "Yes,	" compl	ete S	ched	ule J	for su	ch pe	erson	[5		N o
Se	ection B. Independent Co	ntractors											
1	Complete this table for your five compensation from the organizers.											ax year	

(A)	(B)	(C)
Name and business address	Description of services	Compensation
PEPPER CONSTRUCTION 643 NORTH ORLEANS STREET CHICAGO IL 606543608	CONSTRUCTION	45,849,457
ACC SC DEVELOPMENT LLC 12700 HILL COUNTRY BLVD STE T-200 AUSTIN TX 78738	MANAGEMENT	16,617,867
ANDROIT CONSTRUCTION CO INC 185 MISTLETOE RD ASHLAND OR 975209517	CONSTRUCTION	11,525,545
KIRCHOFF PROPERTIES 199 WEST RD STE 101 PLEASANT VALLEY NY 12569	CONSTRUCTION	10,727,945
PETRA INC 1097 ROSARIO STREET MERIDIAN ID 83642	CONSTRUCTION	8,025,078
3. Total number of independent contractors (including but not limited to those listed a	have) who received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►20

		Check if Schedule O contains a	a response to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
_တ တ	1a	Federated campaigns	1a				311
Grants	b	Membership dues	. 1b				
֓֞֓֞֞֓֞֟֞֓֞֟֞֓֓֓֓֓֞֞֞֞֓֓֓֓֡֡֡֞֞֡֡֡֡֡֡֡֡֡	c	Fundraising events	. 1c				
ar /	d	Related organizations	. 1d				
ا ي.ر. ا يازي	e	Government grants (contributions)	1e				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, a similar amounts not included above	nd 1f				
를 둘	g	Noncash contributions included in line 1a-1f \$	s		į		
and	h	Total. Add lines 1a-1f					
			Business Code				
Program Serwce Revenue	2a	RENTAL INCOME	531110	102,660,380	102,660,380		
38 38	b	MISCELLANEOUS INCOME	531110	1,977,169	1,977,169		
93	c	CONVENIENCE INCOME	531110	1,926,822			1,926,822
žer l	d	FEES/FORFEITED DEPOSITS	531110	1,086,457	1,086,457		
<u>ي</u> 3	e						
250	f	All other program service reve	nue				
ΔŤ	g	Total. Add lines 2a-2f		107,650,828			
	3	Investment income (including		178,942			178,942
	4	and other similar amounts). Income from investment of tax-exem		2,886,089			2,886,089
	5	Royalties					
		(ı) Real	(II) Personal				
	6a		5,413				
	b	expenses	5,948				
	C	Rental income 90 or (loss)),465				
	d	Net rental income or (loss) .		90,465		90,465	
	7a	Gross amount from sales of	s (II) O ther 76,635,000				
		assets other than inventory	, 0,035,000				
	b	Less cost or other basis and	62,979,060				
	С	sales expenses Gain or (loss)	13,655,940				
	d	Net gain or (loss)		13,655,940			13,655,940
an e	8a	Gross income from fundraising events (not including \$					
Other Revenue		of contributions reported on lin See Part IV, line 18	a a				
를	b	Less direct expenses					
>	C O-	Net income or (loss) from fund					
	9a	Gross income from gaming act See Part IV, line 19					
	b	Less direct expenses	. b				
	c	Net income or (loss) from gam					
	10a	Gross sales of inventory, less returns and allowances .					
			a				
		Less cost of goods sold . Net income or (loss) from sale					
}		Miscellaneous Revenue	Business Code				
}	11a	22					
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d .					
	12	Total revenue. See Instruction	ıs " .	104.460.061	105 724 006	00.465	10 647 700
			•	124,462,264	105,724,006	90,465	18,647,79

	IX Statement of Functional Expenses				
ectio	n 501(c)(3) and 501(c)(4) organizations must complete all columns All	Ī			
	Check if Schedule O contains a response to any question in this Pa		(B)		
	t include amounts reported on lines 6b, , 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 United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	605,000		605,000	
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 accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,850		5,850	
9	Other employee benefits	64,510		64,510	
0	Payroll taxes	27,187		27,187	
1	Fees for services (non-employees)				
а	Management	10,469,381	10,469,381		
b	Legal	314,438	276,947	37,491	
c	Accounting	335,739	245,957	89,782	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	165,101	165,101		
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	360,750	360,750		
2	Advertising and promotion	244,446	241,427		
3	Office expenses	1,349,237	1,332,537	<u> </u>	
4	Information technology	87,421	84,178		
5	Royalties	07,421	04,170	3,243	
5	Occupancy	25,714,529	25,683,544	30,985	
7	Travel				
8	Payments of travel or entertainment expenses for any federal, state, or local public officials	56,998	30,732	26,266	
9	Conferences, conventions, and meetings	20,564		20,564	
0	Interest	52,373,253	52,373,253	· ·	
1	Payments to affiliates		·		
2	Depreciation, depletion, and amortization	28,971,398	28,963,495	7,903	
3	Insurance	1,644,894	1,585,869	59,025	
4	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	, ,			
а	MISCELLANEOUS	3,472,950	3,412,748	60,202	
b	LOSS ON EXTINGUISHMENT	2,701,411	2,701,411		
c	BAD DEBT	160,803	160,803		
d	PREOPENING COSTS	6,094	6,094		
e	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	129,151,954	128,094,227	1,057,727	(
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Pa	rt X	Balance Sheet Check if Schedule O contains a response to any question in	thıs P	art X			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			10,808,643	1	12,622,543
	2	Savings and temporary cash investments			158,033,231	2	84,640,534
	3	Pledges and grants receivable, net		3	<u> </u>		
Assets	4	Accounts receivable, net			1,353,288	4	1,587,753
	5	Loans and other receivables from current and former officers key employees, and highest compensated employees Compensated L	ctors, trustees, art II of		5		
	6	Loans and other receivables from other disqualified persons section 4958(f)(1)), persons described in section 4958(c)(employers and sponsoring organizations of section 501(c)(beneficiary organizations (see instructions) Complete Part 2	and contributing ntary employees'		6		
82	7	Notes and loans receivable, net				7	
₹	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			25,514,154	9	21,281,316
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	770,924,272	23,3 13,121		
	ь	Less accumulated depreciation	10b	112,493,482	571,416,708	10c	658,430,790
	11	Investments—publicly traded securities	<u> </u>		123,717,324	11	119,928,966
	12	Investments—other securities See Part IV, line 11	25,606,484	12	24,251,519		
	13	Investments—program-related See Part IV, line 11	, ,	13	, ,		
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11	155,174,777	15	45,734,505		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			1,071,624,609	16	968,477,926
	17	Accounts payable and accrued expenses			50,985,822	17	36,143,350
	18	Grants payable	, ,	18	<u> </u>		
	19	Deferred revenue			5,834,591	19	5,803,766
	20	Tax-exempt bond liabilities			1,050,467,116	20	970,611,743
	21	Escrow or custodial account liability Complete Part IV of S			.,,	21	,,
Liabilities	22	Loans and other payables to current and former officers, direkey employees, highest compensated employees, and disqu					
ge		persons Complete Part II of Schedule L				22	
\exists	23	Secured mortgages and notes payable to unrelated third pa	rties		27,020,157	23	25,727,853
	24	Unsecured notes and loans payable to unrelated third partie	es .			24	
	25	Other liabilities (including federal income tax, payables to rand other liabilities not included on lines 17-24) Complete D			22,687,672	25	15,677,636
	26	Total liabilities. Add lines 17 through 25			1,156,995,358	26	1,053,964,348
—		Organizations that follow SFAS 117 (ASC 958), check here lines 27 through 29, and lines 33 and 34.					<u> </u>
3LIC	27	Unrestricted net assets			-85,370,749	27	-85, 486, 422
<u> 중</u>	28	Temporarily restricted net assets			-	28	· · ·
Ξ	29	Permanently restricted net assets				29	
r Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), checomplete lines 30 through 34.	k here	► ┌─ and			
s or	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fun	ıd .			31	
AS	32	Retained earnings, endowment, accumulated income, or oth	er func	s		32	
Š	33	Total net assets or fund balances			-85,370,749	33	-85, 486, 422
Z	34	Total liabilities and net assets/fund balances			1,071,624,609	34	968,477,926
							Form 990 (2012)

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				৮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		124,4	162,264
2	Total expenses (must equal Part IX, column (A), line 25)	2		129,1	151,954
3	Revenue less expenses Subtract line 2 from line 1	3		-4,6	89,690
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			 370,749
5	Net unrealized gains (losses) on investments	5			11,675
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		5.6	85,692
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			186,422
Par	t XII Financial Statements and Reporting			,	,
	Check if Schedule O contains a response to any question in this Part XII				. 区
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ewed o	٦ 📗		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	ne	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	require	:d 3b		

Additional Data

Software ID: Software Version:

EIN: 63-1173425

Name: COLLEGIATE HOUSING FOUNDATION

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

(Code) (Expenses \$	4,526,879	including grants of \$) (Revenue \$	4,127,335)
PROVIDE 516 BE	ED STUDENT HOUSING FACIL	ITY IN ELON, I	NC FOR ELON UNIVERSIT	Υ	
(Code) (Expenses \$	615,799	including grants of \$) (Revenue \$	214,377)
PROVIDE 576 BE	D STUDENT HOUSING FACIL	ITY IN SALISE	BURY, MD FOR SALISBURY	UNIVERSITY	

(Code) (Expenses \$	3,050,383	ıncludıng grants of \$) (Revenue \$	4,070,510)
PROVIDE 753 BE	D STUDENT HOUSING FACIL	ITY IN BIRM	INGHAM, AL FOR UNIV OF	ALABAMA AT BIRMINGHAM	
(Code) (Expenses \$	801,031	including grants of \$) (Revenue \$	50,579)
PROVIDE 420 BE	D STUDENT HOUSING FACIL	ITY IN TOWS	ON MD FOR TOWSON UNI	VERSITY	

(Code) (Expenses \$	3,122,851	including grants of \$) (Revenue \$	2,558,374)
PROVIDE 312 BE	D STUDENT HOUSING FACII	_ITY IN BURLI	INGTON, VT FOR THE UNIVE	RSITY OF VERMONT	
				\	2 756 404 \
(Code) (Expenses \$	2,881,620	including grants of \$) (Revenue \$	3,756,194)

ı						
	(Code) (Expenses \$	3,073,478	including grants of \$) (Revenue \$	3,159,001)
	PROVIDE 33	88 BED STUDENT HOUSING FACILI	TY IN DELA	ND, FL FOR STETSON UNIVERSITY	(
ı	(Code) (Expenses \$	1,764,390	ıncludıng grants of \$) (Revenue \$	1,952,431)
١	PROVIDE 41	.6 BED STUDENT HOUSING FACILI	TY IN HENR	IETTA, NY FOR THE ROCHESTER I	NSTITUTE OF TECHI	NO LO GY

