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### EXTENDED TO MAY 15, 2017

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Open to Public Inspection ▶ Information about Form 990 and its instructions is at www.lrs.gov/form990.

A :	For th	e 2015 calendar year, or tax year beginning 🔝 J	UL 1, 2015 and	ending J	UN 30, 201	6					
В	Check !! applicab	C Name of organization			D Employer identi	fication number					
	Addre	<del> </del>	INDATION		63-	1173425					
F	chang lnitial return	Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite	E Telephone numb						
	Fina!	P.O. BOX 1385			251	-928-9340					
_	termi ated Amen		G Gross receipts \$	167,096,361.							
$\vdash$	return Applie tion	FAIRHOPE, AL 36533-13 F Name and address of principal officer. LEE			H(a) Is this a group	return es? Yes X No					
_	ttoh pendi			533-13	for subordinate	es? Tes La No					
$\overline{}$	POST OFFICE BOX 1385, FAIRHOPE, AL 36533-13 H(b) Are all subordinates included? Yes No  1 Tax-exempt status: X 501(c)(3) 501(c)(1) (insert no.) 4947(a)(1) or 527 If "No," attach a list, (see instructions)										
		te: WWW.COLLEGIATEHOUSING.		<u> </u>	H(c) Group exempt						
			ssociation Other >	L Year		M State of legal domicile; AL					
Pi	art I	Summary									
e	1	Briefly describe the organization's mission or most	t significant activities: • (A)	THE OR	GANIZATION	IS					
Activities & Governance	1	ORGANIZED EXCLUSIVELY FOR									
/err	1	Check this box  if the organization disco				1					
Ĝ	3	Number of voting members of the governing body	(Part VI, line 1a)		\3	<del></del>					
ళ	5	Number of independent voting members of the go	ever 2015 (Det V. lee 20)	••• ••• • • • • • • • • • • • • • • • •	<u>4</u>	<del></del>					
ite	6	Total number of individuals employed in calendar y Total number of volunteers (estimate if necessary)	year 2015 (Fart V, line 2a)	••••	6	<del>+</del>					
25	7a	Total unrelated business revenue from Part VIII, co	olumn (C) line 12		7.	<del></del>					
4	b	Net unrelated business taxable income from Form	990-T. Ime 34		71	+ <del></del>					
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Prior Year	Current Year					
<u>a</u>	8	Contributions and grants (Part VIII, line 1h)			3,500,000						
en	,					131,251,776.					
Revenue		Investment income (Part VIII, column (A), lines 3, 4			5,686,914						
_	11	Other revenue (Fart VIII, column (A), lines 5, 6d, 8d	7,9c, 10c, and 11e)		56,512						
	12	Total revenue - add lines 8 through 1 (must equal	Hart VIII, column (A), line 12)	···· \ <del>-</del>		148,594,172.					
	13	Grants and similar amounts paid (Part IX, column)	(A), lines 1 3)		0						
	14 15	Benefits paid to offior manabers Part IX, column ( Salaries, other compensation, employee benefits (	pil ine 4)	······	806,743	1					
1Se	16a	Professional fundraising fees (Part IX, column (A)	fine 11a)	······	000,740	<del></del>					
Expenses	ь	Total fundraising expenses (Partix) column (D), lin	e 25) <b>&gt;</b>	····							
ω		Other expenses (Part IX, column (A), lines 17a-11d		1	27,157,634	169,813,089.					
1		Total expenses. Add lines 13-17 (must equal Part I		1	27,964,377	171,099,664.					
	19	Revenue less expenses. Subtract line 18 from line	12		-9,180,447	-22,505,492.					
Sec		Total assets (Part X, line 16)		Ве	ginning of Current Year	End of Year					
Base	20				1226812140						
Ner As Fund B	21	Total liabilities (Part X, line 26)			1335321092	<del></del>					
	22 rt	Net assets or fund balances. Subtract line 21 from Signature Block	i line 20	<u>1-1</u>	06,306,332	-133,048,100.					
		thes of perjury, I declare that I have examined this return,	including accompanying schedules	s and stateme	ents, and to the hest of r	ov knowledge and belief it is					
		t, and complete. Declaration of preparer (other than office				ny kilomoago ana ochol, it io					
	]	Maman H.	-our		5-	10-17					
Sign		Signature of officer			Date	<del></del>					
Here	•	LEEMAN H. COVEY, PRESI	DENT/								
		Type or print name and title									
	Į	Print/Type preparer's name	Preparer's signature	j	ate Check	PTIN					
aid			BRIAN M. BLAKEN	EX  0	5/08/17 self-emple						
rep:	_ [		LLC		Firm's EIN	27-0355040					
Jse (	outa.	Firm's address P.O. BOX 70047			Dh-n- n- / '	251)410-6700					
40		MOBILE, AL 36670	una (ana mataustinna)		Lugue no. (	X Yes No					
ridy	and it.	S discuss this return with the preparer shown abo	140: (286 m20000112)		<u></u>	, <u> </u>					

532001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate Instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2015)

Pa	1990 (2015) COLLEGIATE HOUSING FOUNDATION	63-1173425	Page 2
	rt III. Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	(A) THE ORGANIZATION IS ORGANIZED EXCLUSIVELY FOR CHAP		
	RELIGIOUS, AND EDUCATIONAL PURPOSES WITHIN THE MEANIN		
	501(C)(3) OF THE U.S. INTERNAL REVENUE CODE OF 1986 (	THE CODE)	
	INCLUDING FOR SUCH PURPOSES:		
2	Did the organization undertake any significant program services during the year which were not listed on	r <del></del> 1	
	the pnor Form 990 or 990-EZ?	Yes	X No
	if "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	ices?Yes	X No
	if "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	o others, the total expenses, a	and
	revenue. if any, for each program service reported.		
4a		(Revenue \$ 52,849,	
		CA FOR UNIVERS	T.T.X
	OF CALIFORNIA IRVINE		
	<del></del>		
		· · · · · · · · · · · · · · · · · · ·	
4b		Revenue \$ 8,809,	
	PROVIDE 1,274 BED STUDENT HOUSING FACILITY IN COLLEGE	STATION, TX F	OR
	TEXAS ASM UNIVERSITY		
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
4c		Revenue \$ 13,400,	895.
-	(Code:) (Expenses \$ 17,224,804 - including grants of \$ ) (	Revenue \$13,400,8	
-	(Code:) (Expenses \$ 17,224,804. including grants of \$) (PROVIDE 1,248 BED STUDENT HOUSING FACILITY IN DEKALB,		
-	(Code:) (Expenses \$ 17,224,804 - including grants of \$ ) (		
	(Code:) (Expenses \$ 17,224,804. including grants of \$) (PROVIDE 1,248 BED STUDENT HOUSING FACILITY IN DEKALB,		
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	(Code )(Expenses \$ 17,224,804 including grants of \$ ) (PROVIDE 1,248 BED STUDENT HOUSING FACILITY IN DEKALB, ILLINOIS UNIVERSITY		
4d (	(Code:) (Expenses \$17,224,804. Including grants of \$) (PROVIDE 1,248 BED STUDENT HOUSING FACILITY IN DEKALB, ILLINOIS UNIVERSITY	IL FOR NORTHE	
4d (	(Code:) (Expenses \$17,224,804. Including grants of \$) (PROVIDE 1,248 BED STUDENT HOUSING FACILITY IN DEKALB, ILLINOIS UNIVERSITY  Other program services (Describe in Schedule O.)		

Form 990 (2015) COLLEGIATE HOUSING FOUNDATION
Part IV. Checklist of Required Schedules

	7, 12 M			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1		
_	If "Yes," complete Schedule A	1.	X	1,
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	ļ	X
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 !	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			{
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	1	1	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	1	1	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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?	l		}
	If "Yes," complete Schedule D, Part IV	9		x
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		X
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	33	7 6°	213
	as applicable.	· •••		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	[		• • • • • • • • • • • • • • • • • • • •
	Part VI	11a	X	
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	116		X
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		X
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	114	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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	111	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
þ	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		<u>X</u>
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		ĺ	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		ļ	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		l	77
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	}	}	7.7
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		j	v
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	_	Ì	v
	complete Schedule G, Part III	19	ì	Х

Form 990 (2015)

	•		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	}		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	ì	1	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			}
	Schedule J	23	X	ļ
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			1
	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 25s	24a	X	ļ
ь		24b	X	<b>├</b>
c	· · · · · · · · · · · · · · · · · · ·	24c		x
d	any tax-exempt bonds?	24d		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	270		-
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	256		
J	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			{
		25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	1200		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			1
	complete Schedule L, Part II	26		Х
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			l
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):			ž .
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28ь		X
c	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	] }		
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1		
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	<u>X</u>	
	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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			7.7
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
	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		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	1 1	., l	

Page 5

	Check if Schedule O contains a response or note to any line in this Part V					
				**********	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	11	.3 ₹	\$ 10°	1007
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		0 ₹∜	# / S	\$ . S.
	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			1
	(gambling) winnings to prize winners?			.   1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				177	
	filed for the calendar year ending with or within the year covered by this return	2a		4	ki	
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	πs?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				4.57	10%
3a					X	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	o	**********************	3b	X	Ţ
	At any time during the calendar year, did the organization have an interest in, or a signature or other					-
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	. 4a	<u> </u>	X
þ	If "Yes," enter the name of the foreign country: ▶				1337	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).		1. :: ;	1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**************	5а	<u> </u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	·····	. 5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c	<u> </u>	
6a				1	1	ì
	any contributions that were not tax deductible as charitable contributions?			. <u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	r gifts	Ì		]
	were not tax deductible?			. 6ь		]
7	Organizations that may receive deductible contributions under section 170(c).			- 13.5		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payo	r? <u>7a</u>	↓	<u>X</u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		,	. 7b	<del> </del>	L
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	ulred	4		l
	to file Form 8282?			. <u>7c</u>	<u> </u>	X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		\$		122
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontrac	t?		<del>                                     </del>	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri				<del> </del>	X
9	If the organization received a contribution of qualified intellectual property, did the organization file Fo				N/	
_h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		/-		N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	N/A		<u>}</u> . '>	
_	sponsoring organization have excess business holdings at any time during the year?	••••••	······································	8	<del> </del>	ļ
9	Sponsoring organizations maintaining donor advised funds.		33 / D	134.	[a]	
a	Did the sponsoring organization make any taxable distributions under section 4966?	···· ·· ·	N/A	.   9a	<del> </del>	├
Ъ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		<u></u>	. <u>9</u> b	1	<del>  20.2 -</del>
0	Section 501(c)(7) organizations. Enter:	ا ــــــــــــــــــــــــــــــــــــ		10 12 A	权的	
		10a		-4.55	1448	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	106				13.40
	Section 501(c)(12) organizations. Enter:	11a				
a	Gross income from members or shareholders	118		<b>-</b> [,`*;		
	amounts due or received from them.)	116				
<b>9</b> 2	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			;∵ 12a	4 4 4 4	j
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	1		120		- T
	Section 501(c)(29) qualified nonprofit health insurance issuers.	160		<b>-</b> [3]	17.	
	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.	•••••	<del></del>	100	10.5	1:10
	Enter the amount of reserves the organization is required to maintain by the states in which the				1	
	·	136			<b>1</b> 5.7	
		13c		700	K.	
	Distance and the second of the			1.4.	-	X
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule			14b		<u> </u>
					990	(2015)

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

	Check if Schedule O contains a response or note to any line in this Part Vi			X
Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year1a	4.80	3. %	1430
	If there are material differences in voting rights among members of the governing body, or if the governing	1983		
	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	<u> </u>		32.3
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1.00	3.5	
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	1		
	of officers, directors, or trustees, or key employees to a management company or other person?	3	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	X	
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	Х	
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	į į	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	796 35 A
ь	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	- 05		
•		9		X
Sec	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	) 9		<u> </u>
oec	don b. Folicies (mis section a requests information about policies not required by the internal nevenue code)		Yes	No
10=	Did the organization have local chapters, branches, or affiliates?	10a	X	IAO
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	TUB.		
_		100	x	
445	and branches to ensure their operations are consistent with the organization's exempt purposes?	106	$\frac{x}{x}$	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	118		348.5
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	2,5		**
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<u>-</u> ≏-	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	1	v	
	in Schedule O how this was done	12c	X	<del></del>
13	Did the organization have a written whistleblower policy?	13	<del></del>	<u>X</u>
14	Did the organization have a written document retention and destruction policy?	14	X	<del></del>
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
Ь	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	193		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	R	\$3 S	(gg)
	taxable entity during the year?	16a		<u>X</u>
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	<b>103</b>		O j
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		10	W. 20
	exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filled ►AL, CA, IL, PA, NC, FL, OR			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availabl	e	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d financ	ial	
	statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	LEEMAN H. COVEY - 251-928-9340			
	409 JOHNSON AVE, FAIRHOPE, AL 36532			

### Form 990 (2015) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's 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 report. able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

		any related organization compensated any current officer, director, or trustee.										
(A) .	(B)	(C) Position						(D)	(E)	(F)		
Name and Title	Average		not c	heck	more	than		Reportable	Reportable	Estimated amount of		
	hours per week					is bot or/trus		compensation from	compensation from related	other		
	(list any	قِ						the	organizations	compensation		
	hours for	8	}	1	1	   		organization	(W·2/1099·MISC)	from the		
	related	100	ag s	ł	1	88	}	(W-2/1099-MISC)	•	organization		
	organizations	喜	를	[	50	E.		ļ		and related		
	below	Individual frustee or director	Institutional trustee	Oliner	Кеу ептрісуве	Highest compensated employee	Former			organizations		
	line)	Ε.	₹	ō	\$	£ 5	ΙŽ					
(1) LEEMAN H. COVEY	30.00	·		v	{		}	106 250	0.	6 722		
PRESIDENT/EXECUTIVE DIRECT	1-50	X		X		-	<u> </u>	186,250.	<u> </u>	6,722.		
(2) JOHN BROOKS SLAUGHTER	1.50	·			{	1	1	17 500	0.	^		
TREASURER	1.50	X	-	X	├—	<del> </del>	<del> </del>	17,500.	0.	0.		
(3) HON, JACK EDWARDS	1.30	x	1	Х		1	1	17 500	0.	^		
SECRETARY	1.50	^	-	Λ	-	├—	<u> </u>	17,500.	· · · · · · · · · · · · · · · · · · ·	0.		
(4) JOHN B. HICKS	1.30	X		Х		1		17,500.	0.	0.		
VICE PRESIDENT	1.50	1	-	^	<del>  -</del>	<del> </del>	-	17,300.				
(5) THOMAS M. DALY DIRECTOR	1.30	X	١.		`	1		17,500.	0.	0.		
(6) ROBERT A. SHEARER	1.50	^	-	-	-	├	-	17,300.	<u> </u>	<u> </u>		
DIRECTOR		X	}			ļ	}	15,000.	0.	0.		
(7) JANET BRÓWN	35.00	-			-	<del>                                     </del>	-	13,000.				
ASSISTANT SECRETARY	1	1		X	1	}		128,625.	0.	5,144.		
(8) WILLIAM B. GIVHAN	40.00						_					
GENERAL COUNSEL/CHIEF OPER				Х				502,700.	0.	13,456.		
(9) LYN R. CONE	40.00											
VICE PRESIDENT FOR COMPLIANCE AND FI				Х				23,558.	0.	1,064.		
					_	1	•					
										·		
		Ì										
					<u> </u>							
					ļ							
		<u> </u>	L		<u> </u>	<u> </u>						
		<u> </u>			<u> </u>	<u> </u>						
+		l										
			L			L		L				

