

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

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

2010

OMB No 1545-0047

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010 Name of organization CALVERT SOCIAL INVESTMENT FOUNDATION D Employer identification number B Check if applicable Address change FOUNDATION INC 52-1591398 Doing Business As Name change E Telephone number Initial return Number and street (or P O box if mail is not delivered to street address) 7315 WISCONSIN AVENUE 11TH FLOOR Room/suite (800) 248-0337 Terminated **G** Gross receipts \$ 48,195,213 City or town, state or country, and ZIP + 4 BETHESDA, MD 20814 -Amended return Application pending Name and address of principal officer **H(a)** Is this a group return for affiliates? Yes No LISA HALL 7315 WISCONSIN AVENUE 11TH FLOOR **H(b)** Are all affiliates included? ☐ Yes ☐ No BETHESDA, MD 20814 If "No," attach a list (see instructions) H(c) Group exemption number Tax-exempt status Website: ► WWW CALVERTFOUNDATION ORG K Form of organization ✓ Corporation ✓ Trust ✓ Association ✓ Other ► L Year of formation 1988 M State of legal domicile Part I Summary 1 Briefly describe the organization's mission or most significant activities THE CALVERT SOCIAL INVESTMENT FOUNDATION, INC. WORKS TO MAXIMIZE THE FLOW OF CAPITAL TO COMMUNITY DEVELOPMENT ORGANIZATIONS FOR THE BENEFIT OF UNDERSERVED COMMUNITIES AND INDIVIDUALS TO ACHIEVE A MORE EQUITABLE AND SUSTAINABLE SOCIETY Activities & Governance 2 Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . . 12 Number of independent voting members of the governing body (Part VI, line 1b) . 12 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 58 Total number of volunteers (estimate if necessary) . . 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Prior Year** Current Year 13,193,952 Contributions and grants (Part VIII, line 1h) . 7,734,907 9 Program service revenue (Part VIII, line 2g) . 8,348,434 8,380,703 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 857,526 1,204,837 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 190,000 1,850 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 17,478,178 22,434,031 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 4,047,900 5,927,650 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 15 3,607,581 3,477,592 Expenses 10) 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 0 b Total fundraising expenses (Part IX, column (D), line 25)  $\blacktriangleright 526,547$ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . 8,189,128 8.009.226 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 15,844,609 17,414,468 19 Revenue less expenses Subtract line 18 from line 12  $\,$  . 1,633,569 5,019,563 Assets or d Balances **Beginning of Current End of Year** Year 237,644,299 20 270,657,154 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . . . . . 202,017,559 236,143,144 22 Net assets or fund balances Subtract line 21 from line 20  $\,$  . 35,626,740 34,514,010 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 2011-05-16 Signature of officer Date Sian Here CHARLES HOLLANDS CHIEF FINANCIAL OFFICER Type or print name and title Check if self Preparer's signature Date PTIN employed 🕨 🛭 preparer's name Paid Firm's name FJOHNSON LAMBERT & CO LLP Firm's EIN Preparer Firm's address From SPRING FOREST ROAD STE 115 (919) 719-**Use Only** RALEIGH, NC 27609

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

Par	t III				lishments Jestion in this Part III		
DEV	CALV I ELOPM		STMENT FOUNDA			THE FLOW OF CAPITAL NITIES AND INDIVIDU	TO COMMUNITY ALS TO ACHIEVE A MORE
2	the pr	or Form 990 or 99	0-EZ?		ervices during the year v	which were not listed on	┌ Yes ┌ No
		s," describe these r					
3		ne organization ceas ces?	se conducting, or m	nake sıgnıfıcar • • • •	nt changes in how it con	ducts, any program	┌ Yes ┌ No
	If "Ye	s," describe these o	hanges on Schedu	ile O			
4	Secti	on 501(c)(3) and 50	01(c)(4) organızatı	ons and section		argest program services e required to report the a ervice reported	
4a	(Code	e	) (Expenses \$	8,923,590	ıncludıng grants of \$	0 ) (Revenue \$	7,894,876 )
	EACH RETU	AND EVERY DOLLAR IN	VESTED IN THE NOTE I ED THROUGH THE NOTE	S PLACED IN A D	IVERSIFIED LOAN POOL WITH	THE OBJECTIVE OF EARNING	MPACT OF A CHARITABLE DONATION BOTH A FINANCIAL AND A SOCIAL BENTERPRISES AROUND THE WORLD
	(Code	e	) (Expenses \$	5.153.872	ıncludıng grants of \$	4,966,277 ) (Revenue \$	)
7.5	CALV IMME	ERT GIVING FUND IS A UDIATELY BUILDING COM	UNIQUE PHILANTHROPI IMUNITIES, EVEN BEFO	C PRODUCT PRO RE ASSETS ARE O	VIDING A 100% SOCIALLY RI GRANTED OUT TO CHARITIES	ESPONSIBLE DONOR ADVISED F	FUND THAT GOES TO WORK OF DONATED FUNDS INCREASES
	16-1	_	) (F	1 700 077		061 272 \ (Barraya d	
4c	(Code		) (Expenses \$ INANCING HIGH IMPAC	1,708,877 T, INNOVATIVE C	including grants of \$ OMMUNITY ORGANIZATIONS	961,373 ) (Revenue \$	)
4d	Othe	er program services	(Describe in Sche	edule O ) <b>See</b> a	also Additional Data fo	r Description	
	(Exp	enses \$	777,206 incl	udıng grants o	of\$	) (Revenue \$	485,827 )
4e	Tota	Il program service e	xpenses <b>►</b> \$	16,563,54	5		

art TV	Checklist	of Red	nuired	Schedu	les

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

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νο
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νο
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
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		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,  Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

	Check if Schedule O contains a response to any question in this Part V	•	•1	
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable		Yes	No
	1a 2,345			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
а	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νo
b	If "Yes," enter the name of the foreign country 🕒			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
ā	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year   7d	-		140
_	Did the average and find directly and directly to any area and a second bases.			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		Νo
)	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Νo
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νo
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  10b			
_	facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
.3	year			
а	Is the organization licensed to issue qualified health plans in more than one state?			
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
L	Enter the amount of recognise the agreement is required to account by the attention			
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>

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

Check if Schedule O contains a response to any question in this Part VI										. F	7
---	--	--	--	--	--	--	--	--	--	-----	---

Se	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 year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the			
а	year by the following The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD	163	
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)	1	V	N-
10-	Describe an american have been been bounded as a first of the second of	10-	Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		Νο
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. Another's website. Upon request			

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

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

Check if Schedule O contains a response to any question 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, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