(Code) (Expenses \$	1,770,431	including grants of \$) (Revenue \$	1,006,979)
PROVIDE 267 BE	D STUDENT HOUSING FACI	LITY IN PORT	ALES, NM FOR EASTERN NEW	MEXICO UNIVERSITY	
(Code) (Expenses \$	1,382,714	including grants of \$) (Revenue \$	1,444,724)

(Code PROVIDE 2) (Expenses \$ 58 BED STUDENT HOUSING FACILITY		including grants of \$ /ELL, NM FOR EASTERN NEW MEXICO)(Revenue \$)UNIVERSITY	837,075)
(Code) (Expenses \$	477,931	including grants of \$) (Revenue \$)
PROVIDE 1	59 BED STUDENT HOUSING FACILITY	'IN KUTZ	TOWN, PA FOR KUTZTOWN UNIVERS	ITY	

(Code) (Expenses \$	1,121,308 including grants of \$) (Revenue \$	1,241,962)
PROVIDE 177 BE	D STUDENT HOUSING FACI	LITY IN ALBANY, NY FOR THE ALBANY COL	LEGE OF PHARMACY	
(Code) (Expenses \$	1,113,468 including grants of \$) (Revenue \$	1,064,893)
(5555				

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. (Code) (Expenses \$ 731,883 including grants of \$) (Revenue \$ 879,800) PROVIDE 122 BED STUDENT HOUSING FACILITY IN ALBANY, NEW YORK FOR THE ALBANY COLLEGE OF PHARMACY (Code) (Expenses \$ 62,176 including grants of \$) (Revenue \$)

PROVIDE 702 BED STUDENT HOUSING FACILITY IN ASHLAND, OR FOR SOUTHERN OREGON UNIVERSITY

(Code) (Expenses \$	2,662,127 including grants of \$) (Revenue \$	1,589,706)
PROVIDE 332 BE	D STUDENT HOUSING FACI	LITY IN LARAMIE, WY FOR UNIVERSITY OF	WYOMING	
(Code) (Expenses \$	1,803,618 including grants of \$) (Revenue \$	1,758,710)
PROVIDE 160 BE	D STUDENT HOUSING FACT	LITY IN HYDE PARK NY FOR CILLINARY INS	TITUTE OF AMERICA	

(Code) (Expenses \$	7,081,075 including grant	ts of \$) (Revenue \$	6,601,464)
PROVIDE 896 BEI	O STUDENT HOUSING FACI	ITY IN NORMAL, IL FOR ILL	INOIS STATE UNIVERSITY	
(Code) (Expenses \$	4,362,382 including grant	ts of \$) (Revenue \$	2,823,762)
PROVIDE 457 BEI	O STUDENT HOUSING FACI	ITY IN DES MOINES, IOWA	FOR DRAKE UNIVERSITY	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493134070404

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

COLLEGIATE HOUSING FOUNDATION

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

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

Inspection

									63-11734	25			
	rt I			blic Charity Sta						structio	ns.		
he o	organı	zatıon ıs	not a privat	te foundation becaus	eıtıs (Forl	ınes 1 throu	gh 11, check	only one b	ox)				
1	Г	A chur	ch, convent	on of churches, or as	ssociation of	churches d	escribed in s e	ection 170(l	o)(1)(A)(i).				
2	Γ	A scho	ol described	in section 170(b)(1	.)(A)(ii). (At	tach Schedı	ıle E)						
3	Γ	A hosp	ıtal or a coo	perative hospital se	rvice organiz	atıon descri	bed in sectio	n 170(b)(1)	(A)(iii).				
4	Γ	hospita	al's name, c	h organization operat ity, and state									
5	Г	Anorga	anızatıon op	erated for the benefi	t of a college	or universit	ty owned or o	perated by a	a government	al unit de	scrib	ed ın	
		sect ion	170(b)(1)((A)(iv). (Complete P	art II)								
6	Г	A feder	al, state, or	local government or	government	al unit desc	rıbed ın secti	on 170(b)(1	l)(A)(v).				
7	Г -	describ	ed in sectio	at normally receives on 170(b)(1)(A)(vi). described in sectior	(Complete P	art II)		_	ental unit or fr	om the ge	enera	l public	
8 9	, 고		-	at normally receives			-	-	utions mom	oorchin fo	.oc 3	nd aroc	
,	1,4	_		rities related to its ex			7.7		•	-	-	_	
		•		oss investment inco	•	-			• •				
		-	_	ganization after June				· ·		cax) II o III	Dusii	C33C3	
10	\vdash			ganized and operated									
11	<u>'</u>	_			•		•			o carry oi	ıt tha	nurnos	esof
	'	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check											
			_	bes the type of supp						6			
	_	a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons											
е	ı			ox, I certify that the ion managers and otl									
			1509(a)(2)	on managers and ou	ier than one	or more pub	nery support	ca organiza	cions deserib	ca iii seet	.1011 5	0 5 (0)(.	1,01
f			_	received a written de	etermination	from the IR:	S that it is a ⁻	Гуре I, Тур	e II, or Type	III suppo	rtıng	organı	zatio <u>n,</u>
			this box	2006 11				c	6.11				
g			august 17, 2 ng persons?	2006, has the organi	zation accep	ted any giπ	or contribution	on from any	ortne				
			-	rectly or indirectly o	ontrols, eith	er alone or t	ogether with	persons des	scribed in (ii)			Yes	No
		and (III) below, the	governing body of th	e supported	organization	1?			1	.1g(i)		
		(ii) A fa	amıly memb	er of a person descri	bed in (i) abo	ove?					1g(ii)		
				lled entity of a perso			above?			1:	1g(iii)	,	
h		Provide	the followi	ng information about	the supporte	ed organizati	ion(s)			<u></u>			
(i) Nam	ne of	(ii) EIN	(iii) Type of	(iv) Is t	he	(v) Did you	notify	(vi) Is t	he	(vii) An	nount of
	suppoi			organization	organizati		the organiz		organizati			mone	•
organization (described on col (i) listed in in col (i) of your col (i) organized lines 1-9 above your governing support? in the U.S.?								sup	port				
				or IRC section	docume	_	Suppor	ι.	"" "" "	J ,			
				(see									
				instructions))	Yes	No	Yes	No	Yes	No	\dashv		
						110	1.55	110	1.00		\dashv		

Sch	edule A (Form 990 or 990-EZ) 2012							Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	iplete Pa	rt III.)	
	ection A. Public Support endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include 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							
6	(f) Public support. Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	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							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	First five years. If the Form 990 is this box and stop here							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and stop here. The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	► □
b	33 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and stop here. The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,	▶ □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-and-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							▶ ┌

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

(Complete only if you checked the box on line 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.)

	ction A. Public Support	_						
Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20	012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	490,724	661,301	374,441	3,200,000			4,726,466
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	63,756,701	69,716,397	78,615,765	87,265,874	107	,650,829	407,005,566
3	Gross receipts from activities that are not an unrelated trade or							
4	business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its							
5	behalf The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	64,247,425	70,377,698	78,990,206	90,465,874	107	,650,829	411,732,032
	Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and							0
_	3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							0
c	Add lines 7a and 7b							0
8	Public support (Subtract line 7c from line 6)							411,732,032
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🏲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20	12	(f) Total
9	A mounts from line 6	64,247,425	70,377,698	78,990,206	90,465,874	107,	650,829	411,732,032
.0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,002,704	1,934,213	2,725,021	2,650,356	3,	065,031	12,377,325
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				10,887		70,797	81,684
C	Add lines 10a and 10b Net income from unrelated	2,002,704	1,934,213	2,725,021	2,661,243	3,	135,828	12,459,009
11	business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
13	Total support. (Add lines 9,	66,250,129	72,311,911	81,715,227	93,127,117	110,	786,657	424,191,041
14	10c, 11, and 12) First five years. If the Form 990 is	for the organizat	ıon's fırst, second	third, fourth, or	l fifth tax year as a	501(c)(3) organı	
Ca	check this box and stop here	alia Currant D						<u>▶</u>
<u>Se</u> 15	ction C. Computation of Pul Public support percentage for 201			13. column (f))		15		97 060 %
16	Public support percentage from 20					16		96 600 %
Se	ction D. Computation of Inv		·	ge				
17	Investment income percentage for				ın (f))	17		2 940 %
18	Investment income percentage fro					18		3 400 %
19a	33 1/3% support tests—2012. If th	e organization did	not check the bo	x on line 14, and	line 15 is more t	han 33 _{1/3}	3%, and I	ıne 17 ıs not

b 33 1/3% support tests—2011. 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

Schedule A (Form 990 or 990-EZ) 2012

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DLN: 93493134070404

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

CITIC	F Attacil to For	ili 330. F See Separate ilistructions.		Inspection
	me of the organization LLEGIATE HOUSING FOUNDATION		Emp	oloyer identification number
				1173425
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990		unds	or Accounts. Complete if th
		(a) Donor advised funds		(b) Funds and other accounts
L	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
1	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or		nor adv	ısed Yes No
5	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the bene			er purpose
	conferring impermissible private benefit?			☐ Yes ☐ No
Pa	rt II Conservation Easements. Complete if	the organization answered "Yes" t	o Forn	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space	or education)		rically important land area d historic structure
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	a qualified conservation contribution in	the forr	n of a conservation
				Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified histo	orıc structure ıncluded ın (a)	2c	
d	Number of conservation easements included in (c) accommodate structure listed in the National Register	quired after 8/17/06, and not on a	2d	
3	Number of conservation easements modified, transferi	red, released, extinguished, or terminate	ed by th	ne organization during
	the tax year ►			
ŀ	Number of states where property subject to conservat	ion easement is located ►		
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, han	dling of	f violations, and Yes No
5	Staff and volunteer hours devoted to monitoring, inspe	ecting, and enforcing conservation ease	ments o	during the year
7	Amount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easement	s durın	g the year
3	Does each conservation easement reported on line 2(and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	ction 1	70(h)(4)(B)(ı) Yes No
•	In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme	e footnote to the organization's financia		
aı	rt IIII Organizations Maintaining Collection Complete if the organization answered "Y	ns of Art, Historical Treasures, Yes" to Form 990, Part IV, line 8.	or Ot	her Similar Assets.
La	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote to	116 (ASC 958), not to report in its reve ets held for public exhibition, education,	or rese	earch in furtherance of public
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide the following amounts relating to thes	ets held for public exhibition, education,		
	(i) Revenues included in Form 990, Part VIII, line 1			▶ \$
	(ii) Assets included in Form 990, Part X			► \$
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS			· -
а	Revenues included in Form 990, Part VIII, line 1	, , , , ,		▶ \$
				• т