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) (B) (C)								(D)	(E)	(F)
Name and title	Average Position					one	Reportable	Reportable	Estimated	
	hours per	box	, unie	ss pe	เรอก	is bot	th an	compensation	compensation	
	week (list any	-	Cer au	io a c	irecu	or/trus	stee)	- Irom	from related	<b>(</b>
	hours for	director				_		the organization	organization (W-2/1099-Mis	
	related	9	轟			層		(W-2/1099-MISC)	(VV-2) 1099-WIN	organization
	organizations	器	夏	1	B	Ē	}	(11 2 1035 11100)		and related
	below	Individual trustee or	Institutional trustee	bs	i i	15 8	<b>3</b>			organizations
	line)	ğ	15	Officer	Кеу етріоуев	Highest compensated employee	Former			
					_					
		}								
	<u></u>	_			<u>L</u>	<u> </u>		<u> </u>		
						1	]			}
<del></del>			<u></u>		L.					
	ļ	1		[	l		ł			ļ
			L_	<u> </u>	_	L	<u> </u>			
				ŀ	1	1				
				<u></u>	_	<u>L</u> _				
					l					
					_	<u> </u>	<u> </u>			
		1		}						
				<u> </u>		<u> </u>	_			<del></del>
		1		j		<b>!</b>		1		
		<u> </u>	ļ		<u> </u>	;				
							l			
	<u> </u>	<u> </u>	<u> </u>		L	<u> </u>	<u> </u>	-006 100	<del></del>	0 0000
1 b Sub-total								926,133.		0. 26,386.
c Total from continuation sheets to Part VI								0.		0. 0.
d Total (add lines 1b and 1c)								926,133.		0. 26,386.
Total number of individuals (including but n	ot limited to th	050	liste	d at	OOVe	e) wł	10 re	eceived more than \$100	,000 of reportabl	ie T
compensation from the organization									<del></del>	Yes No
O Distance of the teature of the control of the con										
3 Did the organization list any former officer,										
line 1a? If "Yes," complete Schedule J for s										
4 For any individual listed on line 1a, is the su										4 X
and related organizations greater than \$150										·····
	· · · · · · · · · · · · · · · · · · ·							=		1.0. 4. 1. 1.1
rendered to the organization? If "Yes," com Section B. Independent Contractors	olete Schedule	9 J T	or st	icn j	oers	ion .		<u>,, .,,, </u>		5 X
		4						No. A	*400.000 =6 ====	
Complete this table for your five highest countries the organization. Report compensation for the organization.										ipensation from
	ire calendar y	ear e	3HQH	ig w	VILIT (	OI W	RTIAL)		ear.	
(A) Name and business	address						- }	(B) Description of s	ervices	<b>(C)</b> Compensation
SPAWMAXWELL COMPANY, L.L.							+			
4400 POST OAK PKWY, HOUST		77	702	7			ŀ	CONSTRUCTION	]	43,494,856.
BALFOUR BEATTY CONSTRUCT				<u></u> -			f	CONDINOCIACI		13/131/0301
1 COUNTRY VIEW ROAD, MALV				155	;		h	CONSTRUCTION		38,145,632.
MOSS & ASSOCIATES, L.L.C.	2101	N.	<u> </u>	NI	RF	we	-	CONDINOCTION		30/143/032.
DRIVE, SUITE 300, FORT LA	UDERDAI	F.	<u>.</u> म	יד.		J/10		CONSTRUCTION		21,547,342.
MAROUS BROTHERS CONSTRUCT					702		f	CONDINCTION		21/31/3126
JOSEPH LLOYD PKWY, WILLOU						-	ŀ	CONSTRUCTION	Į	15,549,811.
DAVIS BROTHERS CONSTRUCTI					<u> </u>		一			
2200 LOUETTA RD, SPRING,		88					r	CONSTRUCTION	!	14,828,028.
2 Total number of independent contractors fir			niter	t to	thos	مرا م	_		ore than	
\$100,000 of compensation from the organiz		) III		4 (0	34		<del></del> U	SPOAC MIIO IECEMEN III	OIE HIGH	建物位数化均衡
4 - 00 love of compensation from the Organiz	arroll					<u> </u>			<u>_</u>	<del></del>

			Check if Schedule O contr	ains a resnonse	or note to any li	ne in this Part VIII			
			October 1 October 1			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
at st	1	a	Federated campaigns	12		9 : 55 5 6 K 35 K			AND AND
Contributions, Gifts, Gran and Other Similar Amount	1		Membership dues						
ÖĚ	ĺ		Fundraising events				16% (Sec. 1962)		
₹,7	1		Related organizations				<b>经税。这题</b> 了	100000000000000000000000000000000000000	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
0.5	( `		_		<del></del>				
Sis	}		Government grants (contributi		<del></del>	Park Street		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
ž ž	l	1	All other contributions, gifts, grant	1 !					
£5			similar amounts not included above	*****					
5 2	1		Noncash contributions included in lines						
<u>O 6</u>	├	h	Total. Add lines 1a-1f	<u></u>		ļ	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	37.18.78.7	
	•				Business Code				1888 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ည	2	a	RENTAL INCOME		721310	125,861,369.	125,861,369.		
e e	1	b	MISCELLANBOUS INCOME		721310	2,377,467.	2,377,467.		
S S	1	C	CONVENIENCE INCOME		721310	1,989,508.			1,989,508.
<b>₽</b> ≥	1	q	FEES/FORFEITED DEPOSITS	3	721310	1,023,432.	1,023,432.		
Program Service Revenue	1	e		_					
ā	1	f	All other program service rever	nue					
		g	Total. Add lines 2a-2f			131,251,776.	), v : . m., )	1 11 (\$ ) 12 L 💆	elizati lita
	3		Investment income (including						
			other similar amounts)			264,635.			264,635.
	4		Income from investment of tax			869,358.			869,358.
	5 Royalties								
	}			(i) Real	(ii) Personal		3.132.433.6	S. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18	225-22 1331-55
	6	а	Gross rents	155,592.					
	1		Less: rental expenses	103,682.			7. The state of		
			Rental income or (loss)	51,910.			1 1 2 1 1 2 1 2 2 2 2 2		
					<b>•</b>	51,910.	The state of the s	51,910.	
			Gross amount from sales of	(A) Consenting		31,310.	1	31,310.	
	•	0		(i) Securities	(ii) Other	Karama Agama	**		
		_	assets other than inventory	· · · · · · · · · · · · · · · · · · ·	34,555,000.	11/2 13/2 2021	10 10 10 10 10 10 10 10 10 10		19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		D	Less: cost or other basis			100 30 18 100	7 WHO 325		
			and sales expenses		18,398,507.				
			Gain or (loss)		16,156,493.	1 ' ' ' '			(3) 20 1 31
			Net gain or (loss)			16,156,493.			16,156,493.
9	8		Gross income from fundraising	events (not					The sales of the s
ē			including \$	of					
é			contributions reported on line '			2000 B.W.			
9			Part IV, line 18	a					
Other Reve	1	b	Less: direct expenses	ь			SMAT GREEK		
_		С	Net income or (loss) from funda	raising events	<u> </u>		18 4 G & & BA		
l	9 8	а	Gross income from gaming act	ivities. See		(表:40.75.75)			
- }			Part IV, line 19	а			755 (E.A. H) W		
	ı		Less: direct expenses						
- 1			Net income or (loss) from gamil		<b>&gt;</b>				, , ,,
- }			Gross sales of inventory, less re				3 3 3 2 3 3	٠	. ; "A"
- 1			and allowances						
- 1	ı	6	Less: cost of goods sold	b		克斯马克尼 医水流			발생 걸 사용
- }			Net income or (loss) from sales			· · · · · · · · · · · · · · · · · · ·		* * * * * * * * * * * * * * * * * * *	0.000 ( 0.00)
Γ			Miscellaneous Revenue		Business Code		1. 1 12. 2.07.	٠	. C. S. NAMES
Ī	11 2	3				/\ /! / `			n a a to the state of the state
1	_	5							
- 1		- -							
- }	-		All other revenue	<del></del> [					<del></del>
[			Total. Add lines 11a-11d						
- }	12		Total revenue. See instructions			148 594 172	129 262 268	51 910.	

# Form 990 (2015) COLLEGIATE HO Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon	nse or note to any line in	this Part IX	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1					
	and domestic governments. See Part IV, line 21	75,000.	75,000.	170 (1831 V ) 873.	
2	Grants and other assistance to domestic		1		
	individuals. See Part IV, line 22		ļ		3337
3	Grants and other assistance to foreign		1		
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members		<u> </u>	h	1.13.4 1 13.4
5	Compensation of current officers, directors,	1 166 600	Ì	1 166 600	
_	trustees, and key employees	1,166,688.	<del> </del>	1,166,688.	<del> </del>
6	Compensation not included above, to disqualified		ĺ		
	persons (as defined under section 4958(f)(1)) and		,		
_	persons described in section 4958(c)(3)(8)	}	<del> </del>		<del> </del>
7	Other salaries and wages	<del></del>	<del> </del> -	<del> </del>	<del> </del>
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)		<del> </del>	<del> </del>	<del></del>
9	Other employee benefits	44 007	<u> </u>	44 007	<del> </del>
10	Payroll taxes	44,887.	<del> </del>	44,887.	<del> </del>
11	Fees for services (non-employees):	14 720 200	14 120 200		
а			14,139,390.	FO 430	<del> </del>
b	Q	188,283.		59,430.	
C		576,592.	461,251.	115,341.	
d			<del>                                     </del>		
е	Professional fundraising services. See Part IV, line 17	222 708	l		
f	Investment management fees	223,105.	223,105.		
9	, ,	402.060	450 100	22 770	
	column (A) amount, list line 11g expenses on Sch O.)	483,968.			
12	Advertising and promotion	291,067.		8,131.	<u></u>
13	Office expenses	1,495,487.		13,428.	}
14	Information technology	31,803.	21,451.	10,352.	
15	Royalties	22 22 652	20 700 100	27 52	
16	Occupancy		32,738,129.	37,523.	
17	Travel	181,874.	134,417.	47,457.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	15 000		15 063	
19	Conferences, conventions, and meetings	15,062.	EA 242 026	15,062.	<del></del>
20	Interest	24,243,826.	54,243,826.	<del> </del>	<u> </u>
21	Payments to affiliates	24 676 544	74 660 100	7 415	
22	Depreciation, depletion, and amortization	34,676,544.		7,415.	
23	Insurance	1,538,795.	1,453,737.	85,058.	a. a S 8 2
24	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e, If line				
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)	7 720	7 700	2011 (4. 21 ) / 2 /	
a	UBIT	7,728.	7,728.	<del></del>	<del></del>
b	LOSS ON EXTINGUISHMENT	23,802,242.	<del></del>	E1 107	<del></del>
C	ADMINISTRATIVE	4,340,511.		51,107.	<del></del>
d	PREOPENING COSTS	519,174.		1 040	<del> </del>
	All other expenses	<u>281,986.</u>			
25	<del></del>	1/1,099,004.	169,402,966.	1,696,698.	0
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 H following SOP 98-2 (ASC 958-720)		<u></u>	L	Form <b>990</b> (2015

100	Balance Sheet	
	Check if Schedule O contains a response or note to any line in this Part X	
		(A) (B)
	· · · · · · · · · · · · · · · · · · ·	Beginning of year End of year
1	Cash - non-interest-bearing	10,948,851. 1 11,366,680.
2	Savings and temporary cash investments	
3	Pledges and grants receivable, net	3
4		
5		
•		
6	Loans and other receivables from other disqualified persons (as defined under	
}	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributi	ing   Park Company   Park Company
	****	
	the state of the s	6
7		
8		
9		
10a		
	basis, Complete Part VI of Schedule D 10a 965, 565, 29	
ь	Less: accumulated depreciation 10b 168,645,54	3. 619,127,388. 10c 796,919,750.
11		
12		
13		
14	_	
15		
16		
17		
18	·	
19		$\frac{1}{19}$ 6,001,987. $\frac{1}{19}$ 6,543,127.
20		
21	Escrow or custodial account liability. Complete Part IV of Schedule D	
22	Loans and other payables to current and former officers, directors, trustees,	
	key employees, highest compensated employees, and disqualified persons.	
	Complete Part II of Schedule L	22
23	Secured mortgages and notes payable to unrelated third parties	
24	Unsecured notes and loans payable to unrelated third parties	24
25	Other liabilities (including federal income tax, payables to related third	
-	parties, and other liabilities not included on lines 17-24). Complete Part X of	
	Schedule D	13,428,462. 25 15,740,774.
26		1335321092. 26 1330153410.
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	
	complete lines 27 through 29, and lines 33 and 34.	-
27	Unrestricted net assets	-108,508,952. 27 $-133,048,100.$
28	Temporarily restricted net assets	28
29	Permanently restricted net assets	29
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶	日本海流游农生用 第2007年代
	and complete lines 30 through 34.	日本に関わる事業は対象には
	Capital stock or trust principal, or current funds	
31	Paid-in or capital surplus, or land, building, or equipment fund	
32	Retained earnings, endowment, accumulated income, or other funds	
32 33		-108,508,952. 33 $-133,048,100.$
	1 2 3 4 5 6 7 8 9 10a b 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29	Check if Schedule O contains a response or note to any line in this Part X    Cash - non-interest-bearing

Form	1 990 (2015) COLLEGIATE HOUSING FOUNDATION	63-	-1173	425	Pag	<u>ie 12</u>
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
		1				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,594		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,099		
3	Revenue less expenses. Subtract line 2 from line 1	3		,505		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-108	,508		
5	Net unrealized gains (losses) on investments	5		-122	,11	<u> 17.</u>
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	<u> </u>	,911	.,53	<u> 39.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	1		•		
	column (B))	10	<u>-133</u>	,048	3,10	<u> </u>
Pa	rtXII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				ا بسب	X
	· .	•			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				`	1.36
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		<u> X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	a no t			. ( <del>)</del>	w(\$?
	separate basis, consolidated basis, or both:			K (1		M.
	Separate basis Consolidated basis Both consolidated and separate basis			[統]		.::p.
þ	Were the organization's financial statements audited by an independent accountant?	<i>.</i>		2b	X	<del></del>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,	[:": ]		18/12
	consolidated basis, or both:				·-/::[[	220
	X Separate basis Consolidated basis Both consolidated and separate basis			8:1		1000
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			Yasi	. J.	37 E
	review, or compilation of its financial statements and selection of an independent accountant?			20	X	<del></del>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			14	, . ·	÷. ·
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si		dit		۰ <b> </b>	
	Act and OMB Circular A-133?		•••••	3a		<u>_x</u> _
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dıt		<b>,</b>	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	<del></del>	3b	105	
				Form 9	<b>390</b> (2	2015)

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

Department of the Treasury

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.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Information about Schedule A (Form 990 or 990-EZ) and its instructions istatutu.irs.gov/form990.

Employer identification number Name of the organization COLLEGIATE HOUSING FOUNDATION 63-1173425 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990 EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). . A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. 🔟 Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iii) Type of organization (iv) Is the organization (v) Amount of monetary (i) Name of supported (vi) Amount of (ii) EIN listed in your (described on lines 1-9 organization support (see other support (see above (see instructions)) governing document instructions) instructions) Yes. No Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (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 fumished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract fine 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (e) 2015 (c) 2013 (d) 2014 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royaltles and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on ... 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ..... 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage % % 15 Public support percentage from 2014 Schedule A, Part II, line 14 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

Schedule A (Form 990 or 990-EZ) 2015

more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

# Schedule A (Form 990 or 990-EZ) 2015 COLLEGIATE HOUSING FOUNDATION 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

6	quality under the tests listed c	elow, please comp	Diete Part II.j		<del> </del>		<del></del>
	ction A. Public Support		7) 22/2				(0.7.)
	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and				}		1
	membership fees received. (Do not	222222			250000	_	670000
	include any "unusual grants.")	3200000.	<b></b>		3500000.	0.	6700000.
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	87265874.	107650829	104896890	106040504	131236776	537090873
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-			- <del></del> i			
	ization's benefit and either paid to or expended on its behalf				•		
5	The value of services or facilities						
J	fumished by a governmental unit to						
	the organization without charge	90465874.	107650000	104006000	100540504	121226776	E / 2700072
	·	90463874.	10/650829	104896890	109540504	131230770	343790873
7 a	Amounts included on lines 1, 2, and						•
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)	7.7.3.4.43			172138777		543790873
	ction B. Total Support	<del></del>	<u></u>		<u> </u>	<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
		90465874.	107650829	104896890	109540504		
	Gross income from interest.						
	dividends, payments received on securities loans, rents, royalties and income from similar sources	2650356.	3065031.	1798452.	1415704.	1131544.	10061087.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses				:		
	acquired after June 30, 1975	10,887.	70,797.	42,168.	47,634.	44,182.	215,668.
	Add lines 10a and 10b	2661243.	3135828.	1840620.	1463338.	1175726.	10276755.
11	Net income from unrelated 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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12)	93127117.	110786657	106737510	111003842	132412502	554067628
	First five years. If the Form 990 is for						
	check this box and stop here tion C. Computation of Publi		<del></del>		•	··	<b>&gt;</b>
	Public support percentage for 2015 (I			Olymp (fl)		15	98.15 %
						16	97.28 %
	Public support percentage from 2014			·· <u>·······················</u>		101	31.20 %
	tion D. Computation of Inves			. 46			1.85 %
	Investment income percentage for 20			• • • •		17	2 2 2
	Investment income percentage from 2					18	<del></del>
	33 1/3% support tests - 2015. If the						
	more than 33 1/3%, check this box ar		-	•			<b>&gt;</b> X
	33 1/3% support tests - 2014. If the						
	line 18 is not more than 33 1/3%, che		•	•			
<u>'U</u>	Private foundation. If the organization	n did not check a t	box on line 14, 19a	s, or 19b, check th	ils box and see ins	tructions	<b>P</b>

### Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A. D. and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A	. All	<b>Supporting Organizations</b>
-----------	-------	---------------------------------

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VIwhen and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in part yiwhat controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in part vihow the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

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Schedule A (Form 990 or 990-EZ) 2015

L Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

4 Enter greater of line 2 or line 3

instructions).