Comparison   Com	(A) Name and Title	(B) Average hours	Posi t	(( tion ( hat a	che		I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
DIRECTOR		(describe hours for related organizations in Schedule	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		(W- 2/1099-	organization and related
DIRECTOR	DIRECTOR, ADV COMM CHAIR	1 00	х						0	0	0
DIRECTOR	DIRECTOR	1 00	х						0	0	0
DIRECTOR		1 00	х						0	0	0
DIRECTOR		1 00	х						0	0	0
DIRECTOR, AUD COMM CHAIR		1 00	х						0	0	0
DIRECTOR, GOV COMM CHAIR		1 00	х						0	0	0
DIRECTOR   100   X   0   0   0   0   0   0   0   0		1 00	х						0	0	0
DIRECTOR		1 00	х						0	0	0
DIRÉCTOR         1 00         X         0         0           (11) D WAYNE SIBLY         1 00         X         X         0         0         0           CO-CHAIR, FIN COMM CHAIR         1 00         X         X         0         0         0         0           (12) JOHN G GUFFEY JR         1 00         X         X         0         0         0         0           CO-CHAIR, INV COMM CHAIR         1 00         X         X         0         0         0         0           (13) SHARI BERENBACH PRESIDENT & CEO THRU 9/10         45 00         X         181,440         0         22,352           (14) CHARLES P HOLLANDS SR VP & CFO         45 00         X         167,260         0         30,917           (15) JAMES A RICHARDSON EXEC DIR OF NRF         45 00         X         152,643         0         18,540           (16) LISA HALL         45 00         X         186,243         0         23,145		1 00	х						0	0	0
CO-CHAIR, FIN COMM CHAIR  (12) JOHN G GUFFEY JR CO-CHAIR, INV COMM CHAIR  (13) SHARI BERENBACH PRESIDENT & CEO THRU 9/10  (14) CHARLES P HOLLANDS SR VP & CFO  (15) JAMES A RICHARDSON EXEC DIR OF NRF  (16) LISA HALL  (10) X X X D 0 0  0 0  0 22,352  X 181,440 0 32,352  0 30,917		1 00	х						0	0	0
CO-CHAIR, INV COMM CHAIR  (13) SHARI BERENBACH PRESIDENT & CEO THRU 9/10  (14) CHARLES P HOLLANDS SR VP & CFO  (15) JAMES A RICHARDSON EXEC DIR OF NRF  (16) LISA HALL  100		1 00	х		х				0	0	0
PRÉSIDENT & CEO THRU 9/10         45 00         X         181,440         0         22,352           (14) CHARLES P HOLLANDS SR VP & CFO         45 00         X         167,260         0         30,917           (15) JAMES A RICHARDSON EXEC DIR OF NRF         45 00         X         152,643         0         18,540           (16) LISA HALL         45 00         X         186,243         0         23,135	• •	1 00	х		х				0	0	0
SR VP & CFO     45 00     X     167,260     0     30,917       (15) JAMES A RICHARDSON     45 00     X     152,643     0     18,540       EXEC DIR OF NRF     45 00     X     196,243     0     23,135		45 00			х				181,440	0	22,352
EXEC DIR OF NRF 45 00 X 152,643 0 18,540 (16) LISA HALL 45 00 X 196,243 0 23,135		45 00			х				167,260	0	30,917
(16) LISA HALL		45 00			х				152,643	0	18,540
	(16) LISA HALL	45 00			Х				186,243	0	32,135

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

	T									_		
<b>(A)</b> Name and Title	(B) Average hours	1	tion) that a			II		( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation		<b>(F)</b> Estima nount of	ited fother
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	orç	ompens from t ganızatı relate organıza	:he on and ed
(17) ELIZABETH GLENSHAW SR VP CI MARKETS	45 00					x		o	(	0		0
(18) TIMOTHY FREUNDLICH SR VP GIVING FUND	45 00					х		0	,	0		0
(19) JESSE CHANCELLOR PRESIDENT OF CIP	45 00					х		146,269	,	0		12,215
(20) HUMPHREY Y MENSAH VP, FINANCE AND ACCOUNTING	45 00					х		126,798		0		27,094
(21) LORI SCOTT VP, CIP	45 00					х		114,560	,	0		7,392
(22) ELIZA ERIKSON INT'L PORT MGR THRU 9/10, INTERIM CLO	45 00					х		110,039		0		19,271
(23) ART STEVENS VP, SALES AND MARKETING	45 00					х		105,345	(	0		26,771
										+		
1b Sub-Total			<u> </u>	<u> </u>	<del>'-</del>	<u> </u>	<u> </u>			+		
c Total from continuation sheets						<b> -</b>				T		
d Total (add lines 1b and 1c) .							Þ	1,290,597	0			196,687
Total number of individuals (incl \$100,000 in reportable compen	•				ted a	above)	) who	received more thar	1			
									_		Yes	No
3 Did the organization list any <b>fori</b> on line 1a? <i>If</i> "Yes," complete Sch	•						ee, c	or highest compensa		3		No
4 For any individual listed on line:									from the			

			res	NO
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete <i>Schedule J for such individual</i>	3		Νο
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

#### **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

( <b>A)</b> Name and business address	( <b>B</b> ) Description of services	(C) Compensation
TRIPLE JUMP MACHTWACHT 20 AMSTERDAM 1058EA NL	INVESTMENT CONSULTING	178,023
MICROVEST CAPITAL MANAGEMENT 7514 WISCONSIN AVE STE 400 BETHESDA, MD 20814	INVESTMENT CONSULTING	146,493
5 Tabal number of independent contraction (including but not limited to be	h	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization \(\mathbb{E}\)2

1   Federated campagns   1	Form 9							Pa	age <b>9</b>
13   Federated companys   1a   513 or 514	Part \	<u>/##</u>	Statement of Revenu	<u>ie</u>			Related or exempt function	Unrelated business	Revenue excluded from
A   CAMPRIT COMMUNITY INVESTMENT P   5000000   7,004,877   7,044,877   455,272   1									513, or
A   CAMPRIT COMMUNITY INVESTMENT P   5000000   7,004,877   7,044,877   455,272   1	rants ounts								
A   CAMPRIT COMMUNITY INVESTMENT P   5000000   7,004,877   7,044,877   455,272   1	s, g amc	С	Fundraising events	. 1c					
A   CAMPRIT COMMUNITY INVESTMENT P   5000000   7,004,877   7,044,877   455,272   1	g∰ Iar	d	Related organizations	. 1d					
A   CAMPRIT COMMUNITY INVESTMENT P   5000000   7,004,877   7,044,877   455,272   1	ns, simi	e	Government grants (contributions)	1e					
A   CAMPRIT COMMUNITY INVESTMENT P   5000000   7,004,877   7,044,877   455,272   1	utío rer:	f			13,193,952				 
A   CAMPRIT COMMUNITY INVESTMENT P   5000000   7,004,877   7,044,877   455,272   1	trib ott	a			3,284,023				
A   CAMPRIT COMMUNITY INVESTMENT P   5000000   7,004,877   7,044,877   455,272   1	and and					13,193,952			
					Business Code				
	emure	2a	CALVEDT COMMUNITY INVE		000000	7 004 076	7 004 076		
	Rev	ь							
	166	С					,		
	Serv	d							
	an								
	'ogr	f	All other program service rev	/enue					
### and other similar amounts   ###	<u> </u>	g	<b>Total.</b> Add lines 2a-2f			8,380,703			
### A comment of tax-exempt bond proceeds		3	•	· .		855 835			855.83
S   Royalties   S   Royalties   S   S   S   S   S   S   S   S   S		4				033,033			655,65
(i) Real		_							
e persones control expenses control expe					(II) Personal				
## Spanse			<u> </u>						
### Of the content of		_	expenses						
Gross amount from sales of assets other than inventory b less cost of assets of assets other than inventory b less cost of assets of assets of asset of assets of as			or (loss)						
Ta   Gross amount   To   To   To   To   To   To   To   T		d	Net rental income or (loss) .		1 () 6.1				
b Less cost or other basis and sales expenses c Gam or (loss) 1,691 1,69		7a	from sales of assets other		(II) Other				
sales expenses c Gam or (loss) d Net gam or (loss) d Net gam or (loss)  8a Gross income from fundraising events (not including \$ contributions reported on line 1c) See Part IV, line 18  a b Less direct expenses b c Net income or (loss) from fundraising events  9a Gross income from gaming activities See Part IV, line 19 . a b Less direct expenses b c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances .  a b Less cost of goods sold . b c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11a FEE INCOME  900099 1,850 1,8  c Total revenue e Total. Add lines 11a-11d e Total. Add lines 11a-11d  12 Total revenue. See Instructions		ь	Less cost or	25,761,182					
d Net gain or (loss)			sales expenses						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18  a b Less direct expenses b c Net income or (loss) from fundraising events b c Net income or (loss) from gaming activities See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities				<u> </u>		1 691			1 60
(not including \$						1,091			1,09
c Net income or (loss) from fundraising events	sevenue.		(not including  \$ of contributions reported on l	line 1c)					
c Net income or (loss) from fundraising events	er		See raitiv, inte 10						
9a Gross income from gaming activities See Part IV, line 19 . a b Less direct expenses	o <del>t</del>								
b Less direct expenses									
c Net income or (loss) from gaming activities					ь				
returns and allowances .  a b Less cost of goods sold . b c Net income or (loss) from sales of inventory .   Miscellaneous Revenue  11a FEE INCOME  b c d All other revenue  e Total. Add lines 11a-11d  1,850  12 Total revenue. See Instructions									
C Net income or (loss) from sales of inventory		<b>10</b> a							
Miscellaneous Revenue   Business Code		ь	Less cost of goods sold .	. b					
11a FEE INCOME       900099       1,850       1,8         b       C       C       C         d All other revenue       1,850       1,850         12 Total revenue. See Instructions       22,434,031       0 859,3		С		les of inventory 🟲					
b		44-				1 850			1 85
c d All other revenue					900099	1,050			1,00
d All other revenue  e Total. Add lines 11a-11d  1,850  1 Total revenue. See Instructions  22,434,031 0 859,3									
e Total. Add lines 11a-11d		_							
1,850 1,850 22,434,031 0 859,3				· · · · · ·					
22,434,031   0  859,3				•		1,850			
8,380,703		12	Total revenue. See Instruction	ons		22,434,031			859,37