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	<u>llections of Ar</u>	t, HIS	tori	<u>cai ir</u>	<u>eası</u>	ures, or C	<u>itne</u>	<u>r Similar As</u>	sets (co	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other reco	rds, cł	heck	any of t	the fol	lowing that	are a	significant use	ofits	
а	Public exhibition		d	Γ	Loan	orexo	hange prog	rams			
b	Scholarly research		e	Γ	Other	-					
С	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	ollections and expla	aın hov	w the	y furthe	er the	organızatıor	ı's ex	cempt purpose	ın	
5	During the year, did the organization solicit of									 .	–
Dar	assets to be sold to raise funds rather than t t IV Escrow and Custodial Arrang		-							Yes	No
- GI	Part IV, line 9, or reported an an						ii aliswere	u i	es (0 0 1 1 1	,,,,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterm	edıary	ford	ontribu	itions	or other ass	ets		┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	e follov	wing	able		г				
							-		An	nount	
с	Beginning balance						-	1c			
d	Additions during the year						-	1d			
e	Distributions during the year						-	1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, Iır	ne 21?	•						│ Yes	Г No
_ь	If "Yes," explain the arrangement in Part XII										<u> </u>
Pa	rt V Endowment Funds. Complete	f the organizatio (a)Current year		wer Prior					t IV, line 10. Three years back	(a)Equry	aara baak
1a	Beginning of year balance	(a)Current year	(0	PHOL	уеаг	D (C)	iwo years baci	((u)	Tillee years back	(e)rour y	ears back
b	Contributions							+			
c	Net investment earnings, gains, and 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 curi	ent year end balan	ice (lır	ne 1g	, colum	n (a))	held as	•	•		-
а	Board designated or quasi-endowment	•	,	J	•	. ,,					
ь	Permanent endowment 🕨										
c	Temporarily restricted endowment ►										
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%									
За	Are there endowment funds not in the posses organization by	ssion of the organiz	zatıon	that	are held	d and	admınıstere	d for	the	Yes	No
	(i) unrelated organizations					•			3a(_	
b	(ii) related organizations	ns listed as require	ed on S	Sche	lule R?			٠.	3a(_	
4	Describe in Part XIII the intended uses of the					4.0					
Par	t VI Land, Buildings, and Equipme Description of property	ent. See Form 99	90, Pa		Cost or		(b)Cost or o	ther	(c) Accumulated	(d) Bo	ok value
	Description of property				s (investi		basis (othe		depreciation	(4) 50	
	Land		•				6,098				6,098,861
	Buildings		•				734,308	3,863	95,680,604	1 63	38,628,259
	Leasehold improvements		•								
	Equipment		•	-			30,516	,548	16,812,878	3 1	13,703,670
e (Other	qual Form 000 Port	Y col:	Imp /	R) line	10(0))		<u> </u>	6.5	58 420 700
iota	• Aud illes ta cilibugii te (Coluiliii (a) inuste	quai i Ui III 330, PAIT	^, coil	anni (וווו , נט	10(C).	<i>,</i>	•	· · · F	1 65	58,430,790

(including name of security) (a) Description of security or category		
(including name of security)	(b)Book value	(c) Method of valuation
		Cost or end-of-year market value
)Financial derivatives		
)Closely-held equity interests		
ther		
tilei		
	 	
otal. (Column (b) must equal Form 990, Part X, col (B) line 12)	▶	
art VIII Investments—Program Related. S	See Form 990 Part V June 13	
	(b) Book value	(a) Mathed of valuation
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	 	Cost of elia-of-year market value
	- 	
otal. (Column (b) must equal Form 990, Part X, col (B) line 13)	F	
Part IX Other Assets. See Form 990, Part X,	line 15.	
(a) Desc	ription	(b) Book value
otal. (Column (b) must equal Form 990. Part X. col.(B) line	15.)	
		F
Part X Other Liabilities. See Form 990, Par	t X, line 25.	
Part X Other Liabilities. See Form 990, Par		P-
Part X Other Liabilities. See Form 990, Par (a) Description of liability	t X, line 25.	
Part X Other Liabilities. See Form 990, Par (a) Description of liability ederal income taxes	t X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Par (a) Description of liability ederal income taxes	t X, line 25.	
Part X Other Liabilities. See Form 990, Par (a) Description of liability ederal income taxes ECURITY DEPOSITS	t X, line 25. (b) Book value 2,555,935	 -
Part X Other Liabilities. See Form 990, Par (a) Description of liability ederal income taxes ECURITY DEPOSITS	t X, line 25. (b) Book value	 -
Part X Other Liabilities. See Form 990, Par (a) Description of liability ederal income taxes ECURITY DEPOSITS	t X, line 25. (b) Book value 2,555,935	 -
Part X Other Liabilities. See Form 990, Par (a) Description of liability ederal income taxes ECURITY DEPOSITS	t X, line 25. (b) Book value 2,555,935	P
Part X Other Liabilities. See Form 990, Par (a) Description of liability ederal income taxes ECURITY DEPOSITS	t X, line 25. (b) Book value 2,555,935	
Part X Other Liabilities. See Form 990, Par (a) Description of liability ederal income taxes ECURITY DEPOSITS	t X, line 25. (b) Book value 2,555,935	P
Part X Other Liabilities. See Form 990, Par (a) Description of liability ederal income taxes ECURITY DEPOSITS	t X, line 25. (b) Book value 2,555,935	P
Part X Other Liabilities. See Form 990, Par (a) Description of liability ederal income taxes ECURITY DEPOSITS	t X, line 25. (b) Book value 2,555,935	P
	t X, line 25. (b) Book value 2,555,935	Þ
Part X Other Liabilities. See Form 990, Par (a) Description of liability ederal income taxes ECURITY DEPOSITS	t X, line 25. (b) Book value 2,555,935	
Part X Other Liabilities. See Form 990, Par (a) Description of liability ederal income taxes ECURITY DEPOSITS	t X, line 25. (b) Book value 2,555,935	P
Part X Other Liabilities. See Form 990, Par (a) Description of liability ederal income taxes ECURITY DEPOSITS	t X, line 25. (b) Book value 2,555,935	
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Part X Other Liabilities. See Form 990, Par (a) Description of liability ederal income taxes ECURITY DEPOSITS	t X, line 25. (b) Book value 2,555,935	
Part X Other Liabilities. See Form 990, Par (a) Description of liability ederal income taxes ECURITY DEPOSITS	t X, line 25. (b) Book value 2,555,935	
Part X Other Liabilities. See Form 990, Par (a) Description of liability ederal income taxes ECURITY DEPOSITS	t X, line 25. (b) Book value 2,555,935	

Par	t XI Reconciliation of Revenue per Audited Financial Statements	s With Revenue բ	oer R	eturn
1	Total revenue, gains, and other support per audited financial statements		1	130,333,904
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments 2a			
b	Donated services and use of facilities			
c	Recoveries of prior year grants			
d	Other (Describe in Part XIII)	5,871,640		
e	Add lines 2a through 2d		2e	5,871,640
3	Subtract line 2e from line 1		3	124,462,264
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 XIII)			
c	Add lines 4a and 4b		4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) .		5	124,462,264
Part	XII Reconciliation of Expenses per Audited Financial Statement	ts With Expenses	s per	Return
1	Total expenses and losses per audited financial statements		1	130,449,577
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities			
b	Prior year adjustments			
C	Other losses	1,111,675		
d	Other (Describe in Part XIII)...........2d	185,948		
e	Add lines 2a through 2d		2e	1,297,623
3	Subtract line 2e from line 1		3	129,151,954
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 XIII)............4b			
C	Add lines 4a and 4b		4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).		5	129,151,954

Part XIII 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 X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE FOUNDATION HAS A POLICY FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES THE FOUNDATION WILL RECORD A LIABILITY FOR UNCERTAIN TAX POSITIONS WHEN IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WOULD NOT BE SUSTAINED IF EXAMINED BY THE TAXING AUTHORITY FOR TAX-EXEMPT ENTITIES, TAX POSITIONS INCLUDE THE ENTITY'S TAX-EXEMPT STATUS AND ASSUMPTIONS USED TO DETERMINE UNRELATED BUSINESS TAXABLE INCOME THE FOUNDATION HAD NO UNRECOGNIZED TAX BENEFITS AT JUNE 30, 2013 OR JUNE 30, 2012 THE TAX YEARS 2009 - 2012 REMAIN OPEN TO EXAMINATION
PART XI, LINE 2D - OTHER ADJUSTMENTS		EXPENSES REPORTED AS REDUCTIONS OF UBIT ON PART VIII LINE 6B 185,948 CHANGE IN FAIR VALUE OF INTEREST EXCHANGE 5,685,692
PART XII, LINE 2D - OTHER ADJUSTMENTS		EXPENSES REPORTED AS DEDUCTIONS TO UBIT ON PART VIII LINE 6B 185,948

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Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23.

Compensation Information

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization **Employer identification number** COLLEGIATE HOUSING FOUNDATION 63-1173425

	Questions Regarding compensation		V	
			Yes	No
la	Check the appropriate box(es) if the organization provided any of the following 990, Part VII, Section A, line 1a Complete Part III to provide any relevant			
	First-class or charter travel Housing allowar	ice or residence for personal use		
	·	isiness use of personal residence		
	,	club dues or initiation fees		
	Discretionary spending account Personal service	es (e g , maıd, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a writte reimbursement or provision of all of the expenses described above? If "No,"		Yes	
2	Did the organization require substantiation prior to reimbursing or allowing e directors, trustees, and the CEO/Executive Director, regarding the items ch		Yes	
3	Indicate which, if any, of the following the filing organization used to establis organization's CEO/Executive Director Check all that apply Do not check a used by a related organization to establish compensation of the CEO/Execut	ny boxes for methods		
	☐ Compensation committee ☐ Written employs	nent contract		
	☐ Independent compensation consultant ☐ Compensation s	urvey or study		
	Form 990 of other organizations Approval by the	board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line or a related organization	1a with respect to the filing organization		
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retireme	ent plan? 4b		No
c	Participate in, or receive payment from, an equity-based compensation arrar	gement? 4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amo	unts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization contingent on the revenues of	tion pay or accrue any		
а	The organization?	5a		Νo
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization contingent on the net earnings of	tion pay or accrue any		
а	The organization?	6a		Νo
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization payments not described in lines 5 and 6? If "Yes," describe in Part III	tion provide any non-fixed 7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant subject to the initial contract exception described in Regulations section 53 in Part III	4958-4(a)(3)? If "Yes," describe		NI -
^		8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption section 53 $4958-6(c)$?	procedure described in Regulations 9		

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

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	` '
		(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
(1)WILLIAM B GIVHAN GENERAL COUNSEL/CHIEF OPER	(i) (ii)	360,000 0	0	0	0	31,271 0	391,271 0	0 0

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Also complete this part for any additi	onai illiorination									
Identifier	Return Reference	Explanation								
	PART I, LINE 1A	FIRST-CLASS TRAVEL WAS PROVIDED ON OCCASSION TO TWO OFFICERS OF THE FOUNDATION THE FIRST-CLASS TRAVEL WAS NOT CONSIDERED TAXABLE COMPENSATION TRAVEL WAS CONSISTENT WITH THE FOUNDATION'S TRAVEL POLICY WHICH STATES, "OFFICERS AND DIRECTORS REQUESTING OFFICIAL TRAVEL SHOULD ATTEMPT TO TRAVEL BY THE MEANS MOST ECONOMICAL TO CHF IN SELECTING A PARTICULAR METHOD OF TRANSPORTATION, CONSIDERATION SHALL BE GIVEN FOR THE TOTAL COST TO CHF WHICH WILL RESULT, INCLUDING LOST WORK, AND ACTUAL TRANSPORTATION COSTS, WITH THE UNDERSTANDING THAT OFTENTIMES, CONVENIENCE AND URGENCY MAY NECESSITATE MORE EXPENSIVE TRANSPORTATION "								
	PART I, LINE 3	THE BOARD OF DIRECTORS REVIEWED COMPENSATION SURVEYS AND OTHER DATA FOR INDIVIDUALS IN FUNCTIONALLY COMPARABLE POSITIONS IN SIMILAR ORGANIZATIONS AND BASED ALL OF THE OFFICERS' SALARIES ON SUCH INFORMATION WRITTEN EMPLOYMENT CONTRACTS WERE EXECUTED BY THE PRESIDENT AND CHIEF OPERATING OFFICER OF THE FOUNDATION								

Schedule J (Form 990) 2012

DLN: 93493134070404

OMB No 1545-0047

Open to Public

Inspection

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 Part VI.