Income tax imposed in prior year

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

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

3

4

5

Pa	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions	Current Year		
1_	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s	<u> </u>	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			<u> </u>
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	•	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C. line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
Sect	ion E - Distribution Allocations (see instructions)		Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line 6	1		
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b		AND CARREST A ST		
c				
ď	From 2013	8, 149 y 4 c 1, 140		
e	From 2014			
f	Total of lines 3a through e	14 <u>34-14-14-14-14-14-14-14-14-14-14-14-14-14</u>		
q	Applied to underdistributions of prior years	**************************************		
	Applied to 2015 distributable amount			
1	Carryover from 2010 not applied (see instructions)			
j	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D.	3 - 10 mg/20 100 00 3 7 5 3		
	ine 7: \$			
a	Applied to underdistributions of prior years	· () - ( ) - ( ) ( ) ( ) ( ) ( ) ( ) ( )		网络拉西凯德纳 计电影
	Applied to 2015 distributable amount			
c	Remainder, Subtract lines 4a and 4b from 4.		See 1 Commission Commission	. 301 # Bar (777).
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount	[하다 왕이 손(양편()) [		
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).		Barking (1902)	
7	Excess distributions carryover to 2016. Add lines 3j	<u>                                     </u>	18 m. 19 m. 18 m.	
	and 4c.			化氯化 法证金净证
8	Breakdown of line 7:			
a	group of the first of the group of the first of the group of	AN THE PROPERTY OF		
b		ار در از در	23. O. T. T. T. A. S.	
	Excess from 2013			
	Excess from 2014		7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7	1
	Excess from 2015	in he was a single	Talana a sagarita	147.14.81 72.30

Schedule A (Form 990 or 990-EZ) 2015

Schedule A	(Form 990 or 990-E	Z) 2015 COLL:	EGIATE	HOUSING	FOUNDA!	rion	63-1173425 Page 8
Part VI	Supplementa Part IV, Section A line 1: Part IV, Sec	I Information., lines 1, 2, 3b, 3c, stion D, lines 2 and 6, and 8; and Par	Provide the , 4b, 4c, 5a, d 3; Part IV, 1	explanations red 6, 9a, 9b, 9c, 11 Section E, lines	quired by Part a, 11b, and 11 Ic. 2a, 2b, 3a	II. line 10: Part II. line 17:	a or 17b; Part III, line 12; es 1 and 2; Part IV, Section C, et V, Section B, line 1e; Part V,
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### SCHEDULE D

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

	COLLEGIATE HOUSING		63-1173425
Pa	rt 1 Organizations Maintaining Donor Advised	Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		<del></del>
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wi	iting that the assets held in donor advised	funds
	are the organization's property, subject to the organization's ex	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad-	visors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose coi	nferring
	impermissible private benefit?		
Pa	rt II 🔠 Conservation Easements. Complete if the orga	nization answered "Yes" on Form 990, Par	t IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ucation) Preservation of a historic	ally important land area
	Protection of natural habitat	Preservation of a certified	d historic structure
	Preservation of open space		•
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form of a	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic struc	ture included in (a)	2c
đ	Number of conservation easements included in (c) acquired aff	ter 8/17/06, and not on a historic structure	}
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the or	ganization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ment is located -	
5	Does the organization have a written policy regarding the peno		·
	violations, and enforcement of the conservation easements it h	olds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing conserv	ation easements during the year
	·		
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservation	easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense sta	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	n's financial statements that describes the	organization's accounting for
-	conservation easements.		
Pa	till Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	The state of the s	
	historical treasures, or other similar assets held for public exhib		of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe		
þ	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<i></i> ▶ \$
2	If the organization received or held works of art, historical treas		in, provide
	the following amounts required to be reported under SFAS 116		
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		▶ \$
LHA	For Paperwork Reduction Act Notice, see the Instructions f	or Form 990.	Schedule D (Form 990) 2015

532051 11-02-15

Sch	edule D (Form 990) 2015 COLLEGI	ATE HOUSIN	G FC	UNDATI	ON			53-11	73425	Page 2
	rt III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Oth	er Simila	ar Asse	ts(continu	ued)
3	Using the organization's acquisition, accessi									
	(check all that apply):									
a	Public exhibition	(	, 🗀	Loan or exc	hange progr	ams				
Ŀ	Scholarly research e Other									
c	Preservation for future generations									
4	Provide a description of the organization's co	oliections and expla	in how t	hey further t	he organizati	ion's exe	mpt purpo	se in Par	XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, h	istorical trea	sures, or oth	er simila	r assets		_	
	to be sold to raise funds rather than to be m	aintained as part of	the orga	anization's co	ollection?			<u> </u>	Yes	No_
Pâ	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.									
1a	is the organization an agent, trustee, custod	ian or other interme	diary for	contribution	s or other as	ssets not	included			
	on Form 990, Part X?					• • • • • • • • • • • • • • • • • • • •	•	[	Yes	No No
ь	If "Yes," explain the arrangement in Part XIII									
	•	-							Amount	
c	Beginning balance				• • • • • • • • • • • • • • • • • • • •		1c			
d	Additions during the year						1d			
e	Distributions during the year						1 1			
f	Ending balance									
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or co	ustodial acco	ount liabi	lity?	., 🗀	Yes	☐ No
	if 'Yes,' explain the arrangement in Part XIII.							<u></u>		
Pa	rt V : Endowment Funds, Complete	f the organization a	nswered	Yes on Fo	m 990, Par	t IV, lme	10.			
		(a) Current year	(b) F	rior year	(c) Two yea	rs back	(d) Three ye	ears back	(e) Four	years back
1a					<u> </u>					
ь			<u> </u>							
c										
d	Grants or scholarships	· · · · · · · · · · · · · · · · · · ·	ļ		ļ					
е	Other expenditures for facilities		}			1				
	and programs	· · · · · · · · · · · · · · · · · · ·	<u> </u>							<del></del>
f	Administrative expenses	- <del>-</del>	ļ							
9	End of year balance		<u> </u>			l				
2	Provide the estimated percentage of the cur		ce (line 1	ig, column (a	i)) held as:					
	Board designated or quasi-endowment		%							
	Permanent endowment	%		•						
C	Temporarily restricted endowment ▶									
_	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posse	ssion of the organiz	ation th	at are held a	nd administe	ered for t	he organiza	ation	_	<del></del>
	by:						•			Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations							••••••	3a(ii)	
_	If "Yes" on line 3a(ii), are the related organiza								3b	
D <sub>2</sub>	Describe in Part XIII the intended uses of the		owment	tunds.						
17.20			0 0-4 0	V 6 44- C		. n v	lin - 40			
	Complete if the organization answered							, ,	(5.5. )	<del></del> -
	Description of property	(a) Cost or of basis (investigation)		(b) Cost basis			ccumulated preciation	a	(d) Book	value
	Land		TIELIT)		8,861.				6,098	961
1a h	Land			916,72						
٠	Buildings Leasehold improvements		<del></del>	710,12	1,1200	1 = 0 , .	,,,,,,,	. / • / /	0,110	1013.
ď	Equipment			42.71	5,312.	22 (	195_0°	06 2	0.650	,216.
	Other			12/17	· / · · · ·	~~,			.,000	7410.
	. Add lines 1a through 1e. (Column (d) must e		X. colu	mn (B), line 1	0c.)			▶ 79	6,919	,750.

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 COLLEGIATE	HOUSING FO	UNDATION	63	-1173425 Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	on Form 990, Part I	V, line 11b. See Form 990,	Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or en	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)			<del></del> _	
(G)	<u> </u>			
(H)	ļ			· · · · · · · · · · · · · · · · · · ·
Total. (Col. (b) must equal Form 990. Part X, col. (B) line 12.) ▶	<u></u>		<u>. 4 (1 (1806)</u>	
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"		V. line 11c. See Form 990,	Part X. line 13.	<del></del>
(a) Description of investment	(b) Book value	(c) Method of v	raluation: Cost or en	d-of-year market value
(1)				<del></del>
(2)	<b> </b>			
(3)	ļ			
	ļ			
(5)				
(6)				
<u>(7)</u>	<del></del>			<del></del>
<u>(8)</u>	<del> </del>	- <del></del>	<del></del>	<del></del>
	<del> </del>	<del></del>	<del>774 777 73</del>	<del></del>
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	<del>!</del>	150 11 11 12		Alexander State of the
Language and the second	an Com 000 Part II	/ line 11d Can Form 000	Dest V line 15	
Complete if the organization answered "Yes"	Description	v. line 110. See Form 990,	Part A, line 15.	(b) Book value
(1) CONSTRUCTION IN PROGRESS	ousonphon .	<del>-</del>	<del></del>	113,661,581
(2) DUE FROM RELATED ENTITIES	AND MANAG	EMENT COMPANT	FS	182,111
· · · · · · · · · · · · · · · · · · ·	RECEIVABLE			36,535
		TIES AS MANAG	ERS	25,197,760
(5)	D ONIT VERIOR	1110 110 1111110	<u> </u>	20/23://00
(6)				<u> </u>
(7)				
(8)		<del></del>	<del></del>	<del></del>
(9)	<del></del>			
Total. (Column (b) must equal Form 990, Part X. col. (B) lin	e 15.)			139,077,987
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part i	V, line 11e or 11f. See For	n 990, Part X, line 25	<b>5.</b>
1. (a) Description of liability		(b) Book value	Bangari Jawa	
(1) Federal income taxes				
(2) SECURITY DEPOSITS		3,237,016.		
(3) FAIR VALUE OF INTEREST EX	CHANGE	12,503,758.		
(4)			];	
			two sections at a	and the second of the second of the

(1) Federal income taxes
(2) SECURITY DEPOSITS
(3) FAIR VALUE OF INTEREST EXCHANGE
(4)
(5)
(6)
(7)
(8)
(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

15,740,774.

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

Schedule D (Form 990) 2015

532053 09-21-15

Part XI   Reconciliation of Revenue per Aud Complete if the organization answered "Yes"		nts With	Hevenue per R	eturi	٦.
1 Total revenue, gains, and other support per audited				1	146,793,846
2 Amounts included on line 1 but not on Form 990, Pa					
a Net unrealized gains (losses) on investments		2a			
b Donated services and use of facilities		2b			
c Recoveries of prior year grants		2c		];	
d Other (Describe in Part XIII.)			1,904,008.		
e Add lines 2a through 2d				2e	-1,904,008
3 Subtract line 2e from line 1				3	148,697,854
4 Amounts included on Form 990, Part VIII, line 12, but	t not on line 1:				
a Investment expenses not included on Form 990, Par	t VIII, line 7b	4a			
b Other (Describe in Part XIII.)		4b	-103,682.		
c Add lines 4a and 4b				4c	-103,682
5 Total revenue. Add lines 3 and 4c. (This must equal F				5	148,594,172
Part XII Reconciliation of Expenses per Au	dited Financial Stateme	ents Witl	n Expenses per	Retu	ırn.
Complete if the organization answered "Yes"	on Form 990, Part IV, line 12a.				
1 Total expenses and losses per audited financial state	ements			1	171,332,994
2 Amounts included on line 1 but not on Form 990, Pa				4:33	
a Donated services and use of facilities		2a			
b Prior year adjustments					
c Other losses			122,117.		
d Other (Describe in Part XIII.)			103,682.	livy in	
e Add lines 2a through 2d			-	2e	225,799
3 Subtract line 2e from line 1				3	171,107,195
4 Amounts included on Form 990, Part IX, line 25, but					
a Investment expenses not included on Form 990, Par	t VIII, line 7b	4a		}	
b Other (Describe in Part XIII.)			-7,531.	] :: [	
c Add lines 4a and 4b				4c	
5 Total expenses. Add lines 3 and 4c. (This must equal				5_	171,099,664
Part XIII Supplemental Information.					
Provide the descriptions required for Part II, lines 3, 5, and lines 2d and 4b; and Part XII, lines 2d and 4b. Also comple				4; Part	X, line 2; Part XI,
PART X, LINE 2:	·				
THE FOUNDATION HAS A POLICY F	OR ACCOUNTING FO	OR UNC	ERTAINTY I	N I	NCOME
TAXES. THE FOUNDATION WILL RE	CORD A LIABILITY	FOR	UNCERTAIN	XAT	POSITIONS
WHEN IT IS MORE LIKELY THAN N	OT THAT A TAX PO	SITIO	N WOULD NO	T B	E SUSTAINED
IF EXAMINED BY THE TAXING AUT	HORITY. FOR TAX-	-EXEMP	T ENTITIES	, <u>T</u>	AX
POSITIONS INCLUDE THE ENTITY'S	S TAX-EXEMPT STA	ATUS A	ND ASSUMPT	ION	S USED TO
DETERMINE UNRELATED BUSINESS	TAXABLE INCOME.	THE F	OUNDATION	HAD	NO
UNRECOGNIZED TAX BENEFITS AT	JUNE 30, 2016 OF	JUNE	30, 2015.	T	HE TAX
YEARS 2012 - 2015 REMAIN OPEN	TO EXAMINATION.	,			
				_	
PART XI, LINE 2D - OTHER ADJU	STMENTS:				

532054 09-21-15

CHANGE IN FAIR VALUE OF INTEREST EXCHANGE

<u>-1,911,539.</u>

Schedule D (Form 990) 2015

Part XIII   Supplemental Information (continued)	63-11/3425 Page 5
REIMBURSEMENTS RECEIVED	7,531.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-1,904,008.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
EXPENSES REPORTED AS REDUCTIONS OF UBIT ON PART VIII LINE	
6B	-103,682.
, 	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
EXPENSES REPORTED AS DEDUCTIONS TO UBIT ON PART VIII LINE	
6B	103,682.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
REIMBURSEMENTS RECEIVED .	<u>-7,531.</u>
·	
· .	
·	
	<u> </u>
<del></del>	

SCHE	DULE	1
(Form	990)	

#### Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ➤ Attach to Form 990.

OMB No 1545-0047 Open to Public

▶ Information about Schedule I (Form 990) and its instructions is at musture goot/form990. Name of the organization Employer identification number COLLEGIATE HOUSING FOUNDATION 63~1173425 Part 1 General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes ☐ No criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II: Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (f) Method of 1 (a) Name and address of organization (e) Amount of (h) Purpose of grant (c) IRC section if applicable (d) Amount of (a) Description of (b) EIN valuation (book, FMV, appraisal, other) or assistance or government cash grant non-cash assistance non-cash assistance UNIVERSITY OF CALIFORNIA - IRVINE UNIVERITY OF CALIFORNIA INVINE IRVINE, CA 92697 95-2236406 501C3 26,025 CONTRIBUTION TO MEMBER NORTHERN ILLINOIS UNIVERSITY 1515 W LINCOLN HIGHWAY DELALB, IL 60115 36-6008480 PUBLIC UNIVERSITY 7,950. CONTRIBUTION TO NUMBER TEXAS ALM UNIVERSITY SYSTEM 301 TARROW STREET COLLEGE STATION TX 77840 76-2648747 501(A) STATE CONTRIBUTION TO MEMBER 19,050. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table .

Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2015)

532101 10-28-15

Schedule   (Form 990) (2015) COLLEGIATE HO	USING FOUNI	OATION			63-1173425 Page 2
Rant III Grants and Other Assistance to Domestic Individe Pert III can be duplicated if additional space is need	luals. Complete if the led.	organization answ	vered "Yes" on Form (	390, Part (V, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
			<u> </u>		
			<del> </del>	<u> </u>	
	+		<del>                                     </del>		
Part IV Supplemental Information. Provide the information	required in Part I, line	2, Part III, colum	n (b), and any other a	dditional information.	
PART I, LINE 2:					
THE GRANTS ARE UNRESTRICTED CONT	RIBUTIONS T	O MEMBER	COLLEGES A	ND	
UNIVERSITIES.					
	<del></del>				
			<del></del>	·	<u> </u>
			· · · · · · · · · · · · · · · · · · ·		
		<del></del>			
532102 10-28-15		29	- <del></del>		Schedule I (Form 990) (2015

### **SCHEDULE J** (Form 990)

## **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public / Inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