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

А	Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses					
1	Grants and other assistance to governments and organizations				·					
	in the U.S. See Part IV, line 21	5,841,600	5,841,600							
2	Grants and other assistance to individuals in the									
	U S See Part IV, line 22	86,050	86,050							
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors, trustees, and key employees	791,530	554,071	158,306	79,153					
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$									
7	Other salaries and wages	2,001,730	1,401,211	400,346	200,173					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	103,332	72,332	20,667	10,333					
9	Other employee benefits	337,830	236,481	67,566	33,783					
10	Payroll taxes	243,170		243,170						
а	Fees for services (non-employees) Management									
b	Legal	154,766	120,717	30,954	3,095					
c	Accounting	111,292	86,808	22,258	2,226					
d	Lobbying									
e	Professional fundraising services See Part IV, line 17									
f	Investment management fees	28,034	14,017	14,017						
g	Other	1,154,398	1,036,760	60,040	57,598					
12	Advertising and promotion	5,112	5,112							
13	Office expenses	12,885	10,129	2,508	248					
14	Information technology	3,776	3,436	340						
15	Royalties									
16	Occupancy	64,016	9,603	54,413						
17	Travel	251,492	201,194	25,149	25,149					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	86,860	78,173	4,342	4,345					
20	Interest	5,137,224	5,137,224							
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	71,567		71,567						
23	Insurance	20,081		20,081						
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)									
а	PROVISION FOR LOAN LOSS	635,144	635,144							
ь	NRFC ADMINISTRATION EXP	87,340	87,340							
С	REGISTRATION FEES	71,073	71,073							
d	DUES & SUBSCRIPTIONS	56,907	48,371	8,536						
e	COMMISSIONS	53,592	53,592							
f	All other expenses	3,667	773,107	-879,884	110,444					
25	Total functional expenses. Add lines 1 through 24f	17,414,468	16,563,545	324,376	526,547					
26	Joint costs. Check here ► ☐ If following  SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation									

Part X Balance Sheet (A) (B) Beginning of year End of year 1,965,289 5.290.510 1 1 2 26,686,623 2 26.293.188 250,000 3 750,000 3 7.491.369 4 4,952,963 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) **A**ssets 6 7 8 Inventories for sale or use . . . . . . . 8 Prepaid expenses and deferred charges . . . . 188,238 9 235,585 10a Land, buildings, and equipment cost or other basis Complete 705.542 10a Part VI of Schedule D 10b 346.068 ь Less accumulated depreciation . . . . . 231,261 **10c** 359,474 16.114.240 17.003.439 11 11 8,039,336 12 7,500,881 12 Investments—other securities See Part IV, line 11 . . . . . . . . . 174.914.195 205.249.978 13 13 Investments—program-related See Part IV, line 11 . . 14 14 2,157,183 15 2,627,701 15 16 237,644,299 16 270,657,154 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 2.219.543 17 4.118.269 17 Accounts payable and accrued expenses . 18 18 19 19 20 Tax-exempt bond liabilities . . . . . . . . . . . . 20 Liabilities 21 21 Escrow or custodial account liability  $Complete\ Part\ IV\ of\ Schedule\ D$  . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 199.798.016 24 232,024,875 24 Unsecured notes and loans payable to unrelated third parties . . . . 25 25 Other liabilities Complete Part X of Schedule D . . . . . 26 202.017.559 26 236,143,144 Total liabilities. Add lines 17 through 25 . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 34.107.194 **27** 31,595,015 Unrestricted net assets . . . . . 1,331,975 2,731,424 28 Temporarily restricted net assets . . . . . 28 Fund 187,571 187,571 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds . . . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 35,626,740 33 34,514,010 33 Total net assets or fund balances . . . . . 34 Total liabilities and net assets/fund balances . . . . . 237,644,299 270,657,154 34

Ра	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		22.4	134,03:
2	Total expenses (must equal Part IX, column (A), line 25)	2			114,468
3	Revenue less expenses Subtract line 2 from line 1	3			019,563
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,	526,740
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-6,1	132,293
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		34,5	514,010
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
Ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain its Schedule O	n	3.0	Yes	
			2c	res	
a	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	ssueu			
	Separate basis Consolidated basis Both consolidated and separated basis				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	е	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

**Employer identification number** 

### The dien nie print Bo not i Rocess

SCHEDULE A (Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

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

OMB No 1545-0047

Open to Public Inspection

CALVERT SOCIAL INVESTMENT FOUNDATION FOUNDATION INC 52-1591398 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II ) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 11 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 that describes the type of supporting organization and complete lines 11e through 11h Type I **b** Type II c Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