► Attach to Form 990.

► See separate instructions.

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

Employer identification number

	ne of the organization LLEGIATE HOUSING FOUNDAT	TION								Emi	Employer identification number							
		,10N								6 3	-11734	25						
Р	art I Bond Issues											1						
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(f)) Descriptio	n of purpose	(g) De	efeased	beha	On alf of uer		Pool ncing			
		J								Yes	No	Yes	No	Yes	No			
A	NEW CASTLE COUNTY DELAWARE	51-6000160	643284AA0	09-29-2005	44,9€		REFUN	ROVIDE FU ND BONDS EMBER 17,	SISSUED ON		×		×	_ 	Х			
В	DELAWARE COUNTY AUTHORITY	23-1973437	24600NAC7	12-30-2008	5,9!		REFUN	TO PROVIDE FUNDS TO REFUND BONDS ISSUED ON JUNE 29, 2000			х		×		Х			
c	HOUSING FACILITIES BOARD OF THE CITY OF MAGNOLIA ARKANSAS	73-1687429	559557AP8	12-30-2003	11,87		TO CO HOUS SOUTI	TO CONSTRUCT A STUDENT HOUSING FACILITY AT SOUTHERN ARKANSAS UNIVERSITY			х		х		Х			
D	VERMONT HOUSING FINANCE AGENCY	03-0239902	924197AA4	07-29-2004	23,07	75,000	Hous	O CONSTRUCT A STUDEN OUSING FACILITY AT TH INIVERSITY OF VERMONT			х		х		х			
Pa	art III Proceeds					A												
1	Amount of bonds retired	A mount of bonds retired						В	640,000		c	0,000		D	150,000			
2	A mount of bonds legally defea	ased																
3	Total proceeds of issue					44,965,	,000		5,950,000		11,96	1,235		23	,550,928			
4	Gross proceeds in reserve fur	nds				2,800,	,583		421,972		83	1,905			871,563			
5	Capitalized interest from proc	ceeds				286,	,793				286	6,793		1,	,595,815			
6	Proceeds in refunding escrow	√S																
7	Issuance costs from proceed	is				359,	,835	835 67,175		237,067			461,500					
8	Credit enhancement from pro	ceeds				141,	,427	427 51,825		781,139			132,046					
9	Working capital expenditures	from proceeds				97,	,417			355,311			1,197,078					
10	Capital expenditures from pro	oceeds				9,466,	,945				9,460	6,945	19,332,990					
11	Other spent proceeds					41,565,	,741		5,831,000		1	4,979						
12	O ther unspent proceeds																	
13	Year of substantial completio	√n			200	01		200	01	2	004		2005					
					Yes	No		Yes	No	Yes	+	lo	Yes		No			
14			ļ!	X			Х		×	<u>`</u>			X					
15	Were the bonds issued as par		Х			Х			×	(X					
16	Has the final allocation of pro		Х			Х		X			Х							
17	Does the organization mainta allocation of proceeds?	ıın adequate books ar	nd records to supp	ort the final	Х			X		Х	Х		Х					
Pa	rt IIII Private Business l	Use										1						
						<u> </u>			3	c			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

No

Χ

Χ

Yes

No

Χ

Χ

Yes

Part Private Business Use (Continued) В C D Α Yes No Yes No Yes No Yes No Are there any management or service contracts that may result in private business use 3a Х Х Χ Х of bond-financed property? If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-Х Χ Х Χ financed property? If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by entities 4 0 00000% 0 00000% 0 00000% 0 00000% other than a section 501(c)(3) organization or a state or local government 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 0 00000% 0 00000% 0 00000% 0 00000% 501(c)(3) organization, or a state or local government Total of lines 4 and 5 0 00000% 0 00000% 0 00000% 0 00000% Does the bond issue meet the private security or payment test? 7 Х Х Χ Χ Has there been a sale or disposition of any of the bond financed property to a 8a nongovernmental person other than a 501(c)(3) organization since the bonds were Х Χ Χ Х issued? If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of % % % % If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Χ Χ Х Χ Regulations sections 1 141-12 and 1 145-2? Part IV Arbitrage В С D Α Yes No Yes No No Yes Yes No Has the issuer filed Form 8038-T? 1 Χ Χ Χ If "No" to line 1, did the following apply? 2 Rebate not due vet? а Χ Χ Χ Χ Exception to rebate? b Х Χ Χ Х No rebate due? Х c Х Χ Χ If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue? 3 Χ Χ Χ Χ Has the organization or the governmental issuer entered 4a Χ Χ Χ Χ into a qualified hedge with respect to the bond issue? PNC BANK NATIONAL TD BANK NA Name of provider ASSOCIATION Term of hedge 20 400000000000 20 500000000000 C Was the hedge superintegrated? d Χ Χ Was a hedge terminated? Χ Χ