COLLEGIATE HOUSING FOUNDATION

63-1173425

S Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	P	art   ☐ Questions Regarding Compensation				т——
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.    First-class or charter travel   Housing allowance or residence for personal use   Travel for companions   Payments for business use of personal residence   Tax indemnification and prose-up payments   Personal services (e.g., maid, chartfeur, chef)			г	<del>((</del>	Yes	No
Travel for companions	1a					
Travel for companions						· : :
Tax indemnification and grossup payments			11		[[:]]	1.20
Discretionary spending account			ice .		100	13,500
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain			<b>;</b>			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b X 2 2 Id the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the tems checked in line 1a? 2 X 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 Compensation committee 3 Independent compensation consultant 3 Compensation survey or study 4 Approval by the board or compensation committee 5 Independent compensation consultant 5 Compensation or a related organizations 6 Independent compensation or a related organization 6 Independent compensation or a related organization 6 Independent compensation or a related organization 7 Independent compensation or a related organization 8 Independent organization 9 Independent In		Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)	Į-			( )
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b X 2 2 Id the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the tems checked in line 1a? 2 X 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 Compensation committee 3 Independent compensation consultant 3 Compensation survey or study 4 Approval by the board or compensation committee 5 Independent compensation consultant 5 Compensation or a related organizations 6 Independent compensation or a related organization 6 Independent compensation or a related organization 6 Independent compensation or a related organization 7 Independent compensation or a related organization 8 Independent organization 9 Independent In			[			
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in fine 1a?  3 Indicate which, if any, of the following the filling organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  Compensation committee    Written employment contract   Written employment or a related organizations   Written employment or a related organization:   Approval by the board or compensation committee   Written employment   Written employme	b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	1		<u> </u>	14. 1
trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?  2 X  Indicate which, if any, of the following the filling organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  Compensation committee  X Written employment contract  X Independent compensation consultant  X Compensation survey or study  Independent compensation consultant  X Approval by the board or compensation committee  4 During the year, did any person listed on Form 990, Part VII, Section A. line 1a, with respect to the filling organization or a related organization:  4 Receive a severance payment or change-of-control payment?  4 Participate in, or receive payment from, a supplemental nonqualified retirement plan?  4 Participate in, or receive payment from, an equity-based compensation arrangement?  4 Participate in, or receive payment from, an equity-based compensation arrangement?  4 Participate in, or receive payment from, an equity-based compensation structure in Part III.  Only section 501(c)(3), 501(c)(4), and 601(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  5 The organization?  5 Any related organization?  6 Any related organization?  7 Any related organization?  8 Any related organization?  8 Any related organization?  8 Any related organization?  9 Any related organization?  10 Any related organization?  11 Yes' to line 5a or 5b, describe in Part III.  12 Any related organization?  13 Any related organization?  14 Any related organization?  15 Any related organization?  16				1b	<u>X</u>	ļ
Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.    Compensation committee   X  Witten employment contract   X  Witten employment contract   X  Witten employment contract   X  Approval by the board or compensation committee   X  Approval by the board or compensation or compensation errangement?   4a	2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors.	į	2.	1.2.2	· ·
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.    Compensation committee   X   Independent compensation consultant   X   Compensation survey or study   Independent compensation consultant   X   Compensation survey or study   X   Approval by the board or compensation committee   X   During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization:    Receive a severance payment or change-of-control payment?   4a   X		trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?		2	<u>X</u>	ļ
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.    Compensation committee   X   Independent compensation consultant   X   Compensation survey or study   Independent compensation consultant   X   Compensation survey or study   X   Approval by the board or compensation committee   X   During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization:    Receive a severance payment or change-of-control payment?   4a   X		•	<u>[</u> :		2 0 6 0 6 3	1000 c
establish compensation of the CEO/Executive Director, but explain in Part III.  Compensation committee  X Written employment contract  A Independent compensation consultant  X Compensation survey or study  X Approval by the board or compensation committee  4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  a Receive a severance payment or change-of-control payment?  4 Participate in, or receive payment from, a supplemental nonqualified retirement plan?  4 Participate in, or receive payment from, an equity-based compensation arrangement?  If Yes' to any of lines 4ac, list the persons and provide the applicable amounts for each liter in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  5 Any related organization?  If Yes' to line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  6 Any related organization?  If Yes' on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on Form 990, Part VII, section A, line 1a, did the organization provide any non-fixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If Yes,' describe in Part III.  8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If Yes,' describe in Part III.  9 If Yes' to line 8, did the organization also follo	3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	5 📑		(2.5)	
Compensation committee  X Independent compensation consultant X Compensation survey or study X Approval by the board or compensation committee  4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  a Receive a severance payment or change-of-control payment?  b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  c Participate in, or receive payment from, an equity-based compensation arrangement?  da X  fi *Yes* to any of lines 4ac, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  b Any related organization?  fi *Yes* to lines 6a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  6a X  b Any related organization?  fi *Yes* on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on Fines 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on Form 990, Part VII, section 51, line 1a, did the organization provide any non-fixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53,4958-4(a)(3)? If *Yes,* describe in Part III.  8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53,4958-6(e)(7).  9 If *Yes** to line 8, did the organization also follow the rebuttabl		CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	,			14.0
X   Independent compensation consultant   X   Compensation survey or study   X   Form 990 of other organizations   X   Approval by the board or compensation committee   X   Approval by the board or compensation committee   X   Approval by the board or compensation committee   Approval by the board or compensation or a related organization: a Receive a severance payment or change-of-control payment?   Approval by Participate in, or receive payment from, a supplemental nonqualified retirement plan?   Approval by Participate in, or receive payment from, an equity-based compensation arrangement?   Approval by Participate in, or receive payment from, an equity-based compensation arrangement?   Approval by Participate in, or receive payment from, an equity-based compensation arrangement?   Approval by Participate in, or receive payment from, an equity-based compensation arrangement?   Approval by Participate in, or receive payment from, an equity-based compensation arrangement?   Approval by Participate in, or receive payment from, an equity-based compensation arrangement?   Approval by Participate in, or receive payment from a equity-based compensation arrangement?   Approval by Participate in, or receive payment from pay 0, Part VII, Section A, line 1a, did the organization pay or accrue any compensation   Approval by Participate in Part III.   Approval by Participate		establish compensation of the CEO/Executive Director, but explain in Part III.	1			150
A During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  a Receive a severance payment or change-of-control payment?  b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  c Participate in, or receive payment from, an equity-based compensation arrangement?  d V X  participate in, or receive payment from, an equity-based compensation arrangement?  if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(e)(4), and 501(e)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, clid the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  b Any related organization?  fi "Yes" to line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, clid the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  fi "Yes" to line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, clid the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, clid the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  fi "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		Compensation committee X Written employment contract	ŀ			(A)
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  Receive a severance payment or change-of-control payment?  4 A X  b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  4 A X  c Participate in, or receive payment from, an equity-based compensation arrangement?  4 A X  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  5 A X  b Any related organization?  1 Yes" to line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  6 A X  b Any related organization?  6 A X  f "Yes" to line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  7 For persons listed on Form 990, Part VII, section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations 53.4958-6(c)?						
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a The organization? b Any related organization? ff "Yes" on line 6a or 6b, describe in Part III.  7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	-		į.			
b Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.  7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	а	·	1	6а		ľχ
If "Yes" on line 6a or 6b, describe in Part III.  7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?			·····			
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III  Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	-		·····	<u> </u>		<del> </del>
not described on lines 5 and 6? If "Yes," describe in Part III  8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	7	·	ľ	~>	1. 4.4	
Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X  9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	•			-574 T		l x î
Initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X  9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	Д			<del>,'</del>		<del> </del>
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	J			8	1	x
Regulations section 53.4958-6(c)?	a	• • • • • • • • • • • • • • • • • • • •				
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Page 2

Schedule J (Form 990) 2015 COLLEGIATE HOUSING FOUNDATION 63-1173425

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & (iii) Other incentive reportable compensation		other deferred compensation	benefits	(B)(i)-(D)	In column (B) reported as deferred on prior Form 990	
(1) LEEMAN H. COVEY	a	186,250.	0.	0.	5,371.	1,351.	192,972.	0.	
PRESIDENT/EXECUTIVE DIRECT	(7)	0.	0.	0.	0.	0.		0.	
(2) WILLIAM B. GIVEAN	(0)	502,700.	0.	0.	0.	13,456.	516,156.	0.	
GENERAL COUNSEL/CHIEF OPER	(1)	0.	0.	0.	0.	0.	0.	0.	
	(0)								
	(ii)								
	0						<u></u>		
	(0)						<u> </u>		
	(0)			<u> </u>			<u> </u>		
	(6)								
	(0)								
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	(i)						<u> </u>		
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	(6)						<u></u>		
	(0)							<u> </u>	
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	m						<u> </u>		
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Schedule J (Form 990) 2015

532112 10-14-15

Schedule J (Form 990) 2015	COLLEGIATE HOUSING FOUNDATION	63-1173425	Page 3
Part III Supplemental Information			
Provide the information, explanation	n, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Pa	art II. Also complete this part for any additional information	le .
DADEL TAKE IN.			
PART I, LINE 1A:			
FIRST-CLASS TRAVEL	WAS PROVIDED ON OCCASSION TO TWO OFFICERS OF TH	IE	
FOUNDATION. THE FI	RST-CLASS TRAVEL WAS NOT CONSIDERED TAXABLE COMP	ENSATION.	
TRAVEL WAS CONSIST	ENT WITH THE FOUNDATION'S TRAVEL POLICY WHICH ST	ATES,	
"OFFICERS AND DIRE	CTORS REQUESTING OFFICIAL TRAVEL SHOULD ATTEMPT	TO TRAVEL	
BY THE MEANS MOST	ECONOMICAL TO CHF. IN SELECTING A PARTICULAR MET	THOD OF	
TRANSPORTATION, CO	NSIDERATION SHALL BE GIVEN FOR THE TOTAL COST TO	CHF	
WHICH WILL RESULT,	INCLUDING LOST WORK, AND ACTUAL TRANSPORTATION	COSTS,	
WITH THE UNDERSTAN	DING THAT OFTEN TIMES, CONVENIENCE AND URGENCY M	YAY	
NECESSITATE MORE E	XPENSIVE TRANSPORTATION."		
PART I, LINE 3:			
THE BOARD OF DIREC	TORS REVIEWED A COMPENSATION STUDY PREPARED BY A	AN	
INDEPENDENT CONSUL	TANT FOR INDIVIDUALS IN FUNCTIONALLY COMPARABLE	POSITIONS	
IN SIMILAR ORGANIZ	ATIONS AND BASED THE PRESIDENT/EXECUTIVE DIRECTO	OR'S	
SALARY ON SUCH INF	ORMATION. WRITTEN EMPLOYMENT CONTRACTS WERE EXEC	CUTED BY	
THE PRESIDENT AND	CHIEF OPERATING OFFICER OF THE FOUNDATION.	1	

Schedule J (Form 990) 2015

SCHEDULE K (Form 990) Department of the Treasury Internal Revenue Service

Part III Private Business Use

Supplemental Information on Tax-Exempt Bonds Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

OMB No 1545-0047 2015 Open to Public inspection 🐣 😪

Attach to Form 990. Information about Schedule K (Form 990) and its instructions is at www.rs.gov/form990 Employer identification number Name of the organization COLLEGIATE HOUSING FOUNDATION 63-1173425 SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS Part I. Bond Issues (g) Defeased (h) On behalf (i) Pooled (b) (ssuer EIN (c) CUSIP # (d) Date issued (f) Description of purpose (a) Issuer name (e) Issue price of issuer | financing Yes No Yes No Yes No NEW CASTLE COUNTY, TO PROVIDE FUNDS A DELAWARE 51-6000160643284AA0 09/29/05 44965000 TO REFUND BONDS I Х Х Х DELAWARE COUNTY TO PROVIDE FUNDS Х B AUTHORITY 23-197343724600NAC7 12/30/08 5,950,000 TO REFUND BONDS I X Х VERMONT HOUSING FINANCE TO CONSTRUCT A Х 03-0239902924197AA4 07/29/04 23075000 STUDENT HOUSING X X c AGENCY TO ACQUIRE A CALIFORNIA STATEWIDE D COMMUNITIES DEVELOPMENT 68~016461013078REU0 01/11/12 95742546 STUDENT HOUSING Part II Proceeds c 1,110,000 B 360,000. A 11,665,000. 5,400,000. Amount of bonds retired Amount of bonds legally defeased 95,742,546. 6,974,218. 44,965,000. 5,950,000. 23,550,928. Total proceeds of issue . 1,022,753 2,800,583. 422,432. Gross proceeds in reserve funds 595,815. Capitalized Interest from proceeds Proceeds in refunding escrows 67,175. 461,500. 704,825. 359,835. 7 Issuance costs from proceeds 132,046. 1,197,078. 141,427. 97,417. 51,825. 8 Credit enhancement from proceeds Working capital expenditures from proceeds 19,332,990. 10 Capital expenditures from proceeds 41,565,741. 5,831,000 95,037,721. 11 Other spent proceeds Other unspent proceeds 2005 2012 2001 2001 13 Year of substantial completion Yes Yes No Yes Yes No Were the bonds issued as part of a current refunding Issue? 15 Were the bonds issued as part of an advance refunding issue? X  $\overline{\mathbf{x}}$ X Х X X Х 16 Has the final allocation of proceeds been made? 17 Does the organization maintain adequate books and records to support the final allocation of proceeds?

1 Was the organization a partner in a partnership, or a member of an LLC, Yes No Yes No Yes No Yes No which owned property financed by tax-exempt bonds? Are there any lease arrangements that may result in private business use of bond-financed property? Х 532121 10-22-15 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2015

ENTITY 2 OMB No 1545 D047 Supplemental Information on Tax-Exempt Bonds
Complete if the organization answered "Yes" on Form 990, Part IV, line 24s. Provide descriptions, SCHEDULE K 2015 Open to Public Inspection (Form 990) explanations, and any additional information in Part VI.

Attach to Form 990. Information about Schedule K (Form 990) and its instructions is at properties good form 990. Department of the Treasuinternal Revenue Service Employer Identification number Name of the organization COLLEGIATE HOUSING FOUNDATION 63-1173425 SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS Part | Bond Issues (g) Deleased (h) On behalf (i) Pooled (a) issuer name (b) issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose financing of Issuer Yes No Yes No Yes No TO PROVIDE FUNDS CALIFORNIA STATEWIDE A COMMUNITIES DEVELOPMENT 68-016461013078RGJ3 03/15/16 X X X 323065270 TO REFUND BONDS I CITY OF ALBANY TO CONSTRUCT A B INDUSTRIAL DEVELOPMENT A52-2015750012440HR7 05/03/07 12780000.STUDENT HOUSING F х Х Х CITY OF ALBANY TO CONSTRUCT A c INDUSTRIAL DEVELOPMENT A52-2015750012440KR3 .495.000 STUDENT HOUSING Х Х 01/25/08 Х TO CONSTRUCT A STUDENT HOUSING ILLINOIS FINANCE X X D AUTHORITY 86-109196745202QBS1 02/23/11 58771834 Part II Proceeds Α 3,560,000. 1,955,000. 665,000. Amount of bonds retired Amount of bonds legally defeased 323,065,270. 20,341,070. 6,531,819. 12,837,193 59,044,880. Total proceeds of issue . 5,004,714. 5,853,796. 4 Gross proceeds in reserve funds 169,034. 106,314 Capitalized interest from proceeds 2,884,646. Proceeds in refunding escrows 245,628. 78,048. 215,977. 1,027,343. 110,970. Issuance costs from proceeds 71,641. Credit enhancement from proceeds 2,210,621. 45,175,278. 181,957. Working capital expenditures from proceeds 833,760. 227,177. 12,128,506. 10 Capital expenditures from proceeds 92,298,988 Other spent proceeds 31,683. 12 Other unspent proceeds 2012 2007 2008 2012 13 Year of substantial completion Yes No X Yes No Yes No Yes No 14 Were the bonds issued as part of a current refunding issue? X 15 Were the bonds issued as part of an advance refunding issue? X X X Has the final allocation of proceeds been made? x X X X X X X Does the organization maintain adequate books and records to support the final allocation of proceeds? Part III. Private Business Use В 1 Was the organization a partner in a partnership, or a member of an LLC, Yes No Yes No No Yes Yes No X X X which owned property financed by tax-exempt bonds? Are there any lease arrangements that may result in private business use of

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Schedule K (Form 990) 2015

bond-financed property?

532121 10-22-15 LHA For Paperwork Reduction Act Notice, see the instructions for Form 990.

SCHEDULE K

Supplemental Information on Tax-Exempt Bonds Complete if the organization answered "Yes" on Form 990, Part IV, line 24s. Provide descriptions, explanations, and any additional information in Part VI.

OMB No 1545-0047 2015 Open to Public Inspection

(Form 990) Department of the Internal Revenue S

Attach to Form 990. Information about Schedule K (Form 990) and its instructions is at unusure gray/form990.