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

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

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

	under Part III. II tile	e organizacion	ialis to quality	under the tests	isted below, pi	ease co	iipiete i	Part III.)				
	ection A. Public Support endar year (or fiscal year beginning		T				[					
-	in) 🟲	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	( <b>e)</b> 2	010	(f) Total				
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	9,066,90	15,501,77	1 10,084,183	7,734,907	13,193,952		13,193,952		.907 13,193,952		55,581,718
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf											
3	The value of services or facilities furnished by a governmental unit to the organization without charge											
4	Total. Add lines 1 through 3	9,066,90	5 15,501,77	1 10,084,183	7,734,907	13	,193,952	55,581,718				
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							8,518,207				
_	(f)											
6	<b>Public Support.</b> Subtract line 5 from line 4							47,063,511				
S	ection B. Total Support	•	•									
Cale	endar year (or fiscal year	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 20	10	(f) Total				
_	beginning in)	9,066,905	15,501,771	10,084,183	7,734,907		,193,952	55,581,718				
7 8	A mounts from line 4 Gross income from interest,	5,000,505	13,301,771	10,004,103	7,754,507	13	,175,752	33,301,710				
0	dividends, payments received on securities loans, rents, royalties and income from similar sources	1,669,329	1,322,570	1,193,421	1,103,743		855,835	6,144,898				
9	Net income from unrelated business activities, whether or not the business is regularly carried on											
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )				190,000		1,850	191,850				
11	Total support (Add lines 7 through 10)							61,918,466				
12	Gross receipts from related activiti	es, etc (See ins	tructions )			12		33,650,170				
13	First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here											
	ection C. Computation of Pul											
14	Public Support Percentage for 201	•		e 11 column (f))		14		76 010 %				
15	Public Support Percentage for 200	9 Schedule A , P	art II, line 14			15		76 070 %				
	33 1/3% support test—2010. If the and stop here. The organization qual 33 1/3% support test—2009. If the	alıfıes as a publı organızatıon dı	cly supported org I not check the bo	anızatıon ox on line 13 or 16				<b>▶</b>  ✓ check this_				
	box and <b>stop here.</b> The organizatio  10%-facts-and-circumstances test is 10% or more, and if the organization medorganization medorganization	— <b>2010.</b> If the or tion meets the " ets the "facts an	ganization did not facts and circums d circumstances	check a box on lin stances" test, chec ' test The organiza	ck this box and <b>s</b> ation qualifies as	t <b>op here.</b> a publicl	Explain y support	►F				
	10%-facts-and-circumstances test 15 is 10% or more, and if the organ Explain in Part IV how the organiza supported organization	nization meets t tion meets the "	ne "facts and circ facts and circums	umstances" test, o stances" test The	check this box ar organization qua	d <b>stop he</b> lifies as a	e <b>re.</b> a publicly	<b>▶</b> □				
18	<b>Private Foundation</b> If the organizations	ion did not chec	ка box on line 13	s, 16a, 16b, 17a oi	17b, check this	box and	see	<b>▶</b> □				

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts 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 c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) 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 for 2010 (line 8 column (f) divided by line 13 column (f))	15						
16 Public support percentage from 2009 Schedule A, Part III, line 15		16						
S	Section D. Computation of Investment Income Percentage							
17	Investment income percentage for <b>2010</b> (line 10c column (f) divided by line 13 column (f))	17						
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18						

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Page **4** 

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

Facts And Circumstances 1	est

**Explanation** 

SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME FEE INCOME

Schedule A (Form 990 or 990-EZ) 2010

#### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 52-1591398

Name: CALVERT SOCIAL INVESTMENT FOUNDATION

FOUNDATION INC

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

#### 4d. Other program services

(Code ) (Expenses \$ 777,206 including grants of \$ 0 ) (Revenue \$ 485,827 )

CALVERT FOUNDATION'S ADVISORY SERVICES PROGRAM, COMMUNITY INVESTMENT PARTNERS (CIP), ADMINISTERS COMMUNITY INVESTMENT PROGRAM ASSETS FOR FAMILY FOUNDATIONS, FAITH-BASED INSTITUTIONS, SOCIALLY RESPONSIBLE BUSINESSES AND OTHER ORGANIZATIONS SEEKING TO CHANNEL CAPITAL TO COMMUNITY PROJECTS IN AN EFFICIENT, DISCIPLINED AND RECOVERABLE MANNER CIP HELPS THESE GROUPS SUPPORT OR INITIATE PROGRAMS THAT FINANCE AFFORDABLE HOMES, FUND SMALL AND MICRO-BUSINESSES, AND MAKE ESSENTIAL COMMUNITY SERVICES AVAILABLE

DLN: 93493136050631

OMB No 1545-0047

Open to Public Inspection

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

Name of the organization CALVERT SOCIAL INVESTMENT FOUNDATION

**Employer identification number** 

FOL	UNDATION INC		52-1591398		
Pa	organizations Maintaining Donor A organization answered "Yes" to Form 99		ınds or Accou	ı <b>nts.</b> Comple	te If the
		(a) Donor advised funds	(b) Funds a	and other acco	unts
1	Total number at end of year	444			4
2	Aggregate contributions to (during year)	4,101,852			114,266
3	Aggregate grants from (during year)	3,771,061			140,838
4	Aggregate value at end of year	25,738,471			305,845
5	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		or advised	√ Yes	Г No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber conferring impermissible private benefit		•	<b>▽</b> Yes	∏ No
Pa	rt II Conservation Easements. Complete	ıf the organization answered "Yes" to	Form 990. Pai	rt IV. line 7.	
1	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreat Protection of natural habitat  Preservation of open space  Complete lines 2a-2d if the organization held a qual	rganization (check all that apply) ion or pleasure) Preservation of an Preservation of a c	historically impoi ertified historic s	rtantly land are tructure	a
	easement on the last day of the tax year	Г	Uald at	Abo Ford of Abo	V
а	Total number of conservation easements	-	2a	the End of the	real
a b	Total acreage restricted by conservation easements	-	2b		
	Number of conservation easements on a certified his		2c		
c d	Number of conservation easements included in (c) a	` '	2d		
		L			
3	Number of conservation easements modified, transfe	erred, released, extinguished, or terminate	d by the organizat	tion auring	
	the taxable year 🛌				
4	Number of states where property subject to conserv	ation easement is located ►			
5	Does the organization have a written policy regardin enforcement of the conservation easements it holds		lling of violations,	and <b>Yes</b>	┌ No
6	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation easem	ents during the ye	ear <b>ト</b>	
7	A mount of expenses incurred in monitoring, inspect	ng, and enforcing conservation easements	during the year	<b>►</b> \$	
8	Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	2(d) above satisfy the requirements of sec	tion	☐ Yes	Г No
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financial			
Par	Complete if the organization answered		or Other Simil	lar Assets.	
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its file.	l for public exhibition, education or researc	h in furtherance o		е,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research in		•	
	(i) Revenues included in Form 990, Part VIII, line 1	L	<b>►</b> \$_		
	(ii) Assets included in Form 990, Part X		<b>►</b> \$		
2	If the organization received or held works of art, hist following amounts required to be reported under SFA	·	· <del>-</del>		
а	Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$		

Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	<u>t, His</u>	<u>stori</u>	<u>cal Tr</u>	easu	res, or C	the	<u>r Similar</u>	<u>Asse</u>	ts (co	ntınued)
3	Using the organization's accession and other items (check all that apply)	r records, check an	y of th	ne foll	lowing t	that are	a significa	ant u	se of its col	ection		
а	Public exhibition		d	Γ	Loan	orexch	ange progi	rams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	aın hov	w the	y furthe	r the o	rganızatıor	ı's ex	cempt purpo	se in		
5	During the year, did the organization solicit cassets to be sold to raise funds rather than t			,					nılar	Γ,	Yes	Г No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Comple	ete ıf	the	organi	zation			es" to Forr	n 990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	ediary	for c	ontribu	itions o	rotherass	ets i	not	Γ,	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving ta	able		Г			A mou	nt	
c	Beginning balance						-	1c				
d	Additions during the year							1d				
e	Distributions during the year						<b> </b>	1e				
f	Ending balance						<b> </b>	1f				
2a	Did the organization include an amount on Fo	orm 990 Part X lin	ie 212	,			L		<u> </u>		Yes	┌ No
	If "Yes," explain the arrangement in Part XIV		1.							,		, 110
Par			n ans		ed "Ye	s" to F	orm 990	Par	t IV. line 1	0.		
	Elidowillelle i dilds. complete i	(a)Current Year		Prior \			Years Back		Three Years Ba		Four Ye	ears Back
1a	Beginning of year balance											
b	Contributions											
С	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment											
с	Term endowment ▶											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	that a	are held	d and a	dministere	d for	the	-		
	organization by								_		Yes	No
	(i) unrelated organizations							•	<u> </u>	3a(i)		
ь	(ii) related organizations							•		3a(ii) 3b		<u> </u>
ь 4	Describe in Part XIV the intended uses of th	·						•		טט		<u> </u>
	t VI Investments—Land, Buildings					90. Pa	rt X. line	10.				
	<u> </u>	., a.i.a Equipino			a) Cost o		(b)Cost or		(c) Accumu	ated	_	
	Description of investment				sis (inve		basis (oth		depreciati		( <b>d</b> ) Bo	ook value
<b>1a</b> L	and		•	<u> </u>								
	Buildings		•	<u> </u>								
c L	easehold improvements		•	$\vdash$								
d E	Equipment						70!	5,542	34	16,068		359,474
				-					1			
	Other		•	上								359,474

<ul><li>(a) Description of security or category (including name of security)</li></ul>	( <b>b)</b> Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
(1)Financial derivatives		<i>,</i>
(2)Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	<b>F</b>	
Part VIII Investments—Program Related.		
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
(1) CERTIFICATES OF DEPOSIT	52,763,035	<u> </u>
(2) NOTES RECEIVABLE (3) MISSION PLUS PLACEMENTS	150,575,894 1,911,049	
(3) 11331011   103   1401111113	1,911,049	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X (a) Des	, line 15. cription	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) II.	ne 15.)	
Part X Other Liabilities. See Form 990, Pa		
Part X Other Liabilities. See Form 990, Pa  1 (a) Description of Liability	rt X, line 25.	
Part X Other Liabilities. See Form 990, Pa  1 (a) Description of Liability	rt X, line 25.	
Part X Other Liabilities. See Form 990, Pa  1 (a) Description of Liability	rt X, line 25.	
Part X Other Liabilities. See Form 990, Pa  1 (a) Description of Liability	rt X, line 25.	
Part X Other Liabilities. See Form 990, Pa  1 (a) Description of Liability	rt X, line 25.	
	rt X, line 25.	
Part X Other Liabilities. See Form 990, Pa  1 (a) Description of Liability	rt X, line 25.	
Part X Other Liabilities. See Form 990, Pa  1 (a) Description of Liability	rt X, line 25.	
Part X Other Liabilities. See Form 990, Pa  1 (a) Description of Liability	rt X, line 25.	
Part X Other Liabilities. See Form 990, Pa  1 (a) Description of Liability	rt X, line 25.	
Part X Other Liabilities. See Form 990, Pa  1 (a) Description of Liability	rt X, line 25.	
Part X Other Liabilities. See Form 990, Pa  1 (a) Description of Liability	rt X, line 25.	
Part X Other Liabilities. See Form 990, Pa  1 (a) Description of Liability	rt X, line 25.  (b) A mount	

Par	<b>IDXII</b> Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ıts
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	9
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments 2a	
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV) 2d	
e	Add lines <b>2a</b> through <b>2d</b>	2e
3	Subtract line <b>2e</b> from line <b>1</b>	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIV)	
C	Add lines <b>4a</b> and <b>4b</b>	4c
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return
1	Total expenses and losses per audited financial statements	1 1
2	A mounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
ь	Prior year adjustments	]
c	Other losses	
d	Other (Describe in Part XIV) 2d	
e	Add lines <b>2a</b> through <b>2d</b>	2e
3	Subtract line <b>2e</b> from line <b>1</b>	3
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	]
b	Other (Describe in Part XIV)	]
С	Add lines <b>4a</b> and <b>4b</b>	4c
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5
	t XIV Supplemental Information	
Con	onlete this part to provide the descriptions required for Part II lines 3. 5, and 9. Part III lines 1 a and 4. Pa	art IV lines 1 h and 2 h

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

Ident if ier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		MANAGEMENT HAS CONCLUDED THAT THE FOUNDATION HAS PROPERLY MAINTAINED ITS EXEMPT STATUS AND THAT THERE ARE NO UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2010 AND 2009

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493136050631

OMB No 1545-0047

Open to Public **Inspection** 

### **SCHEDULE F** (Form 990)

Department of the Treasury Internal Revenue Service

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

**Statement of Activities Outside the United States** 

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization CALVERT SOCIAL INVESTMENT FOUNDATION FOUNDATION INC

**Employer identification number** 

52-1591398

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

For grantmakers. Does the d	organization n	naintain record	s to substantiate the	amount of the grants of	r
assistance, the grantees' elig	_			<del>-</del>	
the grants or assistance?	•	_	·		┌ Yes ┌ No
_					·
<b>For grant makers.</b> Describe in Pa United States	rt V the organiz	atıon's procedui	es for monitoring the us	e of grant funds outside th	ie
Activites per Region (Use Part \	/ ıf addıtıonal s	pace is needed	)		
<b>(a)</b> Region	<b>(b)</b> Number of offices in the region	(c) Number of employees or agents in region or independent contractors	region (by type) (e g ,	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	LENDING AND ADVISORY SERVICES	7,861,155
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	LENDING AND ADVISORY SERVICES	6,160,560
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	LENDING AND ADVISORY SERVICES	6,799,390
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	LENDING AND ADVISORY SERVICES	1,809,335
NORTH AMERICA	0	0	PROGRAM SERVICES	LENDING AND ADVISORY SERVICES	2,315,587
RUSSIA & THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES	LENDING AND ADVISORY SERVICES	12,062,516
SOUTH AMERICA	0	0	PROGRAM SERVICES	LENDING AND ADVISORY SERVICES	19,674,185
SOUTH ASIA	0	0	PROGRAM SERVICES	LENDING AND ADVISORY SERVICES	2,771,269
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES		5,562,978
					_
 Cub tatal		0			E0 4E3 00°
 Sub-total Total from continuation sheets to Part I					59,453,997 5,562,978

c Totals (add lines 3a and 3b)

65,016,975

Part	Part IV, lı	ne 15, for any					plete if the organizate received more than		
	<b>a)</b> Name of rganization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nun tax-exempt by	hber of recipie the IRS, or fo	ent organizations lis or which the grante	ted above that are i e or counsel has pro	ecognized as chari ovided a section 50:	ties by the foreign of 1(c)(3) equivalency	country, recognized letter	 as . ▶	
3	Enter total number of other organizations or entities								

Part III	<b>Grants and Ot</b>	her Assistance to	Individuals	Outside the Unit	ed States. Complete	ıf the organızatıon a	nswered "Yes" to Form 9	990, Part IV, line 16.
	Use Part V if ad	ditional space is ne-	eded.					