Part IV Arbitrage (Continued	d)	<u> </u>											
		A		В	NI-	C	I N-	D V	1				
5a Were gross proceeds invested contract (GIC)?	ın a guaranteed ınvestment	Yes	No X	Yes	No	Yes	No	Yes	No				
b Name of provider		SOCIETE GE NATIONAL A		SOCIETE GE	NERAL	WACHOVIA NATIONAL A		AMERICAN INTERNATIO GROUP	ONAL				
c Term of GIC		10 0000	0000000	10 00000	0000000	9 8000	0000000	2 2000	00000000				
d Was the regulatory safe harbor value of the GIC satisfied?	for establishing the fair market	X		Х		Х		Х					
	sted beyond an available temporary	X		X		X		X					
7 Has the organization establish	ed written procedures to monitor	×		X		X		X	†				
the requirements of section 14 Part V Procedures To Und	ertake Corrective Action	^						^					
11000dulos 10 olid	ortano con converticam	Α		В		С		D					
that violations of federal tax re and corrected through the volu	ed written procedures to ensure quirements are timely identified ntary closing agreement program if le under applicable regulations?	Yes	No X	Yes	No X	Yes	No X	Yes	No X				
Part VI Supplemental In	formation. Complete this part to	provide addition	al informatio	n for respon	ses to quest	ions on Sche	edule K (see	ınstructions).				
Identifier	Return Reference	Explanation											
SCHEDULE K, PART I, ENTITY 5,	DESCRIPTION OF PURPOSE	TO CONSTRUCT A STUDENT HOUSING FACILITY AT NORTHERN ILLINOIS UNIVERSITY AND PROVIDE FUNDS TO REFUND BONDS ISSUED ON OCTOBER 23, 2006											
LINE B, COLUMN F SCHEDULE K		FUNDS TO REFU FIVE SCHEDULE					OUTSTANDI	NG POST-DEC	 ^FMRFR 31				
	DIFFERENCES BETWEEN	2002 BONDS HOUSING FACIL											
	SCHEDULE K PART I COLUMN E AND PART II LINE 3	EARNINGS DURI INVESTMENT EA DEVELOPMENT CALIFORNIA ST EARNINGS DURI 11/18/05 ISSUE DEVELOPMENT FINANCE AUTHO ALBANY INDUST PROJECT PERIO PROJECT PERIO PROJECT PERIO ISSUE IS A DRA DRAWN TOTAL PERIOD WYOMI DURING THE PR EARNINGS DURI SCHEDULE K, PA EXPENDITURES FINANCE AGENO	ARNINGS DUF AUTHORITY: ATEWIDE CO NG THE PRO - INVESTME AUTHORITY! DRITY 5/9/07 RIAL DEVELO D ILLINOIS F D ILLINOIS F D DUTCHESS W-DOWN ISS PROCEEDS O NG COMMUN OJECT PERIO NG THE PRO ART II, ENTIT IN THE AMOU	RING THE PRO 12/14/04 ISS MMUNITIES I JECT PERIOD NT EARNINGS 5/3/07 ISSUE ISSUE - INV DPMENT AUT INANCE AUT INANCE AUT INANCE AUT INANCE AUT OCUMENTY LO UE, AND AS OF ISSUE ALSO ITY DEVELOF D OREGON F JECT PERIOD Y 1, LINE 9 V JNT OF \$807	DJECT PERIOUE - INVESTION OF JUNE 30, 20 INCLUDE INCLU	D CALIFORNIMENT EARNINT AUTHORITOUNTY INDUSE PROJECT POTENTINGS DURINGS DURINGS DURINGS SOLUTION STATE OF THE PROPERTY TO	A STATEWIC NGS DURING TY 7/30/08 IS STRIAL DEVE ERIOD CITY S DURING TH ING THE PRO INVESTMENT ORATION 6/ 5,801 OF SAL EARNINGS D .1 ISSUE - IN '19/12 ISSUE CE AGENCY RRED ON THE	DE COMMUNITHE PROJECT SSUE - INVESTICATION OF ALBANY INTERPROJECT PERIODITE FOR THE PROJECT PROJECT PROJECT PROJECT PROJECT PERIODITE PROJECT	TIES T PERIOD STMENT THORITY NDUSTRIAL PERIOD IOWA D CITY OF DURING THE DURING THE THE BOND S WERE ROJECT EARNINGS ENT TELLIDES HOUSING				
SCHEDULE K, PART II, ENTITY 2, LINE 12		ISSUE DATE CALIFORNIA ST PROCEEDS ARE	ATEWIDE CO	MMUNITIES	DEVELOPMEN	NT AUTHORIT	Y 7/30/08 IS	SSUE ONLY U	JNSPENT				
SCHEDULE K, PART II, ENTITY 2, LINE 16		FUND PENDING CALIFORNIA ST ALLOCATION IS	ATEWIDE CO	MMUNITIES	DEVELOPME	NT AUTHORIT	Y 07/30/08						
SCHEDULE K, PART IV, LINE 6		EXPENDITURES NEW CASTLE CO	OR TO REDE	MPTION									
		APPLICABLE TE YIELD OF THE R PROCEEDS INVIVIELD THAT IS I CITY OF MAGNO APPLICABLE TE YIELD OF THE R PROCEEDS INVIVIELD THAT IS I COMMUNITIES THE APPLICABL YIELD OF THE R 4/27/06 ISSUE EXCEPTION WEICALIFORNIA ST PROCEEDS INVIVIELD THAT IS I COMMUNITIES THE APPLICABL YIELD OF THE R BIRMINGHAM 1: PERIOD EXCEPT BONDS VOLUSI PROCEEDS INVIVIELD THAT IS I ISSUE ALL GROWERE INVESTEE	MPORARY PE ESPECTIVE BE ESTED BEYON LESS THAN TO LIA, ARKANS MPORARY PE ESPECTIVE BE ESTED BEYON LESS THAN TO DEVELOPMEN E TEMPORAR ESPECTIVE BE ALL GROSS PO RE INVESTED ATEWIDE CO ESTED BEYON LESS THAN TO DEVELOPMEN E TEMPORAR ESPECTIVE BE 2/31/09 ISSU ION WERE IN A COUNTY IN ESTED BEYON LESS THAN TO L	RIOD EXCEPTONDS DELAY NO THE APPLI HE YIELD OF GAS 12/30/03 RIOD EXCEPTONDS VERM NO THE APPLI HE YIELD OF IT AUTHORIT Y PERIOD EX SONDS CALIF ROCEEDS IN' AT A YIELD MMUNITIES IN HE YIELD OF IT AUTHORIT Y PERIOD EX SONDS THE P E ALL GROSS IVESTED AT A NOUSTRIAL D ID THE APPLI HE YIELD OF S INVESTED THAT IS LESS	TION WERE II WARE COUNT CABLE TEMP THE RESPECTION WERE II ONT HOUSIN CABLE TEMP THE RESPECT Y 12/14/04 I CEPTION WE TORNIA STAT VESTED BEYO THAT IS LESS DEVELOPMEN CABLE TEMP THE RESPECT Y 1/11/12 IS CEPTION WE UBLIC EDUC S PROCEEDS A VIELD THAT EVELOPMEN CABLE TEMP THE RESPECT THE	NVESTED AT Y AUTHORIT ORARY PERIO TIVE BONDS GROSS PROC NVESTED AT IG FINANCE A TORARY PERIO TIVE BONDS SSUE ALL GRO TORARY PERIO TORAR	A YIELD THA Y 12/30/08 I O D EXCEPTION HOUSING FA EEDS INVES A YIELD THA AGENCY 7/29 OD EXCEPTION CALIFORNIA ROSS PROCE O AT A YIELD MUNITIES DE VICABLE TEI CALIFORNIA OSS PROCEE O AT A YIELD OF THE TY 7/30/08 IS OD EXCEPTION CALIFORNIA OSS PROCEE O AT A YIELD ILDING AUTH EYOND THE A AN THE YIEL Y 11/18/05 IS OD EXCEPTION TEMPORAR ERESPECTIV	T IS LESS TH SSUE ALL GR ON WERE INV ACILITIES BO TED BEYOND T IS LESS TH JO4 ISSUE A ON WERE INV A STATEWIDE EDS INVESTE THAT IS LES VELOPMENT MPORARY PEI E RESPECTIVI SSUE ALL GR ON WERE INV A STATEWIDE THAT IS LES THAT IS LES ON WERE INV A STATEWIDE ON WERE INV A STATEWIDE THAT IS LES ON WERE INV A STATEWIDE ON WERE INV A STATEWIDE THAT IS LES ON WERE INV A STATEWIDE ON WERE O	IAN THE ROSS ESTED AT A PARD OF THE THE IAN TH				
SCHEDULE K, PART IV, LINE 2C		REBATE COMPU DELAWARE 9/25 30, 2012 HOUSI DECEMBER 30, 2 CALIFORNIA ST 2012 CALIFORN 2013 CALIFORN VOLUSIA COUN ALBANY INDUST AUTHORITY 5/0 1/25/08 ISSUE ISSUE APRIL 1, COUNTY LOCAL DEVELOPMENT 2013 THE FOUNDATION WITH FEDERAL	/05 ISSUE A NG FACILITI 2012 VERMON ATEWIDE CO IA STATEWII IA STATEWII TY INDUSTRI RIAL DEVELO 9/07 ISSUE JANUARY 25, 2013 ILLINO DEVELOPME AUTHORITY	UGUST 1, 20: ES BOARD OF NT HOUSING MMUNITIES I DE COMMUNI DE COMMUNI AL DEVELOP DPMENT AUT APRIL 30, 20: 2013 ILLING IS FINANCE NT CORPORA 7/14/11 ISSU PTED WRITTE	12 DELAWAR THE CITY OF INANCE AGDEVELOPMENT TIES DEVELOMENT AUTHORITY 5/03 13 CITY OF AUTHORITY OF AUTHORITY TION 6/29/1 E JULY 1, 20 N PROCEDUR SSARY TO EI	E COUNTY AU F MAGNOLIA ENCY 7/29/20 NT AUTHORIT D PMENT AUTI D RITY 11/18/20/07 ISSUE M LBANY INDU AUTHORITY 3/10/11 ISSUE MA 12 STATE OF	JTHORITY 12, ARKANSAS 004 ISSUE J TY 12/14/04: HORITY 4/27 HORITY 7/30 05 ISSUE JU AY 3, 2012 I STRIAL DEVE STUDENT HO IE OCTOBER Y 31, 2013 W OREGON 4/	2/30/08 ISSUI 12/31/03 ISS UNE 30, 2013 ISSUE DECEI /06 ISSUE A /08 ISSUE JU INE 1, 2013 C OWA FINANCE ELOPMENT AC USING REVE 1, 2012 DUT YOMING COM 19/12 ISSUE GUANCE COM BONDS REMA	E DECEMBER SUE 3 MBER 14, PRIL 27, ULY 30, 2012 SITY OF CE GENCY ENUE 2/23/11 CHESS MMUNITY APRIL 1, PLIANCE IN TAX-				
		EXEMPT AND TO CORRECTION T						TCY DOES NO	≀I KEQUIRE				

68-0164610

13078REU0

DLN: 93493134070404

OMB No 1545-0047

Inspection

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Χ

Supplemental Information on Tax Exempt Bonds

Department of the Treasury Internal Revenue Service

(Form 990)

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

Employer identification number

63-1173425

Χ

Χ

Name of the organization
COLLEGIATE HOUSING FOUNDATION

Bond Issues (h) On (i) Pool (g) Defeased behalf of financing (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose ıssuer Yes No Yes No Yes No CALIFORNIA STATEWIDE TO CONSTRUCT A STUDENT COMMUNITIES HOUSING FACILITY AT THE Х 111,032,953 Χ 68-0164610 13078RDC1 12-14-2004 Χ **DEVELOPMENT AUTHORITY** UNIVERSITY OF CALIFORNIA IRVI CALIFORNIA STATEWIDE TO PROVIDE FUNDS TO COMMUNITIES 101,688,202 REFUND BONDS ISSUED ON 68-0164610 13078REF3 04-27-2006 Х Χ Χ **DEVELOPMENT AUTHORITY** DECEMBER 14, 2004 CALIFORNIA STATEWIDE TO CONSTRUCT A STUDENT COMMUNITIES HOUSING FACILITY AT THE С Χ 68-0164610 13078RES5 07-30-2008 221,367,790 Χ Χ UNIVERSITY OF **DEVELOPMENT AUTHORITY** CALIFORNIA IRVI CALIFORNIA STATEWIDE TO ACQUIRE A STUDENT

95.742.546

01-11-2012

Part II	Proceeds
---------	----------

DEVELOPMENT AUTHORITY

COMMUNITIES

			A	I	В		С	I	D
1	A mount of bonds retired		6,845,000		1,180,000		3,825,000		1,900,000
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		95,742,546
4	Gross proceeds in reserve funds		874,265		5,637,051		16,854,982		7,062,856
5	Capitalized interest from proceeds		9,021,196				26,625,781		
6	Proceeds in refunding escrows		69,123,595		69,123,595				
7	Issuance costs from proceeds		1,457,203		895,710		1,992,466		704,825
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds		3,388,403		25,000		10,327,585		
10	Capital expenditures from proceeds		94,778,786		31,207	1	71,669,164		
11	Other spent proceeds	1	158,542		31,612,690		822,663		95,037,721
12	Other unspent proceeds		5,876,379				5,876,379		
13	Year of substantial completion	20	06	20	06	20	2010		12
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		Х		X		X		X
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	×		X		X		X	

allocation of proceeds? Part Private Business Use

			4	ı	В		C		0
		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
2	Are there any lease arrangements that may result in private business use of bond-financed property?		Х		Х		X		X

Χ

HOUSING FACILITY AT

UNIVERSITY OF CALIFORNIA AT IRVIN

Χ

Part Private Business Use (Continued) В C D Α Yes No Yes No Yes No Yes No Are there any management or service contracts that may result in private business use За Χ Х Χ Х of bond-financed property? If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-Х Χ Х Χ financed property? If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside d counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by entities 4 0 00000% 0 00000% 0 00000% 0 00000% other than a section 501(c)(3) organization or a state or local government 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 0 00000% 0 00000% 0 00000% 0 00000% 501(c)(3) organization, or a state or local government Total of lines 4 and 5 0 00000% 0 00000% 0 00000% 0 00000% Does the bond issue meet the private security or payment test? 7 Х Χ Χ Χ Has there been a sale or disposition of any of the bond financed property to a 8a nongovernmental person other than a 501(c)(3) organization since the bonds were Х Χ Χ Х issued? If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of % % % % If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Χ Χ Х Χ Regulations sections 1 141-12 and 1 145-2? Part IV Arbitrage В С D Α Yes No Yes No No Yes Yes No Has the issuer filed Form 8038-T? 1 Χ Χ Χ Х If "No" to line 1, did the following apply? 2 Rebate not due vet? а Χ Χ Χ Χ Exception to rebate? b Х Χ Χ Χ No rebate due? c Х Χ Χ Χ If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue? 3 Χ Χ Χ Χ Has the organization or the governmental issuer entered 4a Χ Χ Χ Χ into a qualified hedge with respect to the bond issue? Name of provider Term of hedge C Was the hedge superintegrated? d Was a hedge terminated?

that violations of federal tax requirements are timely identified

and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?