Name of the organization Employer identification number COLLEGIATE HOUSING FOUNDATION 63-1173425 SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS 'Part | Bond Issues (g) Defeased (h) On behalf (a) Issuer name (b) issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (i) Pooled of issuer financing Yes No Yes No Yes No ILLINOIS FINANCE SEE SCHEDULE K A AUTHORITY 86-1091967|45202QCD3| 03/10/11 130435517. PART VI EXPLANATI X X X DUTCHESS COUNTY LOCAL TO CONSTRUCT A 27-31067970000000000 B DEVELOPMENT CORPORATION 06/29/11 15833664 STUDENT HOUSING F Х X X WYOMING COMMUNITY TO CONSTRUCT A STUDENT HOUSING F C DEVELOPMENT AUTHORITY 07/14/11 Х |83-0222723|98322VAK2 15290054. Х Х OREGON FACILITIES TO CONSTRUCT A D AUTHORITY 93-6001787<mark>68608JQD6</mark> 04/19/12 44330935 STUDENT HOUSING X Х Part II Proceeds в 309,866. A 1,455,000. <u>c</u> 220,000. 795,000. Amount of bonds retired Amount of bonds legally defeased 130,670,745. 10,678,156. 10,790,087. 15,833,786. 15,310,437. 44,353,278. Total proceeds of issue 1,163,500. 997,237. 2,794,555. 2,909,314. 1,090,839. Gross proceeds in reserve funds Capitalized interest from proceeds Proceeds in refunding escrows 861,550. 1,194,712. 935,234. 1,960,059 316,673. 228,950. issuance costs from proceeds Credit enhancement from proceeds 483,987. Working capital expenditures from proceeds 6,320,142. 83,547,381. 18,512,973. 187,600. 14,177,829. 59,375. 12,374,618. 35,319,196. 10 Capital expenditures from proceeds 52,078. 287,570. 2013 11 Other spent proceeds Other unspent proceeds 2012 2012 2012 13 Year of substantial completion Yes X Yes Yes No Yes No Νo No Were the bonds issued as part of a current refunding issue? X Were the bonds issued as part of an advance refunding Issue? X X 15 x Has the final allocation of proceeds been made? X Х X Does the organization maintain adequate books and records to support the final allocation of proceeds? Part III Private Business Use 1 Was the organization a partner in a partnership, or a member of an LLC, Yes Yes Yes Yes No No No which owned property financed by tax-exempt bonds? Are there any lease arrangements that may result in private business use of bond-financed property? Х

632121 10-22-15 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2015

SCHEDULE K (Form 990) Department of the T Internal Revenue Se

Supplemental Information on Tax-Exempt Bonds Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

OMB No 1545-0047 2015 Open to Public

Attach to Form 990. Information about Schedule K (Form 990) and its instructions is at unusuirs now form 990. Inspection Name of the organization Employer identification number COLLEGIATE HOUSING FOUNDATION 63-1173425 SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS Part | Bond Issues (c) CUSIP # (d) Date issued (g) Defeased (h) On behalf (i) Pooled (a) issuer name (b) lasuer FIN (f) Description of purpose (e) issue price of Issuer financing Yes No Yes No Yes No NEW HOPE CULTURAL TO CONSTRUCT A  $\mathbf{x}_{-}$ A EDUCATION FACILITIES FIN26-160461864542RAK7 07/11/13 25696304.STUDENT HOUSING Х Х TOLEDO-LUCAS COUNTY PORT TO CONSTRUCT A X B AUTHORITY 34-640698688927PAL3 05/06/14 37908501.STUDENT HOUSING Х Х NEW HOPE CULTURAL TO CONSTRUCT A c\_EDUCATION FACILITIES FIN26-160461864542RAX9 05/29/14 .09574178.STUDENT HOUSING B X X Х SEE SCHEDULE K NEW HOPE CULTURAL DEDUCATION FACILITIES FIN26-160461864542RBL4 Х X 39950287. Х 06/11/14 PART VI EXPLANATI Part II Proceeds Α С D Amount of bonds retired 2 Amount of bonds legally defeased 39,972,566. 2,536,437. 37,934,808. 2,437,309. 109,645,507. 6,740,355. 6,087,264. 25,723,865. 1,929,094. 3 Total proceeds of issue Gross proceeds in reserve funds 1,915,707. 2,371,030. 1,566,241. Capitalized Interest from proceeds 6 Proceeds in refunding escrows 1,395,264. 1,171,393. 766,576. 507,762. 694,725. Issuance costs from proceeds Credit enhancement from proceeds 8 2,249,492. 91,361,781. 869,106. 33,658,771. 740,833. 19,923,939. 861,844. 355,906. 9 Working capital expenditures from proceeds 10 Capital expenditures from proceeds 49,569. 11 Other spent proceeds 639,959 1,055,996 225,967. 164,426. 12 Other unspent proceeds 2014 2015 2015 2015 13 Year of substantial completion Yes Yes No Yes No Yes No No  $\overline{\mathbf{x}}$ X 14 Were the bonds issued as part of a current refunding issue? x 15 Were the bonds issued as part of an advance refunding issue? X Х Х X X x X Has the final allocation of proceeds been made? x  $\overline{\mathbf{x}}$ Does the organization maintain adequate books and records to support the final atlocation of proc Part III. Private Business Use D Was the organization a partner in a partnership, or a member of an LLC, Yes No Yes No No Yes No X X X x which owned property financed by tax-exempt bonds? Are there any lease arrangements that may result in private business use of bond-financed property? Х Х X

332121 10-22-15 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

36

Schedule K (Form 990) 2015

SCHEDULE K (Form 990)

bond-financed property?

502:21 10:22-15 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Supplemental information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

OMB No 1545-0047 2015 Opên to Publič«

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Schedule K (Form 990) 2015

Department of the Treasu Internal Revenue Service ► Attach to Form 990. Information about Schedule K (Form 990) and its instructions is at maps us pan/form990. Inspection Employer identification number Name of the organization COLLEGIATE HOUSING FOUNDATION 63-1173425 Part Bond Issues SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS (g) Defeased (h) On behalf (i) Pooled (a) Issuer name (b) Issuer EIN (c) CUSIP # (f) Description of purpose (d) Date issued (e) Issue price of issuer financing Yes No Yes No Yes No NEW HOPE CULTURAL TO CONSTRUCT A A EDUCATION FACILITIES FIN26-160461864542RBZ3 06/19/14 44783024. STUDENT HOUSING F X Х X NEW HOPE CULTURAL TO CONSTRUCT A B EDUCATION FACILITIES FIN26-160461864542RCM1 07/02/14 31449486 STUDENT HOUSING F Х X Х NEW HOPE CULTURAL TO CONSTRUCT A c EDUCATION FACILITIES FIN26-160461864542RDA6 04/02/15 74755091 STUDENT HOUSING X X Х ILLINOIS FINANCE TO CONSTRUCT A x Х 86-109196745202QCM3 05/07/15 X D AUTHORITY 40066982 STUDENT HOUSING Part II Proceeds A В D Amount of bonds retired Amount of bonds legally defeased 44,814,505. 2,895,388. 3,285,339. 31,467,745. 2,061,730. 1,742,229. 40,069,933. 2,568,033. 74,795,709. 4,572,810. 3 Total proceeds of issue Gross proceeds in reserve funds 3,440,616. 1,254,338. Capitalized interest from proceeds 6 Proceeds in refunding escrows 771,900. 834,557. 605,749. 1,088,586. Issuance costs from proceeds Credit enhancement from proceeds 535,504. 679,930. Working capital expenditures from proceeds 36,001,623. 26,323,913. 38,994,686 27,797,665. Capital expenditures from proceeds Other spent proceeds 54,195 2015 1,262,093 8,677,998. 26,699,010 12 Other unspent proceeds 2016 13 Year of substantial completion Yes Yes Yes Yes No No X No No  $\overline{\mathbf{x}}$ 14 Were the bonds issued as part of a current refunding issue? X  $\overline{\mathbf{x}}$ X X Х 15 Were the bonds issued as part of an advance refunding issue? Has the final allocation of proceeds been made? X X X X Х Does the organization maintain adequate books and records to support the final allocation of proceeda? Part III. Private Business Use В Was the organization a partner in a partnership, or a member of an LLC, Yes Yes No Yes Yes No No No X X X X which owned property financed by tax-exempt bonds? Are there any lease arrangements that may result in private business use of

37

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SCHEDULE K (Form 990)

bond-financed property?

602121 10-22-15 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Supplemental Information on Tax-Exempt Bonds Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

OMB No 1545-0047 2015 Opeň to Públič

Department of the Treasury Internal Revenue Service Attach to Form 990. Information about Schedule K (Form 990) and its instructions is at pump us gout form990. Inspection Employer identification number Name of the organization COLLEGIATE HOUSING FOUNDATION 63-1173425 Part I Bond Issues SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS (g) Defeased (h) On behalf (i) Pooled (b) issuer EIN (c) CUSIP # (a) Issuer name (d) Date issued (e) Issue price (f) Description of purpose of issuer financing Yes No Yes No Yes No TO CONSTRUCT A 27377183. STUDENT HOUSING F A PUBLIC FINANCE AUTHORITY27-386612474439YAK7 06/10/15 X X X NEW HOPE CULTURAL TO CONSTRUCT A STUDENT HOUSING BEDUCATION FACILITIES FIN26-160461864542REA5 06/23/16 Х Х X TO CONSTRUCT A 22796667 STUDENT HOUSING F NEW HOPE CULTURAL Х X Х c EDUCATION FACILITIES FIN26-160461864542REK3 06/30/16 Part II / Proceeds D C Amount of bonds retired Amount of bonds legally defeased 39,578,334. 22,796,667. 27,392,424. 3 Total proceeds of issue 1,752,472. 2,262,172. 1,308,286. 4 Gross proceeds in reserve funds 763,158. Capitalized interest from proceeds Proceeds in refunding escrows 542,062. 707,232 367,117. Issuance costs from proceeds 8 Credit enhancement from proceeds . Working capital expenditures from proceeds 1,212,937. 12,265,856. 2,415,635. Capital expenditures from proceeds 11 Other spent proceeds 12,068,876. 34,193,295 19,908,328. Other unspent proceeds 13 Year of substantial completion Yes No Yes No Yes No Yes No X X 14 Were the bonds issued as part of a current refunding issue? X X X  $\overline{\mathbf{x}}$ Were the bonds issued as part of an advance refunding issue? Has the final allocation of proceeds been made? X X X Does the organization maintain adequate books and records to support the linal aflocation of proceeds? Part Ili Private Business Use D Was the organization a partner in a partnership, or a member of an LLC, Yes Yes Yes No No No No Yes  $\overline{\mathbf{x}}$ Х X which owned property financed by tax-exempt bonds? Are there any lease arrangements that may result in private business use of X X

38

Schedule K (Form 990) 2015

Yes	No	Yes	No
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X		x	
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Page 2

ENTITY 1

C

63-1173425

No

X

X

X

Yes

No

X

X

9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	x		x		x		x	
Part IV Arbitrage			<del> </del>	<del></del>				
		Α		8		<del>?</del>	c	?——
1 'Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		Х _	l	X		X		<u> </u>
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		X
b Exception to rebate?	7	X		X		Х		X
c No rebate due?	X		X		X		Х	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed	<del></del>	<del></del>			<del>:</del> -		·	T
3 Is the bond issue a variable rate issue? , ,	X	<u>. </u>	X	<u> </u>	<u>_x</u>			1 X
4a Has the organization or the governmental issuer entered into a qualified	}	}	ì	1		1	1	1
hedge with respect to the bond issue?	( x	l	X	ll		X	<u></u>	X
b Name of provider	PNC BANK	NATIONAL	TD BANK, I	N.A.				
c Term of hedge	20.	4000000	20.	5000000				
d Was the hedge superintegrated?		х		X			[	
e Was the hedge terminated?		X		Х				
532122 10-22-16	39					Sc	hedule K (Fo	rm 990) 2015

Yes

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COLLEGIATE HOUSING FOUNDATION

Schedule K (Form 990) 2015

6 Total of lines 4 and 5

1 141-12 and 1.145-27

Part III Private Business Use (Continued)

3a Are there any management or service contracts that may result in private

b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside

Are there any research agreements that may result in private business use of bond-financed property?
 If "Yes" to line 3c, does the organization routinety 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 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

counsel to review any management or service contracts relating to the financed property?

business use of bond-financed property? . .. ..

section 501(c)(3) organization, or a state or local government

7 Does the bond issue meet the private security or payment test? .

8a Has there been a sale or disposition of any of the bond-financed property to a non-

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Schedule K (Form 990) 2015 COLLEGIATE HOUSING FOUNDATION	<u> </u>		63~	1173425				Page 2
Part III Private Business Use (Continued)								
		Α		В				
3a Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes_	No	Yes	No
business use of bond-financed property?	X	L		X		X		X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside		i		1				
counsel to review any management or service contracts relating to the financed property?	X	<u> </u>		<u> </u>				<u></u>
c Are there any research agreements that may result in private business use of bond-financed property?	<u> </u>	X		Х		Х		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside	1	ŀ	1	} }		1		ĺ
counsel to review any research agreements relating to the financed property?	L	L		<u> </u>				L
4 Enter the percentage of financed property used in a private business use by	ļ		ļ	[				
entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of			ł	ł				
unrelated trade or business activity carried on by your organization, another	ì		]					
section 501(c)(3) organization, or a state or local government	ļ. <u>.</u>	<u>%</u>	L	%		%		.98 <u>%</u>
6 Total of lines 4 and 5	<u> </u>	%	L	%		- %		.98 %
7 Does the band issue meet the private security or payment test?		X		X	<u>.                                    </u>	X		X
Ba Has there been a sale or disposition of any of the bond-financed property to a non-						i i		Į
governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
of	<u></u>	- %	<u> </u>	%		<u>%</u>		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections		1				]		
1 141-12 and 1,145-27	l			l		[!		
9 Has the organization established written procedures to ensure that all ponqualified								
bonds of the Issue are remediated in accordance with the requirements under	ļ	1						ŧ
Regulations sections 1 141-12 and 1 145-27	X		l x	1	х		X_	
Part IV Arbitrage								
		A		В				
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	Nσ	Yes	No
Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X			X		X		X
b Exception to rebate?		X	Х			Х		X
c No rebate due?		X	X		х		X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was	]							
performed	ſ							
3_ Is the bond Issue a variable rate issue? .		X	X	T	X			X
4a Has the organization or the governmental issuer entered into a qualified	<u> </u>							
hedge with respect to the band issue?		x	l	x		х		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?		T	<del>                                     </del>					
e Was the hedge terminated?	<del> </del>	<del> </del>	·					<del>                                     </del>
	t				<u> </u>	1		

Schedule K (Form 990) 2015 COLLEGIATE HOUSING FOUNDATION		63-1173425								
Part III: Private Business Use (Continued)		<del> </del>				C D				
3a Are there any management or service contracts that may result in private	Yes	No		B No	Yes	No	Yes	No		
business use of bond-financed property?	res	X	Yes X	NO	162	X	162	X		
b if "Yes" to line 3a, does the organization routinely engage bond counsel or other outside		<del></del>	<u>A</u> _	1						
counsel to review any management or service contracts relating to the financed property?		1	X	1 1		1	i	l		
counter to review any management of service contracts relating to the managed property?  or Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X		
d if "Yes" to line 3c, does the organization routinely engage bond counsel or other outside		<del>^</del>		<del> ^-  </del>						
· · · · · · · · · · · · · · · · · · ·		]		1 1				1		
counsel to review any research agreements relating to the financed property?  4 Enter the percentage of financed property used in a private business use by		<b>'</b>	<del></del>	·		١				
The state of the s		95		%		96		9		
		%				76				
The production of the party of				İ						
unrelated trade or business activity carried on by your organization, another section 501 (c)(3) organization, or a state or local government				ا م		ا ء				
		<u>%</u>		<u>%</u>		% %		9		
6 Total of lines 4 and 5		X		X %		x *		<u> </u>		
		<del>  ^  </del>		<del>  ^ </del>		<del>  ^  </del>		<del></del>		
Ba Has there been a sale or disposition of any of the bond-financed property to a non-		.		x		x l		l x		
governmental person other than a 501(c)(3) organization since the bonds were issued?	<del></del>	X		<del></del>						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed		}		}						
of		96		<u>%</u>		%		<del>, '</del>		
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections		1 1		j i						
1.141-12 and 1.145-27				<del>                                     </del>				<del> </del> -		
9 Has the organization established written procedures to ensure that all nonqualified		} }		1 }		i i		1		
bonds of the issue are remediated in accordance with the requirements under	v	{	x	1 1	х	<b>!</b>	х	{		
Regulations sections 1 141-12 and 1.145-27	X	LL	A	LJ	<u>^</u>	L		L		
Pert IV: Arbitrage					c		D			
Has the issuer filed Form 8038-T. Arbitrage Rebate. Yield Reduction and	<del></del>		Yes	B No	Yes	No	Yes	No		
The second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th	Yes	No X	<u>res</u>	X	105	X	163	X		
Penalty in Lieu of Arbitrage Rebate?		IAI		1						
		X		x	х -		X	·		
		<del></del>		$\frac{\lambda}{x}$		x	<u>^</u>	X		
	<u>x</u>	<b>├^-</b>	<u>x</u>			X		X		
		·	<u>~</u>	<del></del>						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was										
performed		<u> </u>	X	1		X		X		
3 Is the bond issue a variable rate issue?		<del></del>		<del> </del>				<del></del>		
4a Has the organization or the governmental issuer entered into a qualified		x	х			x		x		
hedge with respect to the bond issue?				1 <u>.                                     </u>						
b Name of provider			D, BANK				·			
c Term of hedge		,	8.	8000000						
d Was the hedge supermtegrated?		ļ		X				ļ		
e Was the hedge terminated?		1 1		X		1		1		

nedule K (Form 990) 2015 COLLEGIATE HOUSING FOUNDATION artilli Private Business Use (Continued)	63-1173425 Page									
Filvate ausmess use (Contained)	A		В		C			)		
Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes	No		
business use of bond-financed property?		X	X			X		_ X		
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside										
counsel to review any management or service contracts relating to the financed property?			Х							
c Are there any research agreements that may result in private business use of bond-financed property?		X		Х		Х		X		
d 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?		1	,	1 }		i i				
Enter the percentage of financed property used in a private business use by										
entities other than a section 501(c)(3) organization or a state or local government		%		% \		%				
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		Į.		ļ		[				
section 501(c)(3) organization, or a state or local government		96		96		%		_		
Total of lines 4 and 5		%		%		%				
Does the bond Issue meet the private security or payment test?		Х		X		Х		X		
Has there been a sale or disposition of any of the bond-financed property to a non-										
governmental person other than a 501(c)(3) organization since the bonds were issued?		x		x		x		l x		
If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed						·				
of		%		%		%				
of "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections		·		r						
1.141-12 and 1.145-2?		l (		t t		ll		į		
Has the organization established written procedures to ensure that all nonqualified				<del>                                     </del>		ii				
bonds of the issue are remediated in accordance with the requirements under		! !				1 1				
Regulations sections 1.141-12 and 1.145-2?	х	!	х		Х		Х	i		
rt IV : Arbitrage										
		\		3		Ç		2		
Has the Issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Ye <u>s</u>	No		
Penalty in Lieu of Arbitrage Rebate?		X		_ X		X		X		
If 'No' to line 1, did the following apply?				,			<u>.</u>	,		
Rebate not due yet?	X		X	<u> </u>	X		X	<u> </u>		
Exception to rebate?		X		X		Х		X		
No rebate due?		X		X		X		X		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was										
performed								,		
is the bond assue a variable rate issue?		X		X		X		Х		
Has the organization or the governmental issuer entered into a qualified			_	ļ		) [		1		
hedge with respect to the bond issue?		X		X		X		X		
Name of provider										
Term of hedge										
Was the hedge superintegrated?										
Was the hedge terminated?								1		