(a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash	(g) Description of non-cash	(h) Method of valuation
					assistance	assistance	(book, FMV, appraisal, other)
			<u> </u>			1	
			<u>.                                    </u>		!		
			<u>.                                    </u>				
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
					!		
			1		,		

### Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	⊽	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Γ	Yes	r	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	r	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	্	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	⊽	Νo

Schedule F (Form 990) 2010

information.  Identifier	ReturnReference	Explanation
racitimer	Returniterence	Explanation

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

Schedule I

(Form 990)

DLN: 93493136050631

OMB No 1545-0047

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

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

Internal Revenue Service  Name of the organization			Attach to Form 990			Employer identification	Inspection on number
CALVERT SOCIAL INVESTMENT FOU FOUNDATION INC	JNDATION					52-1591398	
Part I General Information	on Grants and	l Assistance					
Does the organization maintain re the selection criteria used to awa     Describe in Part IV the organization.	ard the grants or as non's procedures fo	sistance? or monitoring the use o	f grant funds in the Unite	d States			√ Yes
Part II Grants and Other As Form 990, Part IV, line duplicated if additional	21 for any recip	ient that received n	nore than \$5,000. Ch		recipient receive	d more than_\$5,000.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
See Additional Data Table						5	
<ul><li>2 Enter total number of section 503</li><li>3 Enter total number of other organ</li></ul>						· · · · · <b>&gt;</b> _	202

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Par	t IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) PHILANTHROPIC SERVICES	1	80,000			
(2) PARTICIPATION GRANT	3	6,050			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
PROCEDURE FOR	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 DOMESTIC GRANTMAKING DONE THROUGH THE DONOR ADVISED FUND PROGRAM
MONITORING GRANTS		SERVICE IS LIMITED TO CHARITABLE ORGANIZATIONS THAT ARE TAX-EXEMPT UNDER IRS CODE SECTION 501
IN THE U S		(C)(3) AND ARE PUBLIC CHARITIES UNDER CODE SECTION 509(A) DUE DILIGENCE IS PERFORMED PRIOR TO ANY
		GRANT DISTRIBUTION TO VERIFY THE ELIGIBILITY STATUS OF THE RECIPIENT ORGANIZATION AS NEEDED,
		EXPENDITURE RESPONSIBILITY IS EXERCISED TO ENSURE THAT GRANTS ARE BEING USED FOR INTENDED
		CHARITABLE PURPOSES FOR GRANTMAKING OUTSIDE OF THE DONOR ADVISED FUND PROGRAM,
		ORGANIZATIONS SEEKING FUNDS FOR RURAL DEVELOPMENT SUBMIT PROPOSALS ONE YEAR IN ADVANCE AND
		THOSE ARE APPROVED BY THE INVESTMENT COMMITTEE AND A BUDGET FOR THE PROJECT IS ESTABLISHED

Software ID: Software Version:

**EIN:** 52-1591398

Name: CALVERT SOCIAL INVESTMENT FOUNDATION

FOUNDATION INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
A TERRITORY RESOURCE SOCIAL JUSTICE FUND NORTHWEST603 STEWART ST 1007 SEATTLE, WA 98101	91-1036971	501(C)(3)	16,750				GENERAL SUPPORT	
ACCION INTERNATIONAL 56 ROLAND STREET BOSTON,MA 02129	13-2535763	501(C)(3)	5,000				GENERAL SUPPORT	
AGRICULTURE&LAND BASED TRNG ASPO BOX 6264 SALINAS,CA 93912	77-0566055	501(C)(3)	201,467				GENERAL SUPPORT	
ANACOSTIA COMMUNITY OUTREACH CENTER2443 ANGIER PLACE SE WASHINGTON, DC 20020	52-1729564	501(C)(3)	75,000				UNRESTRICTED DONATION	
AIDG INCPO BOX 104 WESTON, MA 02493	68-0589005	501(C)(3)	28,950				GENERAL SUPPORT	
BLACK MESA WATER COALITIONPO BOX 613 FLAGSTAFF,AZ 86002	68-0535413	501(C)(3)	5,000				GENERAL OPERATING EXPENSES	
BREAST CANCER RESEARCH FOUNDATION60 E 56TH ST 8TH FLOOR NEW YORK,NY 10022	13-3727250	501(C)(3)	5,000				GENERAL SUPPORT	
CALVARY BIBLE CHURCH 1757 HOURET COURT MILPITAS,CA 95035	47-0910948	501(C)(3)	26,650				GENERAL SUPPORT	
ALASKA WILDERNESS FUND 122 C STREET NW SUITE 240 WASHINGTON, DC 20001	52-1814742	501(C)(3)	5,000				GENERAL SUPPORT	
AMATI FOUNDATIONPO BOX 438 PASADENA,CA 91102	01-0797648	501(C)(3)	25,000				GENERAL SUPPORT	
AMERICAN INDIAN COLLEGE FUND8333 GREENWOOD BLVD DENVER,CO 80221	52-1573446	501(C)(3)	6,000				GENERAL SUPPORT	
CONNECTICUT FOOD BANK INCPO BOX 8686 NEW HAVEN, CT 06531	06-1063025	501(C)(3)	10,000				GENERAL SUPPORT	

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
AMERICAN NATIONAL RED CROSS2025 E STREET NW WASHINGTON, DC 20006	53-0196605	501(C)(3)	8,750				HAITI RELIEF	
ANDROSCOGGIN VALLEY COUNCIL OF GOVERNMENTS125 MANLEY RD AUBURN,ME 04210	01-0278623	501(C)(3)	20,000				GENERAL SUPPORT	
DOCTORS WITHOUT BORDERSPO BOX 5030 HAGERSTOWN,MD 21741	13-3433452	501(C)(3)	52,500				GENERAL SUPPORT	
ATLANTA COMMUNITY FOOD BANK732 JOSEPH E LOWERY BLVD NW ATLANTA,GA 30318	58-1376648	501(C)(3)	5,000				GENERAL SUPPORT	
EAST BAY CHURCH OF RELIGIOUS SCIENCE4130 TELEGRAPH AVE OAKLAND,CA 94609	94-2220113	501(C)(3)	10,000				GENERAL SUPPORT	
FLAGSTAFF CENTER FOR COMPASSIONATE COMMUNICATION1621 N WEST STREET FLAGSTAFF,AZ 86004	86-0929483	501(C)(3)	5,600				GENERAL SUPPORT	
FULAA LIFELINE INTERNATIONAL3901 GALLOWS RD ANNANDALE,VA 22003	54-1996160	501(C)(3)	57,000				GENERAL SUPPORT	
FUND FOR PUBLIC SCHOOLS52 CHAMBERS ST ROOM 305 NEW YORK, NY 10007	11-2656137	501(C)(3)	20,000				BAND PROGRAM, PS 29	
GEORGIA FORESTWATCH INC15 TOWER ROAD ELLIJAY,GA 30540	58-2188475	501(C)(3)	10,000				GENERAL SUPPORT	
GILDA'S CLUB SEATTLE 1400 BROADWAY SEATTLE, WA 98122	91-1742315	501(C)(3)	6,000				GENERAL SUPPORT	
GLOBAL GREENGRANTS FUND2840 WILDERNESS PLACE SUITE A BOULDER,CO 80301	84-1612422	501(C)(3)	25,000				GENERAL SUPPORT	
BUILDERS WITHOUT BORDERS119 MAIN STREET KINGSTON,NM 88042	01-0566395	501(C)(3)	10,000				GENERAL SUPPORT	