Χ

Pai	rt IV Arbitrage (Continued)								
		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	Х			х	Х			Х
ь	Name of provider	GE FUNDING MARKET SE				MONUMENT INSURANCE COMPANY			
C	Term of GIC	9 6000			9 80000000000				
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	Х				Х			
6	Were any gross proceeds invested beyond an available temporary period?	х		х		Х		Х	
7	Has the organization established written procedures to monitor the requirements of section 148?	Х		х		Х		Х	
Pa	rt V Procedures To Undertake Corrective Action								
		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the organization established written procedures to ensure								

Part VI	Supplemental Info	ormation. Complete this part to p	provide additional information for responses to questions on Schedule K (see instructions).
	Identifier	Return Reference	Explanation

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Schedule K (Form 990) 2012

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 Part VI.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

DLN: 93493134070404

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

COLLEGIATE HOUSING FOUNDATION

Employer identification number

COLLEGIATE HOUSING FOUNDATION 63											63-1173425					
Р	art I Bond Issues															
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	e price	(f)) Description	on of purpose	; (g)) Defease	ed b	(h) C ehali issue	lfof		Pool incing
										Ye	es No	Ye	ès	No	Yes	No
A	THE PUBLIC EDUCATIONAL BUILDING AUTHORITY OF THE CITY OF BIRMINGHAM	63-1254527	09107PAC1	12-31-2009	29,3		TO PROVIDE FUNDS TO REFUND BONDS ISSUED ON MARCH 4, 2005			N	x			х	 	×
В	VOLUSIA COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY 52-1293529 92883TBF1 11-18-2005				16,6	TO CONSTRUCT A STUDENT 16,668,729 HOUSING FACILITY AT STETSON UNIVERSITY			IT	x			х		х	
c _	CITY OF ALBANY INDUSTRIAL DEVELOPMENT AGENCY 52-2015750 012440HR7 05-03-2007				12,7	780,000	HOUS ALBAI		CT A STUDEN ILITY AT THI EGE OF		x			х		х
D	D IOWA FINANCE AUTHORITY 52-1699886 46247BAA9 05-09-2007				36,3		Hous	ONSTRUC' SING FACI KE UNIVER		IT	х			х	 	Х
Pā	art III Proceeds											二				
	A mount of bonds retired			<u></u>	A 770.0	222		1 500 000	<u> </u>	C				D	535 000	
$\frac{1}{2}$	Amount of bonds legally defeas	sed				770,0	,000		1,500,000			795,00	4			635,000
3	Total proceeds of issue					29,365,0	000		16,974,530		12 {	837,19	, 3		37	,461,123
4	Gross proceeds in reserve fund	ds				2,101,2			1,158,410			.3/,22	+			,997,576
5	Capitalized interest from procee				614,506 614,506				169,03	4			,051,904			
6	Proceeds in refunding escrows										十		•	00-,-		
7	Issuance costs from proceeds				328,738 3		328,738		7	245,62	8			674,392		
8	Credit enhancement from proce	eeds			1			866,093	78,04					49,035		
9	Working capital expenditures fr	rom proceeds	-		1	261,4			261,470	I	215,977			·		
10	Capital expenditures from proce	.eeds			Ī	13,772,2	,259		13,772,259							,804,233
11	Other spent proceeds					29,365,0	,000						I			309,952
12	O ther unspent proceeds												I			
13	Year of substantial completion				20	006		200	06		2007		I		2008	
_					Yes	No		Yes	No	Yes	<u>-</u>	No	ightharpoonup	Yes	\Box	No
14	Were the bonds issued as part of	of a current refundir	ng issue?	'	Х				Х			Х	\perp			Х
15	Were the bonds issued as part of	of an advance refun	ding issue?		1 <u> </u>	Х			Х	I		Χ				X
16	Has the final allocation of proce	eeds been made?			Х			Х		Х				Х		
17	Does the organization maintain allocation of proceeds?	ı adequate books an	d records to suppo	ort the final	х			х		Х			T	Х		
Pa	rt IIII Private Business Us															
			A		В		С					D	D			
		,	Yes	No	,	Yes	No	Yes	,	No		Yes		No		

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-

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Χ

Χ

Χ

Page 2 Part Private Business Use (Continued) В C D Α Yes No Yes No Yes No Yes No Are there any management or service contracts that may result in private business use За Χ Х Χ Х of bond-financed property? If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-Х Χ Х Χ financed property? If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside d counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by entities 4 0 00000% 0 00000% 0 00000% 0% other than a section 501(c)(3) organization or a state or local government 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 0 00000% 0 00000% 0 00000% 0 00000% 501(c)(3) organization, or a state or local government Total of lines 4 and 5 0 00000% 0 00000% 0 00000% 0% Does the bond issue meet the private security or payment test? 7 Х Х Χ Χ Has there been a sale or disposition of any of the bond financed property to a 8a nongovernmental person other than a 501(c)(3) organization since the bonds were Х Χ Χ Х issued? If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of % % % % If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Χ Χ Х Χ Regulations sections 1 141-12 and 1 145-2? Part IV Arbitrage В С D Α Yes No Yes No No Yes Yes No Has the issuer filed Form 8038-T? 1 Χ Χ Χ Х If "No" to line 1, did the following apply? 2 Rebate not due vet? а Χ Χ Χ Χ Exception to rebate? b Х Х Χ Х No rebate due? Х Х c Χ Χ If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue? 3 Χ Χ Χ Χ Has the organization or the governmental issuer entered 4a Х Χ Χ Χ into a qualified hedge with respect to the bond issue? CITIBANK NA Name of provider Term of hedge 5 000000000000 5 000000000000 C Was the hedge superintegrated? d Χ Was a hedge terminated? Χ Χ

Χ

Par	t IV Arbitrage (Continued)									
	Pribling (Communica)	А		В		С		D		
		Yes	No	Yes	No	Yes	No	Yes	No	
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	Х		Х			Х	Х		
b	Name of provider	HYPO REALE BANK INTERNATIC		CITIGROUP FINANCIAL PRODUCTS				SOCIETE GENERAL		
С	Term of GIC	10 00000	0000000	10 00000	0000000			30 000000000000		
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	Х		Х				Х		
6	Were any gross proceeds invested beyond an available temporary period?	Х		Х			Х	х		
7	Has the organization established written procedures to monitor the requirements of section 148?	Х		X		×		×		
Pai	t V Procedures To Undertake Corrective Action									

	110ccaules to chackake confective headin								
		Α	Α		В		С		
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the organization established written procedures to ensure								

that violations of federal tax requirements are timely identified
and corrected through the voluntary closing agreement program if
self-remediation is not available under applicable regulations?

Part VI	Supplemental Info	prmation. Complete this part to	provide additional information for responses to questions on Schedule K (see instructions).
	Identifier	Return Reference	Explanation

Schedule K (Form 990) 2012

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 Part VI.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

DLN: 93493134070404

Open to Public Inspection

Internal Revenue Service
Name of the organization

Department of the Treasury

COLLEGIATE HOUSING FOUNDATION

Employer identification number

COLLEGIATE HOUSING FOUNDATION 63-											63-1173425					
rt I Bond Issues																
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(f) Descrip	tion of purpos	e (g) [)efeased	beh	alf of		Pool ncing			
					!			Yes	s No	Yes	No	Yes	No			
CITY OF ALBANY INDUSTRIAL DEVELOPMENT AGENCY	52-2015750	012440KR3	01-25-2008	6,4	95,000	HOUSING FA	CILITY AT TH		x		x		Х			
ILLINOIS FINANCE AUTHORITY	86-1091967	45202QBS1	02-23-2011	58,7	71,834	HOUSING FA	CILITY AT	NT	x		x		Х			
ILLINOIS FINANCE AUTHORITY	86-1091967	45202QCD3	03-10-2011	130,4	35,517	SEE SCHEDU					×		х			
DUTCHESS COUNTY LOCAL DEVELOPMENT CORPORATION 27-3106797 NONEAVAIL 06-29-2011					33,664	HOUSING FA	CILITY AT TH	1E	x		x		Х			
tt III Proceeds																
A mount of bonds retired							В		С			D				
					1,020,0	000				\longrightarrow						
	<u></u>									\longrightarrow						
<u> </u>													,715,922			
<u> </u>											,090,839					
				<u> </u>	106,314 5,853,796			10,/90,08/			189,07					
							1 027 342						-11.670			
<u> </u>									1,960,05		3		316,673			
<u> </u>				1			2 2 4 2 6 2 4				10					
					•											
				1			44,1/6,554	<u> </u>				14,	,059,966			
							000 724	i					59,375			
	1			20			-			0,392		2012				
Tour or our cannot a compact											Yes		No			
Were the bonds issued as part	of a current refundi	ng issue?	ļ		X		X	×	+			\top	×			
Were the bonds issued as part	of an advance refur	ıdıng ıssue?			×	_	X		-	\overline{x}		\top	×			
Has the final allocation of proc		Х			X		_	-+		+	X					
	ort the final				+		+			+						
allocation of proceeds?	(^		^	x		^					
Private Business Us	<u>se</u>						R			$\overline{}$						
		,	Yes	No	Yes	No	Yes		No	Yes No						
	(a) Issuer name CITY OF ALBANY INDUSTRIAL DEVELOPMENT AGENCY ILLINOIS FINANCE AUTHORITY DUTCHESS COUNTY LOCAL DEVELOPMENT CORPORATION rt II Proceeds Amount of bonds retired Amount of bonds legally defease Total proceeds of Issue Gross proceeds in reserve funct Capitalized interest from proceeds in refunding escrows Issuance costs from proceeds Credit enhancement from proceeds Credit enhancement from proceeds Credit expenditures from proceeds Other spent proceeds Other unspent proceeds Year of substantial completion Were the bonds issued as part Were the bonds issued as part Has the final allocation of proceeds?	(a) Issuer name (b) Issuer EIN CITY OF ALBANY	(a) Issuer name (b) Issuer EIN (c) CUSIP # CITY OF ALBANY INDUSTRIAL DEVELOPMENT AGENCY ILLINOIS FINANCE AUTHORITY B6-1091967 DUTCHESS COUNTY LOCAL DEVELOPMENT CORPORATION TILI Proceeds Amount of bonds retired Amount of bonds retired Amount of bonds legally defeased Total proceeds of issue Gross proceeds in reserve funds Capitalized interest from proceeds Proceeds in refunding escrows Issuance costs from proceeds Credit enhancement from proceeds Capital expenditures from proceeds Other spent proceeds Other unspent proceeds Year of substantial completion Were the bonds issued as part of an advance refunding issue? Were the final allocation of proceeds been made? Does the organization maintain adequate books and records to suppoallocation of proceeds?	(a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date Issued CITY OF ALBANY INDUSTRIAL DEVELOPMENT AGENCY ILLINOIS FINANCE AUTHORITY 86-1091967 45202QBS1 02-23-2011 ILLINOIS FINANCE AUTHORITY 86-1091967 45202QCD3 03-10-2011 DUTCHESS COUNTY LOCAL DEVELOPMENT CORPORATION 27-3106797 NONEAVAIL O6-29-2011 TEIL Proceeds Amount of bonds retired Amount of bonds legally defeased Total proceeds of issue Gross proceeds in reserve funds Capitalized interest from proceeds Proceeds in refunding escrows Issuance costs from proceeds Working capital expenditures from proceeds Other spent proceeds Other spent proceeds Other unspent proceeds Year of substantial completion Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding issue? Has the final allocation of proceeds been made? Does the organization maintain adequate books and records to support the final allocation of proceeds?	CITY OF ALBANY INDUSTRIAL DEVELOPMENT AGENCY S2-2015750 012440KR3 01-25-2008 6,4 ILLINOIS FINANCE AUTHORITY 86-1091967 45202QBS1 02-23-2011 58,7 ILLINOIS FINANCE AUTHORITY 86-1091967 45202QCD3 03-10-2011 130,4 DUTCHESS COUNTY LOCAL DEVELOPMENT CORPORATION 27-3106797 NONEAVAIL 06-29-2011 15,8 TEIL Proceeds Amount of bonds retired Amount of bonds legally defeased Total proceeds of issue Gross proceeds in reserve funds Capitalized interest from proceeds Proceeds in refunding escrows Issuance costs from proceeds Credit enhancement from proceeds Working capital expenditures from proceeds Other unspent proceeds Other unspent proceeds Other unspent proceeds Year of substantial completion Were the bonds issued as part of an advance refunding issue? Were the bonds issued as part of an advance refunding issue? Were the final allocation of proceeds been made? Does the organization maintain adequate books and records to support the final allocation of proceeds? ETIL Private Business Use	California Cal	Care Care	Color Colo	Section Comparison Compar	California Cal	California Cal	California Cal	California Cal			