COLLEGIATE HOUSING FOUNDATION 63-1173425 Schedule K (Form 990) 2015 Page 2 Part III Private Business Use (Continued) 3a Are there any management or service contracts that may result in private Yes No Νo Yes No Yes X No business use of bond-financed property? ... b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside X counsel to review any management or service contracts relating to the financed property? X X X X o Are there any research agreements that may result in private business use of bond-financed property? d 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 1.20 entities other than a section 501(c)(3) organization or a state or local government 96 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government 1.20 6 Total of lines 4 and 5 % % % X X 7 Does the bond issue meet the private security or payment test? . . X Ba Has there been a sale or disposition of any of the bond-financed property to a non-Х X X governmental person other than a 501(c)(3) organization since the bonds were issued? b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of c 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 X X X Regulations sections 1.141-12 and 1 145-27 Part IV Arbitrage 1 Has the Issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Yes No Yes No Yes No Yes No Penalty in Lieu of Arbitrage Rebate? If "No" to line 1, did the following apply? X X X X 8 Rebate not due yet? X X X b Exception to repate? c No rebate due? .. If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed X X X X 3 Is the bond issue a variable rate issue? 4a Has the organization or the governmental issuer entered into a qualified X X Х Х hedge with respect to the bond issue? . ... b Name of provider c Term of hedge .... d Was the hedge superintegrated? e Was the hedge terminated? 532122 10-22-15 43 Schedule K (Form 990) 2015

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Part III Private Business Use (Continued)			В		c			
On Anathon and an anathon and an anathon and an anathon and an an an an an an an an an an an an an	Yes	`	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private	res	No X	X	NO	X	140	103	
business use of bond-financed property?						·'		
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside		1	х	1	х	i i		1
counsel to review any management or service contracts relating to the financed property?		- <u>x</u>		x	A	x		
c Are there any research agreements that may result in private business use of bond-financed property?						<del>^-</del> -		
d if "Yes" to line 3c, does the organization routinely engage bond counsel or other outside				i l		i i		
counsel to review any research agreements relating to the financed property?				┖		<b></b>		<b></b>
4 Enter the percentage of financed property used in a private business use by								
entities other than a section 501(c)(3) organization or a state or local government		%		%		%		
5 Enter the percentage of financed property used in a private business use as a result of		i		İ				
unrelated trade or business activity carried on by your organization, another		1		{		1		
section 501(c)(3) organization, or a state or local government		- %		96		%		
6 Total of lines 4 and 5		%		%		%		
7 Does the bond issue meet the private security or payment test?		X		Х		X		<u> </u>
8a Has there been a sale or disposition of any of the bond-financed property to a non-				, l		\		İ
governmental person other than a 501(c)(3) organization since the bonds were issued?	,	X		X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed		_				İ		
of,		%		- %		- %		
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections				Į į		! !		ļ
1.141-12 and 1.145-27				l				
9 Has the organization established written procedures to ensure that all nonqualified				]				1
bonds of the issue are remediated in accordance with the requirements under				1 1				
Regulations sections 1.141-12 and 1.145-2?	X		X		Х			
Pert IV. Arbitrage								
	/			В		Ç	<del></del>	D
Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No X	Yes	No X	Yes	No
Penalty in Lieu of Arbitrage Rebate?		<u> </u>				<u>,                                    </u>		<u> </u>
2 If "No" to line 1, did the following apply?					<del></del>			
a Rebate not due yet?	X		Х		X	<del> </del>		<del></del>
b Exception to rebate?		X		Х		X		
c No rebate due?		X		X		X		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed								
3 is the bond issue a variable rate issue?		Х		X		X		<u> </u>
Has the organization or the governmental issuer entered into a qualified								1
hedge with respect to the bond issue?		X		X		X		<u>L</u>
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?				· · · · · · · · · · · · · · · · · · ·		<del>                                     </del>		1
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Schedule K (Form 990) 2015 COLLEGIATE HOUSING FOUNDATION			63-	1173425	i			Page 3
Part IV : Arbitrage (Continued)								
	ABC		Α			:		<u> </u>
	Yes	No	Yes	No	Yes	No	Yes	No No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X	_ X		X			X
b Name of provider			SOCIETE G		AMERICAN I	NTERNATIO		
c Term of GIC			10.	0000000		2000000		
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		L	Х		X	l		
6 Were any gross proceeds invested beyond an available temporary period?	X		X		X		X	
7 Has the organization established written procedures to monitor the requirements of		1			1			
section 148?	X		X		X	<u> </u>	X	
Part V Procedures To Undertake Corrective Action								
		Α		В	(	?		
· · · · · · · · · · · · · · · · · · ·	-Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of		ŀ		1		ļ <u>1</u>		
federal tax requirements are timely identified and corrected through the voluntary						<b>!</b>		
closing agreement program if self-remediation is not available under applicable								
regulations?		X	_	X	<b>.</b>	<u> </u>		X
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Schedule K (Form 990) 2015

SEE PART VI SUPPLEMENTAL INFORMATION SHEET

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X A	No X	X Yes	No X	Yes	X X	Yes X	No X
X A	X X No	X Yes	X X	x	X	x	X ) No
A 'es	X	Yes	X No		X No	Х	) No
A 'es	No X	Yes	3 No		No No	Х	No
A 'es	No X	Yes	3 No		No No	Х	No
A 'es	No X	Yes	3 No		No No	Х	No
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es	No X	Yes	No		No	<del> </del>	No
es	No X	Yes	No		No	<del> </del>	No
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chedule		uctions).	х		. x		х
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ichedule		uctions).	X		. X		X
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Schedule K (Form 990) 2015 COLLEGIATE HOUSING FOUNDATION			63	1173425	)			Page 3
Part IV: Arbitrage (Continued)			·	в с			T 0	
	Yes	No.	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?	162	X	162	X	165	X	103	X
b Name of provider			<del> </del>	·			<del>                                     </del>	
c Term of GIC					<del>                                     </del>		<del> </del>	
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?				r	<del> </del>		1	
6 Were any gross proceeds invested beyond an available temporary period?	x		X		X		x	
7 Has the organization established written procedures to monitor the requirements of			<del> </del>					
section 1487	Х	l	x		x		) x }	
Part V . Procedures To Undertake Corrective Action		·		<u> </u>		·		
		Α.		<u></u> -		>		,
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of								
federal tax requirements are timely identified and corrected through the voluntary		ļ	ł	ļ	Į.		ļ .	
closing agreement program if self-remediation is not available under applicable		1		1	1			1
regulations?		X	1	X	ì	Х	]	X
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedul	e K (see instr	uctions).					
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Schedule K (Form 990) 2016 COLLEGIATE HOUSING FOUNDATION PArk N 3 Arbitrage (Continued)			63-1	1173425	<u> </u>			Page
Laters: Annitable (Countined)		<u> </u>	<del></del>		,		<del></del>	D
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?	163	X	163	X	143	X	1	X
b Name of provider			<del>                                     </del>	·	<del>                                     </del>	L	<del> </del>	
c Term of GIC			<del>                                     </del>		<del> </del>		<del> </del>	
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?			<del> </del>		<del> </del>		ļ	
6 Were any gross proceeds invested beyond an available temporary period?		X	<del> </del>	X	<del> </del>	X	<del> </del>	X
7 Has the organization established written procedures to monitor the requirements of section 148?	x		х		x		x	
Part V Procedures To Undertake Corrective Action		L	<del></del>	L	·		·L	
			T .	 B	T		1	D
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of		1			<del>                                     </del>		1	T
federal tax requirements are timely identified and corrected through the voluntary		Ì		Ì	1	]	1	
closing agreement program if self-remediation is not available under applicable		ĺ	ì	1	1 .	1	Ì	ì
regulations?		х	ł	Х	ì	х	ì	X
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32122 10-22-15 SEE PART VI SUPPLEMENTAL INFORMATION SHEET	48					Sc	chedule K (Fo	rm 990) 20

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Schedule K (Form 990) 2015 COLLEGIATE HOUSING FOUNDATION			63-	1173425				Page 3
Part IV Arbitrage (Continued)								
		<u> </u>	T	В		;		,
	Yes	No	Yes	No	Yes	No	Yes	No
58 Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х	1	X	Ţ	X		X
b Name of provider								
c Term of GIC					1			
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		I	T	1	\			
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of		[	T		[			
section 148?	X	ł	х	1	Х	1	X	<u> </u>
Part V Procedures To Undertake Corrective Action								
		Α		B				,
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of				1			1	
federal tax requirements are timely identified and corrected through the voluntary		(	1	(	ļ	(		l
closing agreement program if self-remediation is not available under applicable		l	t	(	l	ł	ĺ	l
regulations?		x	1	x		х	İ	х
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Schedule K (Form 990) 2015

532123 10-22-15

SEE PART VI SUPPLEMENTAL INFORMATION SHEET

Schedule K (Form 990) 2015	COLLEGIATE HOUSING FOUNDATION	63-1173425	Page 4
Part VI: Supplemental information	on. Provide additional information for responses to questions on Sched	ute K (see instructions) (Continued)	
	ITY OF ALBANY INDUSTRIAL DEVELOPMENT	r AGENCY	
(F) DESCRIPTION OF TO CONSTRUCT A STU	PURPOSE: DENT HOUSING FACILITY AT THE ALBANY	COLLEGE OF PHARMACY	
		CONTROL OF TAMERANCE	······································
(A) ISSUER NAME: II	LLINOIS FINANCE AUTHORITY PURPOSE:		
	DENT HOUSING FACILITY AT ILLINOIS ST	TATE UNIVERSITY	
(A) ISSUER NAME: II	LLINOIS FINANCE AUTHORITY		
(F) DESCRIPTION OF	PURPOSE:		
SEE SCHEDULE K PART	I VI EXPLANATION FOR PART I, ENTITY	3, LINE A, COLUMN F	
(A) ISSUER NAME: DI	TCHESS COUNTY LOCAL DEVELOPMENT COF	RPORATION	
(F) DESCRIPTION OF	PURPOSE: DENT HOUSING FACILITY AT THE CULINAR	DY THOMTOURE OR AMEDIC	
TO CONSTRUCT A STOP	DENT HOUSING FACILITY AT THE CULINAR	RY INSTITUTE OF AMERIC	<del></del>
	COMING COMMUNITY DEVELOPMENT AUTHOR	TTY YTT	
(F) DESCRIPTION OF TO CONSTRUCT A STUI	PURPOSE: DENT HOUSING FACILITY AT UNIVERSITY	OF WYOMING	
(A) ISSUER NAME: OF	REGON FACILITIES AUTHORITY PURPOSE:		
	DENT HOUSING FACILITY AT SOUTHERN OF	REGON UNIVERSITY	
(A) ISSUER NAME:			<del></del>
NEW HOPE CULTURAL I	EDUCATION FACILITIES FINANCE CORPORA	ATION	
(F) DESCRIPTION OF TO CONSTRUCT A STUD	PURPOSE: DENT HOUSING FACILITY AT TARLETON ST	PATE UNIVERSITY	
(A) ISSUER NAME: TO (F) DESCRIPTION OF	DLEDO-LUCAS COUNTY PORT AUTHORITY		
	DENT HOUSING FACILITY AT UNIVERSITY	OF TOLEDO	
(A) ISSUER NAME:			
	DUCATION FACILITIES FINANCE CORPORE	ATION	
(F) DESCRIPTION OF		WYWENGTON COLLEGE C	
TO CONSTRUCT A STUL	DENT HOUSING FACILITY AT TEXAS AGM (	JNIVERSITY - COLLEGE 5	
(A) ISSUER NAME:			
NEW HOPE CULTURAL E	EDUCATION FACILITIES FINANCE CORPORA 51	ATION	Schedule K (Form 990) 2015
TOTAL IV	<b>31</b>		Ochendre IV (Louis 200) 5010

Schedule K (Form 990) 2015 COLLEGIATE HOUSING FOUNDATION 63-1173425	Page 4
Part VI. Supplemental Information. Provide additional information for responses to questions on Schedule K (see Instructions) (Continued)	
(F) DESCRIPTION OF PURPOSE:	
SEE SCHEDULE K PART VI EXPLANATION FOR PART I, ENTITY 4, LINE D, COLUMN F.	
(A) ISSUER NAME:	
NEW HOPE CULTURAL EDUCATION FACILITIES FINANCE CORPORATION (F) DESCRIPTION OF PURPOSE:	
(F) DESCRIPTION OF PURPOSE: TO CONSTRUCT A STUDENT HOUSING FACILITY AT TEXAS A&M UNIVERSITY - GALVESTON	
10 CONSTRUCT A STODENT HOUSING FACILITY AT TEXAS A&M UNIVERSITY - GALVESTON	
(A) ISSUER NAME:	
NEW HOPE CULTURAL EDUCATION FACILITIES FINANCE CORPORATION	
(F) DESCRIPTION OF PURPOSE:	
TO CONSTRUCT A STUDENT HOUSING FACILITY AT TEXAS AGM UNIVERSITY - CORPUS	
(A) ISSUER NAME:	
NEW HOPE CULTURAL EDUCATION FACILITIES FINANCE CORPORATION	
(F) DESCRIPTION OF PURPOSE:	
TO CONSTRUCT A STUDENT HOUSING FACILITY AT TARLETON STATE UNIVERSITY	
(A) ISSUER NAME: ILLINOIS FINANCE AUTHORITY	
(F) DESCRIPTION OF PURPOSE:	
TO CONSTRUCT A STUDENT HOUSING FACILITY AT NORTHEASTERN ILLINOIS UNIVERSITY	
(A) TOUGH WAVE DURY TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO BE WAVE TO	
(A) ISSUER NAME: PUBLIC FINANCE AUTHORITY (F) DESCRIPTION OF PURPOSE:	
TO CONSTRUCT A STUDENT HOUSING FACILITY AT WESTERN CAROLINA UNIVERSITY	
10 CONSTRUCT A STUDENT HOUSING FACILITY AT WESTERN CAROLINA UNIVERSITY	
(A) ISSUER NAME:	
NEW HOPE CULTURAL EDUCATION FACILITIES FINANCE CORPORATION	
(F) DESCRIPTION OF PURPOSE:	
TO CONSTRUCT A STUDENT HOUSING FACILITY AT TEXAS AGM UNIVERSITY - CORPUS CH	
(A) ISSUER NAME:	
NEW HOPE CULTURAL EDUCATION FACILITIES FINANCE CORPORATION	
(F) DESCRIPTION OF PURPOSE:	
TO CONSTRUCT A STUDENT HOUSING FACILITY AT TEXAS A&M UNIVERSITY - SAN ANTON	
SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:	
(A) ISSUER NAME: NEW CASTLE COUNTY, DELAWARE	
DATE THE REBATE COMPUTATION WAS PERFORMED: 08/01/2015	
(A) ISSUER NAME: DELAWARE COUNTY AUTHORITY	
532124 10-22-15 52 Schedule K (Form 9	90) 2015