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
HOUSE OF RUTH5 THOMAS CIRCLE NW WASHINGTON, DC 20005	52-1054102	501(C)(3)	10,000				UNRESTRICTED DONATION		
BERKELEY REPERTORY THEATRE2025 ADDISON STREET BERKELEY,CA 94704	94-1679756	501(C)(3)	5,000				GENERAL SUPPORT		
INTERNATIONAL RESCUE COMMITTEE INC122 E 42ND ST 12 NEW YORK, NY 10168	13-5660870	501(C)(3)	6,750				FROM HARM TO HARM MATCHING FUND		
ITHACA MONTHLY MEETING RELIGIOUS SOCIETY OF FRIENDS52 GRAY ROAD ITHACA,NY 14850	56-2466067	501(C)(3)	5,000				GENERAL SUPPORT		
JAZZ SCHOOL2087 ADDISON STREET BERKELEY,CA 94704	43-1983168	501(C)(3)	10,000				GENERAL SUPPORT		
JUSTICE THROUGH MUSIC 8100 BEECH TREE ROAD BETHESDA,MD 20817	27-0051467	501(C)(3)	10,000				GENERAL SUPPORT		
MARY QUEEN OF PEACE 1121 228TH AVE SE SAMMAMISH,WA 98075	91-1581183	501(C)(3)	7,000				ANNUAL CATHOLIC APPEAL		
NATURAL RESOURCES DEFENSE COUNCILPO BOX 1830 MERRIFIELD,VA 22116	13-2654926	501(C)(3)	7,500				GENERAL SUPPORT		
NEIGHBOR TO NEIGHBOR MASSACHUSETTS8 BEACON ST 4TH FLOOR BOSTON, MA 02108	04-3507716	501(C)(3)	12,000				GENERAL SUPPORT		
NESKAYA INCPO BOX 634 FRANCONIA,NH 03580	74-3043760	501(C)(3)	77,338				GENERAL SUPPORT		
NEWTON COMMUNITY SERVICE CENTER492 WALTHAM STREET NEWTON,MA 02465	04-2232418	501(C)(3)	8,000				GENERAL SUPPORT		
NEWTON SCHOOLS FOUNDATION100 WALNUT STREET NEWTON,MA 02460	23-7065010	501(C)(3)	5,000				GENERAL SUPPORT		

Form 990,Schedule 1, Par	<del>_</del>			1			<u> </u>
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OAK GROVE MONTESSORI SCHOOL132 PLEASANT VALLEY ROAD MANSFIELD,CT 06259	06-1045034	501(C)(3)	9,000				GENERAL SUPPORT
ORGANIC CONSUMERS ASSOCIATION6771 SOUTH SILVER HILL DRIVE FINLAND, MN 55603	41-1908341	501(C)(3)	30,750				GENERAL SUPPORT
OXFAM-AMERICA INC226 CAUSEWAY ST 5TH FLOOR BOSTON,MA 02114	23-7069110	501(C)(3)	41,500				GENERAL SUPPORT
RIVERSIDE LAND CONSERVANCY4075 MISSION INN AVENUE RIVERSIDE, CA 92501	33-0294311	501(C)(3)	6,000				PRESERVATION OF CHINO CANYON AND MAIN ST CANYON
ROMANIAN CHILDRENS RELIEF11 LATISQUAMA ROAD SOUTHBOROUGH, MA 01772	22-3087622	501(C)(3)	13,500				GENERAL SUPPORT
RUGMARK FOUNDATION 2001 S STREET NW SUITE 430 WASHINGTON, DC 20009	52-2042014	501(C)(3)	25,000				GENERAL SUPPORT
SEACOLOGY1623 SOLANO AVE BERKELEY,CA 94707	87-0495235	501(C)(3)	12,000				GENERAL SUPPORT
THE CONSERVATION FUND 1655 NORTH FORT MYER DRIVE SUITE 1300 ARLINGTON, VA 22209	52-1388917	501(C)(3)	30,000				FOR MOUNT ARABIA PROJECT - MCBRIDE PROPERTY
THE NATURE CONSERVANCY1313 W PEACHTREE ST SUITE 410 ATLANTA,GA 30076	53-0242652	501(C)(3)	23,750				GENERAL SUPPORT
THE SIERRA CLUB FOUNDATION85 SECOND ST SUITE 750 SAN FRANCISCO, CA 94105	94-6069890	501(C)(3)	27,500				GENERAL SUPPORT
THE WOMENS FOUNDATION OF CALIFORNIA 340 PINE ST 302 SAN FRANCISCO, CA 94104	94-2752421	501(C)(3)	10,000				GENERAL OPERATIONS
TIDES CENTERPO BOX 29907 BLDG 1014 SAN FRANCISCO,CA 94129	94-3213100	501(C)(3)	25,000				TO FUND HONOR THE EARTHS COLLABORATION WITH THE DINE COLLEGE IN SHIPROCK, AZ TO FULFILL THE GOALS OF THE POO-HA-BAH SOLAR PROJECT

(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUE NATURE SOCIETY 35070 HIGHWAY 33 CUYAMA,CA 93252	38-3692928	501(C)(3)	16,667				QUAIL SPRINGS LEARNING OASIS
FUTURE CHEFS - TSNE89 SOUTH STREET SUITE 700 BOSTON,MA 02111	04-2261109	501(C)(3)	11,500				GENERAL SUPPORT
UNITARIAN UNIVERSALIST CHURCH OF BERKELEY1 LAWSON ROAD KENSINGTON,CA 94707	94-1279813	501(C)(3)	5,379				GENERAL SUPPORT
							GENERAL SUPPORT
UNIVERSITY OF DELAWARE-COLLEGE OF MARINEEARTH STUDIES JACK GALLAGHER 700 PILOTTOWN ROAD LEWES, DE 19958	51-6000297	501(C)(3)	20,000				GENERAL SUPPORT
UPPER CHATTAHOOCHEE RIVERKEEPER3 PURITAN MILL 916 JOSEPH LOWERY BLVD ATLANTA,GA 30318	58-2095413	501(C)(3)	10,000				GENERAL SUPPORT
UPPER VALLEY WALDORF SCHOOL80 BLUSS ROAD PO BOX 709 QUECHEE,VT 05059	03-0312346	501(C)(3)	13,200				GENERAL SUPPORT
YOUNG LIFEPO BOX 520 COLORADO SPRINGS,CO 80901	84-0385934	501(C)(3)	5,000				FOR THE MINISTRY OF SARAH BRASINGTON IN CAMBRIDGE, MASSACHUSETTS
YOUTH FOR ENVIRONMENTAL SANITY 420 BRONCO ROAD SOQUEL,CA 95073	77-0467495	501(C)(3)	25,000				TO INCREASE ACCESS TO MARKETS AND OPPORTUNITIES FOR URBAN AND RURAL FARMERS THROUGHOUT THE GULF COAST AND MID SOUTH REGIONS
EL PAJARO COMMUNITY DEVELOPMENT CORPORATION23 EAST BEACH STREET 209 WATSONVILLE,CA 95076	94-2656048	501(C)(3)	52,254				GENERAL SUPPORT
INDIAN LAND TENURE FOUNDATION151 EAST COUNTY RD B2 LITTLE CANADA,MN 55417	41-2014273	501(C)(3)	150,000				GENERAL SUPPORT
MARKETUMBRELLAORG200 BROADWAY STE 107 NEW ORLEANS,LA 70118	26-2477706	501(C)(3)	125,000				GENERAL SUPPORT