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-

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Part Private Business Use (Continued) В C D Α Yes No Yes No Yes No Yes No Are there any management or service contracts that may result in private business use За Х Х Χ Х of bond-financed property? If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-Х Χ Х Χ financed property? If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside d counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by entities 4 0 00000% 0 00000% 0 00000% 0 00000% other than a section 501(c)(3) organization or a state or local government 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 0 00000% 0 00000% 0 00000% 0 00000% 501(c)(3) organization, or a state or local government Total of lines 4 and 5 0 00000% 0 00000% 0 00000% 0 00000% Does the bond issue meet the private security or payment test? 7 Х Х Χ Χ Has there been a sale or disposition of any of the bond financed property to a 8a nongovernmental person other than a 501(c)(3) organization since the bonds were Х Χ Χ Х issued? If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of % % % % If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Χ Χ Х Χ Regulations sections 1 141-12 and 1 145-2? Part IV Arbitrage В С D Α Yes No Yes No No Yes Yes No Has the issuer filed Form 8038-T? 1 Χ Χ Χ Х If "No" to line 1, did the following apply? 2 Rebate not due vet? а Χ Χ Χ Χ Exception to rebate? b Х Χ Χ Χ No rebate due? Х c Х Χ Χ If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue? 3 Χ Χ Χ Χ Has the organization or the governmental issuer entered 4a Χ Χ Χ Χ into a qualified hedge with respect to the bond issue? TD BANK NA Name of provider Term of hedge 8 800000000000 8 800000000000 C Was the hedge superintegrated? d Χ Was a hedge terminated? Χ

Part IV Arbitrage (Continued)

self-remediation is not available under applicable regulations?

		Α.		В		с		D		
		Yes	No	Yes	No	Yes	No	Yes	No	
5a	Were gross proceeds invested in a guaranteed investment contract (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?									
6	Were any gross proceeds invested beyond an available temporary period?		х		х		х		х	
7	Has the organization established written procedures to monitor the requirements of section 148?	X		×		x		x		
Pa	rt V Procedures To Undertake Corrective Action									
		Α		В		С		D		
		Yes	No	Yes	No	Yes	No	Yes	No	
1	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if		x		Х		Х		Х	

Part VI 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) 2012

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493134070404

2012

OMB No 1545-0047

Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

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 Part VI.

► Attach to Form 990. ► See separate instructions. Open to Public **Inspection**

Name of the organization COLLEGIATE HOUSING FOUNDATION **Employer identification number**

СО	LLEGIATE HOUSING FOUNDATION										63-1173425						
P	art I Bond Issues									I							
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(f) De	escriptio	n of purpose	(g) De	feased	beh	On alf of uer		Pool ncing		
										Yes	No	Yes	No	Yes	No		
Α_	WYOMING COMMUNITY DEVELOPMENT AUTHORITY	83-0222723	98322VAK2	07-14-2011	15,2	90,054	TO CONSTRUCT A STUDENT HOUSING FACILITY AT UNIVERISTY OF WYOMING			•	x		x		Х		
В	OREGON FACILITIES AUTHORITY	93-6001787	68608JQD6	04-19-2012	44,3	30,935	TO CONSTRUCT A STUDENT HOUSING FACILITY AT SOUTHERN OREGON UNIVERSITY		JSING FACILITY AT THERN OREGON		JSING FACILITY AT THERN OREGON		×		x		Х
Pa	Part II Proceeds																
	A mount of bonds retired					1		В	3		С			D			
1 2	Amount of bonds legally defeas	sed															
3									14,351,104								
4	Gross proceeds in reserve fund			1,163,5			2,793,624										
	Capitalized interest from proce			997,2			1,404,602										
6	Proceeds in refunding escrows			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			2,101,002										
7	Issuance costs from proceeds					228,950 861,550											
8	Credit enhancement from proce	eeds				1,194,7		.2 1,194,712									
9	Working capital expenditures fi	rom proceeds				411,1	154										
10	Capital expenditures from proc	eeds				12,369,7	761	2	29,905,035								
11	Other spent proceeds					52,0	78		52,078								
12	Other unspent proceeds					139,8	335		8,039,503								
13	Year of substantial completion				20	12											
					Yes	No		Yes	No	Yes	N	0	Yes		No		
14	Were the bonds issued as part					Х			Х								
15	Were the bonds issued as part of an advance refunding issue?					Х			Х								
16	6 Has the final allocation of proceeds been made?					Х			Х								
17	Does the organization maintair allocation of proceeds?	rt the final	Х			X											
Pa	rt IIII Private Business Us	se															
					<i>Y</i>		- .	V B		V	C			D	No		
					Yes	No		Yes	No	Yes	N	0	Yes	\perp	No		

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-

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Sche	dule K (Form 990) 2012									Page 2
Par	Private Business Use (Continued)									
				A		В		C		D
_	A so those any management or convice centracts that may recult in private	huamasa usa I	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private of bond-financed property?	busiliess use		X		Х				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fina property?									
С	Are there any research agreements that may result in private business use financed property?	e of bond-		×		×				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed proper									
4	Enter the percentage of financed property used in a private business use bother than a section $501(c)(3)$ organization or a state or local government			0 00000%		0 00000%		/o %		%
5	unrelated trade or business activity carried on by your organization, another secti 501(c)(3) organization, or a state or local government			0 00000%		0 00000%		0/6)	%
6	Total of lines 4 and 5			0 00000%		0 00000%		%	,	%
7	Does the bond issue meet the private security or payment test?			Х		Х				
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?			x		х				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or	disposed of		%		%		%	,	%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations 1 141-12 and 1 145-2?	sections								
9	Has the organization established written procedures to ensure that all none bonds of the issue are remediated in accordance with the requirements und Regulations sections 1 141-12 and 1 145-2?		X		X					
Par	t IV Arbitrage									
		Α_			В		С		D	
		Yes	No	Yes	No	Ye	s	No	Yes	No
1	Has the Issuer filed Form 8038-T?		X		X					
2	If "No" to line 1, did the following apply?									
а	Rebate not due yet?	Х		Х						
b	Exception to rebate?		Х		Х					
c	No rebate due?	X		×						
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed				·	·	·			
3	Is the bond issue a variable rate issue?		Х		Х					
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х		Х					
b	Name of provider									
С	Term of hedge									
d	Was the hedge superintegrated?									
е	Was a hedge terminated?									
_			_							

Part IV Arbitrage (Continued)

Identifier

Return Reference

ss proceeds invested in a guaranteed investment (GIC)? provider	Yes	No X	Yes	No X	Yes	No	Yes	No
(GIC)?		×		×				
provider				,,				
GIC								
regulatory safe harbor for establishing the fair market the GIC satisfied?								
gross proceeds invested beyond an available temporary		х		Х				
organization established written procedures to monitor rements of section 148?	х		х					
ocedures To Undertake Corrective Action								
	А		В		С		D	
	Yes	No	Yes	No	Yes	No	Yes	No
organization established written procedures to ensure ations of federal tax requirements are timely identified ected through the voluntary closing agreement program if ediation is not available under applicable regulations?		Х		х				
9	tions of federal tax requirements are timely identified cted through the voluntary closing agreement program if	rganization established written procedures to ensure tions of federal tax requirements are timely identified cted through the voluntary closing agreement program if	rganization established written procedures to ensure tions of federal tax requirements are timely identified cted through the voluntary closing agreement program if	rganization established written procedures to ensure tions of federal tax requirements are timely identified cted through the voluntary closing agreement program if	Yes No Yes No rganization established written procedures to ensure tions of federal tax requirements are timely identified cted through the voluntary closing agreement program if	Yes No Yes No Yes rganization established written procedures to ensure tions of federal tax requirements are timely identified cted through the voluntary closing agreement program if	Yes No Yes No rganization established written procedures to ensure tions of federal tax requirements are timely identified cted through the voluntary closing agreement program if	Yes No Yes No Yes No Yes rganization established written procedures to ensure tions of federal tax requirements are timely identified cted through the voluntary closing agreement program if

Schedule K (Form 990) 2012

Explanation

SCHEDULE O

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization COLLEGIATE HOUSING FOUNDATION

Employer identification number

63-1173425

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 3	
	FORM 990, PART VI, SECTION A, LINE 6	ANY COLLEGE OR UNIVERSITY FOR WHICH COLLEGIATE HOUSING FOUNDATION (THE FOUNDATION) OWNS AN D OPERATES A STUDENT HOUSING FACILITY OR RELATED IMPROVEMENTS IS A MEMBER OF THE FOUNDATION AS LONG AS THE FOUNDATION OWNS OR OPERATES THE FACILITIES
	FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBER SCHOOLS ELECT THE ORGANIZATION'S BOARD OF DIRECTORS
	FORM 990, PART VI, SECTION A, LINE 8B	ORGANIZATION HAS NO COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY
	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 ORG ANIZATION BEFORE BEING FILED A COPY IS ALSO FURNISHED TO EACH OF THE ORGANIZATION'S BOARD MEMBERS PRIOR TO FILING
	FORM 990, PART VI, SECTION B, LINE 12C	EACH BOARD MEMBER IS ANNUALLY REQUIRED TO ACKNOWLEDGE IN WRITING THEIR RECEIPT OF THE ORGA NIZATION'S WRITTEN CONFLICT OF INTEREST POLICY AND AGREE TO COMPLY WITH THE SAME
	FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF DIRECTORS REVIEWED COMPENSATION SURVEYS AND OTHER DATA FOR INDIVIDUALS IN FUN CTIONALLY COMPARABLE POSITIONS 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
	FORM 990, PART VI, SECTION C, LINE 19	COPIES OF DOCUMENTS REQUIRED BY LAW TO BE AVAILABLE TO THE PUBLIC ARE PROVIDED UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	NET UNREALIZED GAINS ON INTEREST EXCHANGE 5,685,692
FORM 990, PART XII, LINE 2C		THE BOARD OF DIRECTORS, ACTING AS A COMMITTEE OF THE WHOLE, ASSUMES RESPONSIBILITY FOR OVE RSIGHT OF THE AUDIT AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT

SCHEDULE R Related Org

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization COLLEGIATE HOUSING FOUNDATION

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Employer identification number

2012

Open to Public Inspection

Identification of Disregarded Entities (Com		(6)	(4)		1	(6)		
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	Di	(f) Irect controlling entity		
litional Data Table								
rt II Identification of Related Tax-Exempt Orga or more related tax-exempt organizations during	i nizations (Complete i g the tax year.)	f the organization a	inswered "Yes	" to Form 990,	Part IV,	line 34 because i	t had c	one
(-)								
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sec	tion (e) Public charity (if section 50)	status L(c)(3))	(f) Direct controlling entity	Section (13) de	(g) on 512(controll ntity?
Name, address, and EIN of related organization		Legal domicile (state	(d) Exempt Code sec	tion Public charity	status I(c)(3))	Direct controlling	Section (13) de	on 512(controll
Name, address, and EIN of related organization		Legal domicile (state	(d) Exempt Code sec	tion Public charity	status L(c)(3))	Direct controlling	Section (13) de	on 512(controll ntity?
Name, address, and EIN of related organization		Legal domicile (state	(d) Exempt Code sec	tion Public charity	status L(c)(3))	Direct controlling	Section (13) de	on 512(controll ntity?
Name, address, and EIN of related organization		Legal domicile (state	(d) Exempt Code sec	tion Public charity	status L(c)(3))	Direct controlling	Section (13) de	on 512(controll ntity?
Name, address, and EIN of related organization		Legal domicile (state	(d) Exempt Code sec	tion Public charity	status L(c)(3))	Direct controlling	Section (13) de	on 512(controll ntity?
Name, address, and EIN of related organization		Legal domicile (state	(d) Exempt Code sec	tion Public charity	status L(c)(3))	Direct controlling	Section (13) de	on 512(controll ntity?
Name, address, and EIN of related organization		Legal domicile (state	(d) Exempt Code sec	tion Public charity	status L(c)(3))	Direct controlling	Section (13) de	on 51 contr ntity

(a) Name, address, and EIN o related organization	f	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-yea assets	(h Disprop r allocat	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or	(k) Percentae ownersh
					514)			Yes	No		Yes	No	
V Identification of Related Or line 34 because it had one or r	ganizations Taxa	ble as a Corpo zations treated a	ration s a cor	or Trust (poration or	Complete if t	the organi the tax ye	zatıon ar ar.)	swere	ed "Ye	s" to Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domıcıle (state or foreign country)		(d) Direct controlli entity	(e) Type of entro (C corp, S corp, or trust)		otal Share e of	(g) e of end- year ssets		(h) ercentage wnership	Section (b) conti	(13)	
		,,			,						Yes		No

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more re	elated organızatıons lı	sted in Parts II-IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		
b	Gift, grant, or capital contribution to related organization(s)				1b		
C	Gift, grant, or capital contribution from related organization(s)				1c		
d	Loans or loan guarantees to or for related organization(s)				1d		
e	Loans or loan guarantees by related organization(s)				1e		
f	Dividends from related organization(s)				1f		
g	Sale of assets to related organization(s)				1g		
h	Purchase of assets from related organization(s)				1h		
i	Exchange of assets with related organization(s)				1i		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11		
m	m Performance of services or membership or fundraising solicitations by related organization(s)						
n	Sharıng of facılıtıes, equipment, mailing lists, or other assets with related organization(s)				1n		
0	Sharing of paid employees with related organization(s)				10		
р	Reimbursement paid to related organization(s) for expenses				1p		
q	Reimbursement paid by related organization(s) for expenses				1q		
r	O ther transfer of cash or property to related organization(s)				1r		
s	Other transfer of cash or property from related organization(s)				1s		
_	Test to the second seco						
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete (a)	(b)	(c)	(d)			
	Name of other organization	Transaction type (a-s)	Amount involved	Method of determining amo	unt in	volved	

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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 re	garding exclu	sion for ce		nent	partnerships				`	,		_	
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

Software ID: Software Version:

EIN: 63-1173425

Name: COLLEGIATE HOUSING FOUNDATION

Schedule R (Form 990) 2012

Part VII Supplemental Information

Part VII Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions)											
Identifier	Return Reference	sponses to questions on a	Explanation								
Form 990, Schedule R, Part I -		ded Entities		·							
(a) Name, address, and EIN of dis		(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	A S F	TO FINANCE, OWN AND OPERATE A STUDENT HOUSING FACILITY FOR THE UNIVERSITY	AL	8,101,689	36,818,873	N/A					
CHF-BIRMINGHAM LLC POST OFFICE BOX 1385 FAIRHOPE, AL 365331385 63-1251862	T A S F	TO FINANCE, OWN AND OPERATE A STUDENT HOUSING FACILITY FOR THE UNIVERSITY	AL	3,809,045	18,218,282	N/A					
CHF-MAGNOLIA LLC POST OFFICE BOX 1385 FAIRHOPE, AL 365331385 20-0513786	Т Д S F	TO FINANCE, OWN AND OPERATE A STUDENT HOUSING FACILITY FOR THE UNIVERSITY	AL	1,475,841	9,823,644	N/A					
CHF-WINOOSKI LLC POST OFFICE BOX 1385 FAIRHOPE, AL 365331385 20-1480741	Т Д S F	TO FINANCE, OWN AND OPERATE A STUDENT HOUSING FACILITY FOR THE UNIVERSITY	AL	2,573,525	18,197,465	N/A					
CHF-IRVINE LLC POST OFFICE BOX 1385 FAIRHOPE, AL 365331385 20-2001737	A S F	TO FINANCE, OWN AND OPERATE A STUDENT HOUSING FACILITY FOR THE UNIVERSITY	AL	50,535,153	496,871,104	N/A					
CHF-UAB II LLC POST OFFICE BOX 1385 FAIRHOPE, AL 365331385 20-2198694	A S F	TO FINANCE, OWN AND OPERATE A STUDENT HOUSING FACILITY FOR THE UNIVERSITY	AL	4,178,000	27,353,629						
CHF-ELON LLC POST OFFICE BOX 1385 FAIRHOPE, AL 365331385 20-2956535	A S F L	TO FINANCE, OWN AND OPERATE A STUDENT HOUSING FACILITY FOR THE UNIVERSITY	AL	4,227,689							
CHF-DELAND LLC POST OFFICE BOX 1385 FAIRHOPE, AL 365331385 20-3494776	A S F	TO FINANCE, OWN AND OPERATE A STUDENT HOUSING FACILITY FOR THE UNIVERSITY	AL	3,212,577	13,019,420	N/A					
CHF-PORTALES LLC POST OFFICE BOX 1385 FAIRHOPE, AL 365331385 20-5208772	A S F	TO FINANCE, OWN AND OPERATE A STUDENT HOUSING FACILITY FOR THE UNIVERSITY	AL	1,007,079	0	N/A					
CHF-ROSWELLLLC POST OFFICE BOX 1385 FAIRHOPE, AL 365331385 20-5208808	A S F	TO FINANCE, OWN AND OPERATE A STUDENT HOUSING FACILITY FOR THE UNIVERSITY	AL	837,132	0	N/A					
CHF-KUTZTOWN LLC POST OFFICE BOX 1385 FAIRHOPE, AL 365331385 26-0176083	A S F	TO FINANCE, OWN AND OPERATE STUDENT HOUSING FACILITIES FOR THE UNIVERSITY	AL	0		N/A					
CHF-HOLLAND SUITES LLC POST OFFICE BOX 1385 FAIRHOPE, AL 365331385 20-8580707	A S F U	TO FINANCE, OWN AND OPERATE STUDENT HOUSING FACILITIES FOR THE UNIVERSITY	AL	1,299,139	11,273,080						
CHF-DES MOINES LLC POST OFFICE BOX 1385 FAIRHOPE, AL 365331385 20-8355661	A S F U	TO FINANCE, OWN AND OPERATE STUDENT HOUSING FACILITIES FOR THE UNIVERSITY	AL	3,002,366	31,416,905						
CHF-HOLLAND SUITES II LLC POST OFFICE BOX 1385 FAIRHOPE, AL 365331385 26-1705515	A S F L	TO FINANCE, OWN AND OPERATE STUDENT HOUSING FACILITIES FOR THE UNIVERSITY	AL	880,096	6,186,427						
CHF - NORMAL LLC POST OFFICE BOX 1385 FAIRHOPE, AL 365331385 27-2995601	A S F U	TO FINANCE, OWN AND OPERATE STUDENT HOUSING FACILITIES FOR THE UNIVERSITY	AL	6,740,128	59,760,459						
CHF - DEKALB II LLC POST OFFICE BOX 1385 FAIRHOPE, AL 365331385 27-2995547	A S F	TO FINANCE, OWN AND OPERATE STUDENT HOUSING FACILITIES FOR THE UNIVERSITY	AL	12,247,966	126,368,095	N/A					
CHF - WYOMING LLC POST OFFICE BOX 1385 FAIRHOPE, AL 365331385 45-2392042	A S F	TO FINANCE, OWN AND OPERATE STUDENT HOUSING FACILITIES FOR THE UNIVERSITY	AL	1,592,006	19,057,263	N/A					
CHF - CIA LLC POST OFFICE BOX 1385 FAIRHOPE, AL 365331385 27-3512639	A S F	TO FINANCE, OWN AND OPERATE STUDENT HOUSING FACILITIES FOR THE UNIVERSITY	AL	1,758,840	17,471,000	N/A					
CHF - ASHLAND LLC POST OFFICE BOX 1385 FAIRHOPE, AL 365331385 93-6001787	Т Д S F	TO FINANCE, OWN AND OPERATE A STUDENT HOUSING FACILITY FOR THE UNIVERSITY	AL	0	47,446,442	N/A					
CHF - STEPHENVILLE LLC POST OFFICE BOX 1385 FAIRHOPE, AL 365331385 63-1238875	A S F	TO FINANCE, OWN AND OPERATE A STUDENT HOUSING FACILITY FOR THE UNIVERSITY	AL	0	0	N/A					

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 - DEKALB III LLC POST OFFICE BOX 1385 FAIRHOPE, AL 365331385 27-5438414	TO FINANCE, OWN AND OPERATE A STUDENT HOUSING FACILITY FOR THE UNIVERSITY	AL	0	0	N/A