	LEGIATE HOUSING FOUNDATION	63-1173425	Page 4
Part VI Supplemental Information, Provi	de additional information for responses to questions on Schedule K IPUTATION WAS PERFORMED: 12/30/201	( (see instructions) (Continued)	
DATE THE REDATE COL	FUTATION WAS PERFORMED: 12/30/201	3	
	T HOUSING FINANCE AGENCY		
DATE THE REBATE COM	PUTATION WAS PERFORMED: 06/30/201	.4	
(A) ISSUER NAME: CALIFO	RNIA STATEWIDE COMMUNITIES DEVELO	PMENT AUTHORITY	
DATE THE REBATE COM	PUTATION WAS PERFORMED: 03/05/201	4	
(A) ISSUER NAME: CITY (	F ALBANY INDUSTRIAL DEVELOPMENT A	AGENCY	
	PUTATION WAS PERFORMED: 05/03/201		
(A) ISSUER NAME: CITY	F ALBANY INDUSTRIAL DEVELOPMENT A	CENCY	<del></del>
DATE THE REBATE CON	PUTATION WAS PERFORMED: 01/25/201	.3	
(A) TOOLING MANN. TITTING			
(A) ISSUER NAME: ILLING DATE THE REBATE COM	PUTATION WAS PERFORMED: 04/01/201	15	
		(	
(A) ISSUER NAME: ILLING	DIS FINANCE AUTHORITY PUTATION WAS PERFORMED: 10/01/201		
DATE THE REDATE CON	PUTATION WAS PERFORMED: 10/01/201	.5	
	SS COUNTY LOCAL DEVELOPMENT CORPO		
DATE THE REBATE CON	PUTATION WAS PERFORMED: 05/31/201	.6	
SCHEDULE K, PART I, ENT	TITY 3, LINE A, COLUMN F		
	HOUSING FACILITY AT NORTHERN ILLI		
AND PROVIDE FUNDS TO RE	FUND BONDS ISSUED ON OCTOBER 23,	2006	
	ITY 4, LINE D, COLUMN F		
	STUDENT HOUSING FACILITY AND TO C Y AT TARLETON STATE UNIVERSITY	CONSTRUCT A NEW	
BIODENI NOOBING PACILII	I AI TARDETON STATE UNIVERSITY		
	ITY 4, LINE C, COLUMN C		
	TION FACILITIES FINANCE CORPORATI HAS TWO CUSIP NUMBERS, 64542RAX9		
200011102 01 03/23/2014	HAD TWO CODIF NOMBERS, 04342RAAS	/ V V V V V V V V V V V V V V V V V V V	
SCHEDULE K	G COUNT PERD NO LOCALINE DES	In a manual trade	
POST-DECEMBER 31, 2002	S COMPLETED TO ACCOUNT FOR ALL OU	TSTANDING	
SCHEDULE K PART II LINE			
532124 10-22-15	EDULE K PART I COLUMN E AND PART 53	II PINE 3	Schedule K (Form 990) 2015
			Series is to Still odd Fato

Schedule K (Form 990) 2015 COLLEGIATE HOUSING FOUNDATION 63-1173425	Page 4
Part W. Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)	
VERMONT HOUSING FINANCE AGENCY 7/29/04 ISSUE - INVESTMENT EARNINGS	
DURING THE PROJECT PERIOD	
CITY OF ALBANY INDUSTRIAL DEVELOPMENT AUTHORITY 5/3/07 ISSUE -	
INVESTMENT EARNINGS DURING THE PROJECT PERIOD	•
CITY OF ALBANY INDUSTRIAL DEVELOPMENT AUTHORITY 1/25/08 ISSUE -	
INVESTMENT EARNINGS DURING THE PROJECT PERIOD	
ILLINOIS FINANCE AUTHORITY 2/23/11 ISSUE - INVESTMENT EARNINGS DURING	
THE PROJECT PERIOD	
ILLINOIS FINANCE AUTHRORITY 3/10/11 ISSUE - INVESTMENT EARNINGS DURING	
THE PROJECT PERIOD	
DUTCHESS COUNTY LOCAL DEVELOPMENT CORPORATION 6/29/11 ISSUE -	
INVESTMENT EARNINGS DURING THE PROJECT PERIOD	
WYOMING COMMUNITY DEVELOPMENT AUTHORITY 7/14/11 ISSUE - INVESTMENT	
EARNINGS DURING THE PROJECT PERIOD	
OREGON FACILITIES AUTHORITY 4/19/12 ISSUE - INVESTMENT EARNINGS DURING	
THE PROJECT PERIOD	
NEW HOPE CULTURAL EDUCATION FACILITIES FINANCIAL CORPORATION 7/11/13	
ISSUE - INVESTMENT EARNINGS DURING THE PROJECT PERIOD	
TOLEDO-LUCAS COUNTY PORT AUTHORITY 5/6/14 ISSUE - INVESTMENT EARNINGS	
DURING THE PROJECT PERIOD	
NEW HOPE CULTURAL EDUCATION FACILITIES FINANCIAL CORPORATION 5/29/14	
ISSUE - INVESTMENT EARNINGS DURING THE PROJECT PERIOD	
NEW HOPE CULTURAL EDUCATION FACILITIES FINANCIAL CORPORATION 06/11/14	
ISSUE -INVESTMENT EARNINGS DURING THE PROJECT PERIOD	
NEW HOPE CULTURAL EDUCATION FACILITIES FINANCIAL CORPORATION 06/19/14	
ISSUE -INVESTMENT EARNINGS DURING THE PROJECT PERIOD	
NEW HOPE CULTURAL EDUCATION FACILITIES FINANCIAL CORPORATION 07/02/14	
ISSUE -INVESTMENT EARNINGS DURING THE PROJECT PERIOD	
NEW HOPE CULTURAL EDUCATION FACILITIES FINANCIAL CORPORATION 04/02/15	
ISSUE -INVESTMENT EARNINGS DURING THE PROJECT PERIOD	
ILLINOIS FINANCE AUTHORITY 05/07/15 ISSUE -INVESTMENT EARNINGS DURING	
THE PROJECT PERIOD	
PUBLIC FINANCE AUTHORITY 6/10/15 ISSUE - INVESTMENT EARNINGS DURING THE	
PROJECT PERIOD	
SCHEDULE K, PART II, ENTITY 1, LINE 9	
VERMONT HOUSING FINANCE AGENCY 7/29/04 ISSUE:	
INCLUDES EXPENDITURES IN THE AMOUNT OF \$807,451 FOR INTEREST INCURRED	
ON THE VERMONT HOUSING FINANCE AGENCY 7/29/04 ISSUE AFTER THE PROJECT	
PERIOD BUT PAID WITHIN THREE YEARS OF THE ISSUE DATE.	

Schedule K (Form 990) 2015

532124 10-22-15

	COLLEGIATE HOUSING FOUND		63-1173425	Page 4
	tion. Provide additional information for responses to II, ENTITY 3, LINE 12	questions on Schedule K (see	Instructions) (Continued)	
ILLINOIS FINANCE	AUTHORITY 3/10/11 ISSUE: OF			
HELD IN THE CONST	RUCTION FUND PENDING EXPEC	TED CAPITAL EXP	ENDITURES.	
COURDILE V DADE	II, ENTITY 3, LINE 12			
	AUTHORITY 04/19/12 ISSUE:	ONLY UNSPENT P	ROCEEDS ARE	
HELD IN THE REDEM	PTION FUND AND CONSTRUCTION	N FUND PENDING	REDEMPTION OR	
EXPECTED CAPITAL	EXPENDITURE.			
CCHEDITE & DADE	TT ENGINE 2 TIME 16			
	II, ENTITY 3, LINE 16 AUTHORITY 3/10/11 ISSUE: F	TNAT. AT.T.OCATTON	TS TO BE	
	APPLICATION OF PROCEEDS TO			
EXPENDITURES.				
COVERNIA IN THE PARTY				
	II, ENTITY 3, LINE 16 AUTHORITY 04/19/12 ISSUE:	FINAL ALLOCAUL	ON TO TO BE	
	APPLICATION OF PROCEEDS TO			
EXPENDITURES OR R				
	III, ENTITY 3, LINE 2 AUTHORITY 04/19/12 ISSUE:	MILE TENCE ADDA	NCEMENIIC	
	HORT-TERM ARRANGEMENT EXCE			
	3(D)3, AND THEREFORE NO PR			
ARRANGEMENTS.				
COMPANY E. W. Prom.		······		
SCHEDULE K, PART	DELAWARE 9/29/05 ISSUE:	ATT CROSS PROCE	FDS INVESTED	
	ABLE TEMPORARY PERIOD EXCE			
	S THAN THE YIELD OF THE RE			
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	JTHORITY 12/30/08 ISSUE: A ABLE TEMPORARY PERIOD EXCE			
	S THAN THE YIELD OF THE RE		STED AT A	
	211111 2112 1212 01 2112 112	<u> </u>		
	INANCE AGENCY 7/29/04 ISSU			
	HE APPLICABLE TEMPORARY PE			
AT A TIELD THAT IS	S LESS THAN THE YIELD OF T	HE RESPECTIVE B	ONDS.	
CALIFORNIA STATEW	IDE COMMUNITIES DEVELOPMEN	T AUTHORITY 171	1/12 ISSUE:	
ALL GROSS PROCEEDS	S INVESTED BEYOND THE APPL	ICABLE TEMPORAR	Y PERIOD	
EXCEPTION WERE IN	VESTED AT A YIELD THAT IS		IELD OF THE	
502124 10-22-15		55		Schedule K (Form 990) 2015

Schedule K (Form 990) 2015 COLLEGIATE HOUSING FOUNDATION 63-1173425	Page 4
Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)	
RESPECTIVE BONDS.	
ILLINOIS FINANCE AUTHORITY 2/23/11 ISSUE: ALL GROSS PROCEEDS INVESTED	
BEYOND THE APPLICABLE TEMPORARY PERIOD EXCEPTION WERE INVESTED AT A	
YIELD THAT IS LESS THAN THE YIELD OF THE RESPECTIVE BONDS.	
ILLINOIS FINANCE AUTHORITY 3/10/11 ISSUE: ALL GROSS PROCEEDS INVESTED	
BEYOND THE APPLICABLE TEMPORARY PERIOD EXCEPTION WERE INVESTED AT A	
YIELD THAT IS LESS THAN THE YIELD OF THE RESPECTIVE BONDS.	
DUTCHESS COUNTY LOCAL DEVELOPMENT CORPORATION 6/29/11 ISSUE: ALL GROSS	
PROCEEDS INVESTED BEYOND THE APPLICABLE TEMPORARY PERIOD EXCEPTION WERE	
INVESTED AT A YIELD THAT IS LESS THAN THE YIELD OF THE RESPECTIVE	
BONDS.	
WYOMING COMMUNITY DEVELOPMENT AUTHORITY 7/14/11 ISSUE: ALL GROSS	
PROCEEDS INVESTED BEYOND THE APPLICABLE TEMPORARY PERIOD EXCEPTION WERE	
INVESTED AT A YIELD THAT IS LESS THAN THE YIELD OF THE RESPECTIVE	
BONDS.	
OREGON FACILITIES AUTHORITY 4/19/12 ISSUE: ALL GROSS PROCEEDS INVESTED	
BEYOND THE APPLICABLE TEMPORARY PERIOD EXCEPTION WERE INVESTED AT A	
YIELD THAT IS LESS THAN THE YIELD OF THE RESPECTIVE BONDS.	
SCHEDULE K, PART IV, LINE 2C	
REBATE COMPUTATIONS WERE PERFORMED ON THE FOLLOWING DATES:	
NEW CASTLE COUNTY, DELAWARE 9/29/2005 ISSUE: AUGUST 1, 2015	
DELAWARE COUNTY AUTHORITY 12/30/2008 ISSUE: DECEMBER 30, 2013	
VERMONT HOUSING FINANCE AGENCY 7/29/2004 ISSUE: JUNE 30, 2014	
CALIFORNIA STATEWIDE COMMUNITIES DEVELOPMENT AUTHORITY 1/11/2012 ISSUE:	
MARCH 5, 2014	
CITY OF ALBANY INDUSTRIAL DEVELOPMENT AUTHORITY 5/03/2007 ISSUE: MAY 3,	
2012	
CITY OF ALBANY INDUSTRIAL DEVELOPMENT AUTHORITY 1/25/2008 ISSUE:	
JANUARY 25, 2013	
ILLINOIS FINANCE AUTHORITY 2/23/2011 ISSUE: APRIL 1, 2015	·····
ILLINOIS FINANCE AUTHORITY 3/10/2011 ISSUES OCTOBER 1, 2015	<del></del>
DUTCHESS COUNTY LOCAL DEVELOPMENT CORPORATION 6/29/2011 ISSUE: MAY 31,	
2016	
2010	
SCHEDULE K PART V	
SCREDULE K PART V	O-L-MI-V/F DOM DOLF

532124 10-22-15

Schedule K (Form 990) 2015

Schedule K (Form 990) 2015 COLLEGIATE HOUS		63-1173425	Page 4
Part VI Supplemental Information. Provide additional information of THE FOUNDATION HAS ADOPTED WRITTEN I	PROCEDURES TO ENSURE POS	ST-ISSUANCE	
COMPLIANCE WITH FEDERAL TAX REQUIREM	MENTS NECESSARY TO ENSUR	RE THE	
TAX-EXEMPT BONDS REMAIN TAX-EXEMPT AT TIMELY IDENTIFIED. THE POLICY DOES IN	AND TO ENSURE THAT VIOLA	TIONS ARE	
VOLUNTARY CLOSING AGREEMENT PROGRAM.	OT REQUIRE CORRECTION T	HROUGH THE	
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532124 10-22-15	57		Schedule K (Form 990) 2015

532124 10-22-15

Schedule K (Form 990) 2015

## SCHEDULE O (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 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2015
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-FZ) and its instructions is in its gon/form990

Employer identification number 63-1173425

Name of the organization COLLEGIATE HOUSING FOUNDATION

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE CODE OF 1986 (THE CODE) INCLUDING FOR SUCH PURPOSES: (1) ASSISTING EACH OF ITS MEMBERS TO PROVIDE HOUSING FOR ITS ENROLLED STUDENTS; AND (2)OTHERWISE ASSISTING EACH OF ITS MEMBERS TO FURTHER THEIR EDUCATIONAL MISSIONS. (B) THE ORGANIZATION IS EMPOWERED TO DO AND PERFORM SUCH ACTS AS MAY BE NECESSARY OR APPROPRIATE IN CARRYING OUT THE FOREGOING PURPOSES OF THE ORGANIZATION AND IN CONNECTION THEREWITH TO EXERCISE ANY OF THE POWERS GRANTED TO NONPROFIT CORPORATIONS BY THE ALABAMA NONPROFIT CORPORATION ACT WHICH ARE CONSISTENT WITH THE ORGANIZATION'S STATUS AS AN ORGANIZATION (I) EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) AND 501(C)(3) OF THE CODE AND (II) TO WHICH CONTRIBUTIONS ARE DEDUCTIBLE UNDER SECTION 170(C)(2) OF THE CODE. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: (1) ASSISTING EACH OF ITS MEMBERS TO PROVIDE HOUSING FOR ITS ENROLLED STUDENTS; AND (2) OTHERWISE ASSISTING EACH OF ITS MEMBERS TO FURTHER THEIR EDUCATIONAL MISSIONS. (B) THE ORGANIZATION IS EMPOWERED TO DO AND PERFORM SUCH ACTS AS MAY BE NECESSARY OR APPROPRIATE IN CARRYING OUT THE FOREGOING PURPOSES OF THE ORGANIZATION AND IN CONNECTION THEREWITH TO EXERCISE ANY OF THE POWERS GRANTED TO NONPROFIT CORPORATIONS BY THE ALABAMA NONPROFIT CORPORATION ACT WHICH ARE CONSISTENT WITH THE ORGANIZATION'S STATUS AS AN ORGANIZATION (I) EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2015) 532211 09-02-15

Employer identification number 63-1173425

AND 501(C)(3) OF THE CODE AND (II) TO WHICH CONTRIBUTIONS ARE

DEDUCTIBLE UNDER SECTION 170(C)(2) OF THE CODE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PROVIDE 516 BED STUDENT HOUSING FACILITY IN ELON, NC FOR ELON

UNIVERSITY

EXPENSES \$ 4,523,506. INCLUDING GRANTS OF \$ 0. REVENUE \$ 4,419,279.

PROVIDE 457 BED STUDENT HOUSING FACILITY IN DES MOINES, IOWA FOR DRAKE

UNIVERSITY

EXPENSES \$ 4,617,234. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,256,887.

PROVIDE 332 BED STUDENT HOUSING FACILITY IN LARAMIE, WY FOR UNIVERSITY

OF WYOMING

EXPENSES \$ 2,223,366. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,827,205.

PROVIDE 312 BED STUDENT HOUSING FACILITY IN BURLINGTON, VT FOR THE

UNIVERSITY OF VERMONT

EXPENSES \$ 2,831,440. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,739,093.

PROVIDE 160 BED STUDENT HOUSING FACILITY IN HYDE PARK, NY FOR CULINARY

INSTITUTE OF AMERICA

EXPENSES \$ 1,989,434. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,673,444.

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

OREGON UNIVERSITY

EXPENSES \$ 6,193,304. INCLUDING GRANTS OF \$ 0. REVENUE \$ 5,708,427.

Employer identification number Name of the organization 63-1173425 COLLEGIATE HOUSING FOUNDATION PROVIDE 492 BED STUDENT HOUSING FACILITY IN TOLEDO, OH FOR THE UNIVERSITY OF TOLEDO EXPENSES \$ 5,145,791. INCLUDING GRANTS OF \$ 0. REVENUE \$ 4,014,148. PROVIDE 482 BED STUDENT HOUSING FACILITY IN CORPUS CHRISTI, TX FOR TEXAS A&M UNIVERSITY - CORPUS CHRISTI - PHASE I EXPENSES \$ 4,258,007. INCLUDING GRANTS OF \$ 0. REVENUE \$ 3,275,113. PROVIDE 582 BED STUDENT HOUSING FACILITY IN STEPHENVILLE, TX FOR TARLETON STATE UNIVERSITY - PHASE II EXPENSES \$ 5,095,547. INCLUDING GRANTS OF \$ 0. REVENUE \$ 3,837,514. PROVIDE 440 BED STUDENT HOUSING FACILITY IN CHICAGO, IL FOR NORTHEASTERN ILLINOIS UNIVERSITY EXPENSES \$ 246,437. INCLUDING GRANTS OF \$ 0. REVENUE \$ 14,650. PROVIDE 560 BED STUDENT HOUSING FACILITY IN CORPUS CHRISTI, TEXAS FOR TEXAS A&M UNIVERSITY - CORPUS CHRISTI EXPENSES \$ 11,250. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. CONTRIBUTIONS TO MEMBERS AND REIMBURSED/REFUNDED EXPENSES ON CURRENT OR PAST PROJECT EXPENSES \$ 67,469. INCLUDING GRANTS OF \$ 75,000. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 3: THE STUDENT HOUSING FACILITIES OWNED BY THE ORGANIZATION ARE MANAGED BY THE ASSOCIATED MEMBER COLLEGE OR UNIVERSITY OR BY AN INDEPENDENT MANAGEMENT COMPANY APPROVED BY SUCH COLLEGE OR UNIVERSITY. 532212 09-02-15 Schedule O (Form 990 or 990-EZ) (2015) COLLEGIATE HOUSING FOUNDATION

Employer identification number 63-1173425

FORM 990, PART VI, SECTION A, LINE 6:

ANY COLLEGE OR UNIVERSITY FOR WHICH COLLEGIATE HOUSING FOUNDATION (THE FOUNDATION) OWNS AND OPERATES A STUDENT HOUSING FACILITY OR RELATED IMPROVEMENTS IS A MEMBER OF THE FOUNDATION AS LONG AS THE FOUNDATION OWNS OR OPERATES ITS FACILITIES.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBER COLLEGES AND UNIVERSITIES 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 ORGANIZATION 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 ORGANIZATION'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 COMPETITIVE MARKET DATA AND SALARY DATA AS Schedule O (Form 990 or 990-EZ) (2015) 532212 09-02-15

SCHEDULE R	
(Form 990)	

Related Organizations and Unrelated Partnerships

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

Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at morn irs gout/form990.

Name of the organization

COLLEGIATE HOUSING FOUNDATION

Employer identification number 63-1173425

(a)	(b)	(c)	(d)	( <del>e</del> )	(1)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
CHF-DELAWARE, L.L.C 52-2236764	TO FINANCE, OWN AND OPERATE	<del> </del>		]	
POST OFFICE BOX 1385	A STUDENT HOUSING FACILITY				
FAIRHOPE, AL 36533-1385	FOR THE UNIVERSITY	ALABAMA	8,726,291.	37,556,139.	N/A
CHF-WINOOSKI, L.L.C 20-1480741	TO FINANCE, OWN AND OPERATE				
OST OFFICE BOX 1385	A STUDENT HOUSING FACILITY		1		
AIRHOPE, AL 36533-1385	FOR THE UNIVERSITY	ALABAMA	2,754,929.	16,434,373.	N/A
HF-IRVINE, L.L.C 20-2001737	TO FINANCE, OWN AND OPERATE				
OST OFFICE BOX 1385	A STUDENT HOUSING FACILITY				
AIRHOPE, AL 36533-1385	FOR THE UNIVERSITY	ALABANA	55,253,620.	347,482,698.	N/A
HF-ELON, L.L.C 20-2956535	TO FINANCE, OWN AND OPERATE			1	
OST OFFICE BOX 1385	A STUDENT HOUSING FACILITY		i		
AIRHOPE, AL 36533-1385	FOR THE UNIVERSITY	ALABAHA	4,465,374.	21,031,289.	N/A

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(1) Direct controlling entity	Section 5 contr ent	ballo
				501(c)(3))		Yes	No
,							

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

Schedule R (Form 990) 2015

63-1173425

Schedule R (Form 990)

COLLEGIATE HOUSING FOUNDATION

Part 1 Continuation of Identification of Disregarded	Entities		·		
(e)	(b)	(c)	(d)	(e)	n
Name, address, and EIN of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
CHF-PORTALES, L.L.C 20-5208772	TO FINANCE, OWN AND OPERATE	<del> </del>	<u> </u>		
POST OFFICE BOX 1385	A STUDENT HOUSING FACILITY				
FAIRHOPE, AL 36533-1385	FOR THE UNIVERSITY	ALABAMA	0.	0.	N/A
CHF-ROSWELL, L.L.C 20-5208808	TO FINANCE, OWN AND OPERATE			1	
POST OFFICE BOX 1385	A STUDENT HOUSING FACILITY				
FAIRHOPE, AL 36533-1385	FOR THE UNIVERSITY	ALABAHA	0,	0.	N/A
CHF-KUTZTOWN, L.L.C 26-0176083	TO FINANCE, OWN AND OPERATE				
POST OFFICE BOX 1385	STUDENT HOUSING FACILITIES	ļ		[	
FAIRHOPE, AL 36533-1385	FOR THE UNIVERSITY	ALABAMA	0.	0.	N/A
CHF-HOLLAND SUITES, L.L.C 20-8580707	TO FINANCE, OWN AND OPERATE			i	
POST OFFICE BOX 1385	STUDENT HOUSING FACILITIES				
FAIRHOPE, AL 36533-1385	FOR THE UNIVERSITY	ALABAMA	1,356,025.	9,674,572.	N/A
CHF-DES MOINES, L.L.C 20-8355661	TO FINANCE, OWN AND OPERATE			1	
POST OFFICE BOX 1385	STUDENT HOUSING FACILITIES				
FAIRHOPE, AL 36533-1385	FOR THE UNIVERSITY	ALABAMA	2,380,306.	0.	N/A
CHF-HOLLAND SUITES II, L.L.C 26-1705515	TO FINANCE, OWN AND OPERATE				
POST OFFICE BOX 1385	STUDENT HOUSING FACILITIES			1	
FAIRHOPE, AL 36533-1385	FOR THE UNIVERSITY	аьлвама	913,200.	5,561,130.	N/A
CHF - NORMAL, L.L.C 27-2995601	TO FINANCE, OWN AND OPERATE				
POST OFFICE BOX 1385	STUDENT HOUSING FACILITIES				
FAIRHOPE, AL 36533-1385	FOR THE UNIVERSITY	ALABAMA	7,673,193.	54,026,863.	N/A
CHF - DEKALB II, L.L.C 27-2995547	TO FINANCE, OWN AND OPERATE				
POST OFFICE BOX 1385	STUDENT HOUSING FACILITIES				
FAIRHOPE, AL 36533-1385	FOR THE UNIVERSITY	ALABAMA	13,413,544.	110,384,314.	N/A
CHF - WYOMING, L.L.C 45-2392042	TO FINANCE, OWN AND OPERATE				
POST OFFICE BOX 1385	STUDENT HOUSING FACILITIES		1	Į.	
FAIRHOPE, AL 36533-1385	FOR THE UNIVERSITY	ALABAMA	1,828,003.	16,288,219.	N/A
CHF - CIA, L.L.C 27-3512639	TO PINANCE, OWN AND OPERATE				
POST OFFICE BOX 1385	STUDENT HOUSING FACILITIES				
FAIRHOPE, AL 36533-1385	FOR THE UNIVERSITY	ALABAMA	1,673,588.	14,796,842.	N/A

63-1173425

Schedule R (Form 990)

COLLEGIATE HOUSING FOUNDATION

(a)	(b)	(c)	(d)	(e)	(1)
Name, address, and EIN	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)	)		entity
CHF - ASHLAND, L.L.C 93-6001787	TO FINANCE, OWN AND OPERATE	-			
POST OFFICE BOX 1385	A STUDENT HOUSING FACILITY	ļ			•
FAIRHOPE, AL 36533-1385	FOR THE UNIVERSITY	ALABAMA	5,712,736.	41,466,026,	I/A
CHF - STEPHENVILLE, L,L.C 63-1238875	TO FINANCE, OWN AND OPERATE		<b>t</b>		
POST OFFICE BOX 1385	A STUDENT HOUSING FACILITY	1			
FAIRHOPE_AL 36533-1385	FOR THE UNIVERSITY	ALABAMA	3,348,539.	24,337,405,	I/A
CHF - TOLEDO, L.L.C 34-6406986	TO FINANCE, OWN AND OPERATE		1		
POST OFFICE BOX 1385	A STUDENT HOUSING FACILITY	1	1		
PAIRHOPE, AL 36533-1385	FOR THE UNIVERSITY	онто	4,018,005.	38,096,745.	I/A
CHF - COLLEGIATE HOUSING COLLEGE STATION 1,	TO FINANCE, OWN AND OPERATE		1		
L.C 25-1604618, POST OFFICE BOX 1385,	A STUDENT HOUSING PACILITY	İ		]	
FAIRHOPE, AL 36533-1385	FOR THE UNIVERSITY	ALABAMA	8,882,650.	108,205,000.	N/A
CHF - COLLEGIATE HOUSING STEPHENVILLE II.	TO FINANCE, OWN AND OPERATE				
L.C 26-1604618, POST OFFICE BOX 1385.	A STUDENT HOUSING FACILITY	1		\	
FAIRHOPE, AL 36533-1385	FOR THE UNIVERSITY	ALABAMA	3,867,696.	39,265,913.	1/A
CHF - COLLEGIATE HOUSING GALVESTON I. L.L.C.	TO FINANCE, OWN AND OPERATE	<u> </u>			
26-1604618, POST OFFICE BOX 1385.	A STUDENT HOUSING FACILITY	1		}	
AIRHOPE AL 36533-1385	FOR THE UNIVERSITY	ALABAMA	1,640,429.	44,559,170.	N/A
CHF - COLLEGIATE HOUSING CORPUS CHRISTI I.	TO FINANCE, OWN AND OPERATE				
.L.C 46-4867332, POST OFFICE BOX 1385,	A STUDENT HOUSING FACILITY			]	
AIRHOPE, AL 36533-1385	FOR THE UNIVERSITY	ALABAMA	3,362,935,	31,721,851,	N/A
CHF - DEKALB III, L.L.C 27-5438414	TO FINANCE, OWN AND OPERATE				
OST OFFICE BOX 1385	STUDENT HOUSING FACILITIES			Į.	
AIRHOPE, AL 36533-1385	FOR THE UNIVERSITY	ALABAMA	0.	. 0.	N/A
HF - COLLEGIATE HOUSING STEPHENVILLE III	TO FINANCE, OWN AND OPERATE				
.L.C 47-2994648, POST OFFICE BOX 1385	STUDENT HOUSING FACILITIES	1			
AIRHOPE AL 36533-1385	FOR THE UNIVERSITY	ALABAMA	0.	85,692,430.	N/A
HF - COOK, L.L.C 47-2289120	TO PINANCE, OWN AND OPERATE		·		<u> </u>
OST OFFICE BOX 1385	STUDENT HOUSING FACILITIES			1	
AIRHOPE, AL 36533-1385	FOR THE UNIVERSITY	ALABAMA	14,650.	47,354,030.	N/1

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Schedule R (Form 990) COLLEGIATE HOUSING FOUNDATION

(a)	(ь)	(c)	(d)	(e)	(1)		
Name, address, and EIN	Primary activity	Legal domicile (state or	Total income	End-of-year assets			
of disregarded entity		foreign country)			entity		
ERF - CULLOWHEE, L.L.C 47-3010505	TO PINANCE, OWN AND OPERATE						
POST OFFICE BOX 1385	STUDENT HOUSING FACILITIES						
AIRHOPE, AL 36533-1385	FOR THE UNIVERSITY	ALABAMA	0.	34,875,635.	N/A		
HF - COLLEGIATE HOUSING VICTORIA, L.L.C	TO FINANCE, OWN AND OPERATE			[			
7-3681022, POST OFFICE BOX 1385, FAIRHOPE,	STUDENT HOUSING FACILITIES	ļ					
L 36533-1385	FOR THE UNIVERSITY	ALABAMA	0.	0.	N/A		
CHF - GEORGIA I, L.L.C 47-1713387	TO FINANCE, OWN AND OPERATE						
POST OFFICE BOX 1385	STUDENT HOUSING FACILITIES	İ		1			
AIRHOPE, AL 36533-1385	FOR THE UNIVERSITY	ALABAMA	a.	0.	N/A		
HF -DELAND, L.L.C 20-3494776	TO FINANCE, OWN AND OPERATE		Γ		-		
OST OFFICE BOX 1385	STUDENT HOUSING FACILITIES	Ì		1	•		
AIRHOPE, AL 36533-1385	FOR THE UNIVERSITY	ALABAMA	_ 0.	. 0.	N/X		
HF - COLLEGIATE HOUSING SAN ANTONIO I,	TO FINANCE, OWN AND OPERATE						
.L.C 26-1604518, POST OFFICE BOX 1385,	STUDENT HOUSING FACILITIES	}	·	1			
AIRHOPE, AL 36533-1385	FOR THE UNIVERSITY	ALABAMA	0.	23,481,042.	N/A		
CHF - COLLEGIATE HOUSING CORPUS CHRISTI II,	TO FINANCE, OWN AND OPERATE						
.L.C 26-1604618, POST OFFICE BOX 1385,	STUDENT HOUSING FACILITIES		1				
AIRHOPE, AL 36533-1385	FOR THE UNIVERSITY	ALABAMA	0.	39,399,448.	N/A		
HF - COLLEGIATE HOUSING ISLAND CAMPUS.	TO FINANCE, OWN AND OPERATE						
.L.C 81-1816268, POST OFFICE BOX 1385	A STUDENT HOUSING FACILITY	Į.					
AIRHOPE, AL 36533-1385	FOR THE UNIVERSITY	ALABAMA	0.	. 0.	N/A		
HF - COLLEGIATE HOUSING COMMERCE, L.L.C	TO FINANCE, OWN AND OPERATE	}	<del></del>				
7-4897746, POST OFFICE BOX 1385, FAIRHOPE,	A STUDENT HOUSING FACILITY	İ					
L 36533-1385	FOR THE UNIVERSITY	ALABAMA	0.	.) ٥.	N/A		
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Schedule R (Form 990) 2015 COLLEGIATE HOUSING FOUNDATI	ON			63-117342	5 Page 3
Part V: Transactions With Related Organizations Complete If the organization an	swered "Yes" on Forr	n 990, Part IV, line 34, 35b	or 36		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes No
1 During the tax year, did the organization engage in any of the following transaction	ons with one or more i	related organizations listed	in Parts II-IV?	<u> </u>	C1824228
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled ent		•		1	a
b Gift, grant, or capital contribution to related organization(s)				1 1	ь
c Gift, grant, or capital contribution from related organization(s)				1 10	<del></del>
d Loans or loan guarantees to or for related organization(s)	• • •			1 1	
e Loans or loan guarantees by related organization(s)					e
Dividends from related organization(s)				(∕s3 <b>1</b>	e Bessel States
g Sale of assets to related organization(s)			••••	10	
h Purchase of assets from related organization(s)					<del></del>
				1	
i Exchange of assets with related organization(s)			· · · · ·		
j Lease of facilities, equipment, or other assets to related organization(s)	• ••	- •		. <u>  1</u>	
k Lease of facilities, equipment, or other assets from related organization(s)					k
1 Performance of services or membership or fundraising solicitations for related on	ganization(s)			. 1	1   -
m Performance of services or membership or fundraising solicitations by related or			•	11	m
n Sharing of facilities, equipment, mailing lists, or other assets with related organization			••	1	
o Sharing of paid employees with related organization(s)	Billotti(3)			· · · · ·	
• • • • • • • • • • • • • • • • • • •				·	Steeler
m. Darmhuranna karalida salah kansa tarih 191				f*_'	
Parameter paid to related organization(s) for expenses	•	•		· · <u>- 1</u>	<del></del>
q Reimbursement pard by related organization(s) for expenses				1	
				1 .	
r Other transfer of cash or property to related organization(s)				<u>  1</u>	<u>r</u>
s Other transfer of cash or property from related organization(s)	·			<u> 1</u>	8
2 If the answer to any of the above is 'Yes,' see the instructions for information on	who must complete t	this line, including covered	relationships and transaction	thresholds	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method of deter	(d) mining amount involve	əd 
(1)			 		
(2)					
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Schedule R (Form 990) 2015 COLLEGIATE HOUSING FOUNDATION

63-1173425 Page 4

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

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

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile	(d) Predominant income	(e Are paraner	al s sec.	(f) Share of	(g) Share of	(h) Ospro		(7) Code V-UBI	(I) Gener	el or F	(k) Percentage
of entity	-	(state or foreign country)		5016 5016		total Income	end-of-year assets	zilocatio Yes	ns?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partn Yea	er?	ownership
·			360(10/13 512 514)	Yes	No.			Xeal	¥0-	(1011111000)	Yes	Nº4	
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Schedule R (Form 990) 2015

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Chedule R (Form 990) 2015 COLLEGIATE HOUSING FOUNDATION  Part VII   Supplemental Information	
Provide additional information for responses to questions on Schedule R (see instructions).	
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