(a) Name and address of	( <b>b)</b> EIN	(c) IRC Code section	(d) A mount of cash	(e) A mount of non-	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(b) LIN	if applicable	grant	cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
A WIDER CIRCLE9159-C BROOKVILLE ROAD SILVER SPRING,MD 20910	52-2345144	501(C)(3)	5,000				UNRESTRICTED DONATION
ADD VERB PRODUCTIONS PO BOX 3853 PORTLAND,ME 04104	61-1459756	501(C)(3)	25,000				GENERAL SUPPORT
ADOPTION AND FOSTER CARE MENTORING727 ATLANTIC AVENUE 3RD FLOOR BOSTON, MA 02111	04-3575764	501(C)(3)	25,000				GENERAL SUPPORT
AFRICAN MUSICAL ARTS 3547 OLIVE STREET SUITE 110 ST LOUIS,MO 63103	43-1706418	501(C)(3)	25,000				GENERAL SUPPORT
AMNESTY INTERNATIONAL USA5 PENN PLAZA NEW YORK, NY 10001	52-0851555	501(C)(3)	6,800				GENERAL SUPPORT
BLACK MESA TRUSTPO BOX 33 KYKOTSMOVI, AZ 86039	86-0985865	501(C)(3)	5,000				GENERAL SUPPORT
BOTANICAL DIMENSIONS PO BOX 807 OCCIDENTAL,CA 95465	68-0070989	501(C)(3)	7,500				GENERAL SUPPORT
CITY YEAR CHICAGO 36 SOUTH WABASH SUITE 1500 CHICAGO,IL 60603	22-2882549	501(C)(3)	5,000				GENERAL SUPPORT
CORNERSTONE THEATER COMPANY708 TRACTION AVENUE LOS ANGELES, CA 90013	95-4493498	501(C)(3)	5,000				GENERAL SUPPORT
DARTMOUTH COLLEGE OFFICE OF GIFT RECORDING 6066 DEVELOPMENT OFFICE HANOVER,NH 03755	02-0222111	501(C)(3)	5,966				GENERAL SUPPORT
DESTINY ARTS CENTER 1000 42ND ST OAKLAND,CA 94608	94-3176726	501(C)(3)	10,000				GENERAL OPERATIONS
DOORWAYS FOR WOMEN AND FAMILIESPO BOX 100185 ARLINGTON,VA 22210	54-1087829	501(C)(3)	15,000				GENERAL SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRONT STREET BAPTIST CHURCH1403 WEST FRONT STREET STATESVILLE,NC 28677	56-1241130	501(C)(3)	5,745				GENERAL SUPPORT
FUTURE OF MUSIC COALITION1615 L ST NW SUITE 520 WASHINGTON, DC 20036	52-2328568	501(C)(3)	5,000				ARTIST ACTIVISM CAMPS
GASOLINE ALLEY FOUNDATION 250 ALBANY ST SPRINGFIELD, MA 01105	04-3497449	501(C)(3)	88,000				GENERAL SUPPORT
GREEN FOR ALL1611 TELEGRAPH AVENUE SUITE 600 OAKLAND,CA 94612	26-1140201	501(C)(3)	50,000				GENERAL SUPPORT
GROWING HOPEPO BOX 980129 YPSILANTI,MI 48198	74-3091845	501(C)(3)	20,000				GENERAL SUPPORT
HEIFER PROJECT INTERNATIONALPO BOX 8058 LITTLE ROCK, AR 72203	35-1019477	501(C)(3)	7,000				GENERAL SUPPORT
IMMIGRANT LEGAL ADVOCACY PROJECTPO BOX 17917 PORTLAND, ME 04112	22-3260883	501(C)(3)	75,500				GENERAL SUPPORT
INTERNATIONAL FORUM ON GLOBALIZATION INC 1009 GENERAL KENNEDY AVE STE 2 SAN FRANCISCO, CA 94129	94-3262147	501(C)(3)	30,000				GENERAL SUPPORT
LIVING TRADITIONS207 W 25TH STREET 4TH FLOOR NEW YORK,NY 10001	11-3193909	501(C)(3)	5,500				GENERAL SUPPORT
NATURAL CAPITALISM SOLUTIONSPO BOX 398 ELDORADO SPRINGS,CO 80025	14-1901877	501(C)(3)	5,000				GENERAL SUPPORT
MARK MAKING302 NOLL STREET CHATTANOOGA,TN 37405	26-2959326	501(C)(3)	35,700				GENERAL SUPPORT
PEARL CHURCHPO BOX 3202 PORTLAND,OR 97208	93-1307755	501(C)(3)	9,200				GENERAL SUPPORT

(a) Name and address of organization	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash	( <b>f</b> ) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
or government				assistance	(book, FMV, appraisal, other)		
RISING TIDE SCHOOL512 CENTRAL ST NW OLYMPIA, WA 98506	26-3781751	501(C)(3)	5,000				TO SUPPORT THE INNOVATIVE EDUCATIONAL MISSION OF RISING TIDE SCHOOL
THE BROWN ANNUAL FUND GIFTS CASHIER BOX 1877 PROVIDENCE,RI 02912	05-0258809	501(C)(3)	6,000				ANNUAL FUND, CLASS OF 85
THE COLLABORATION FOR EARLY CHILDHOOD CARE AND EDUCATION320 LAKE STREET OAK PARK, IL 60302	30-0132292	501(C)(3)	15,000				GENERAL SUPPORT
THE LEARNING FOR LIVING INSTITUTE1030 13TH STREET SUITE 305 BOULDER,CO 80302	84-1495904	501(C)(3)	480,118				GENERAL SUPPORT
WATERSHED SCHOOL24 LINCOLN STREET ROCKLAND, ME 04841	55-0801652	501(C)(3)	25,000				IN SUPPORT OF CAPACITY BUILDING INTENTIONS IN THE NEXT 3 YEARS
WESTERN SHOSHONE DEFENSE PROJECTWSDP H- C 30 BOX 260 SPRING CREEK,NV 89815	68-0027247	501(C)(3)	10,200				GENERAL OPERATING FUND
WILDEARTH GUARDIANS 312 MONTEZUMA SANTA FE,NM 87501	85-0406306	501(C)(3)	25,000				GENERAL SUPPORT
CAMP HORIZONSPO BOX 323 SOUTH WINDHAM, CT 06266	06-1013833	501(C)(3)	15,000				GENERAL SUPPORT
CAMPUS CRUSADE FOR CHRISTPO BOX 628222 ORLANDO,FL 32862	95-6006173	501(C)(3)	22,000				GENERAL SUPPORT
CITY AT PEACE DCATLAS PERFORMING ARTS CENTER WASHINGTON, DC 20002	52-1913537	501(C)(3)	5,000				GENERAL SUPPORT
CAPE ELEUTHERA FOUNDATIONPO BOX 5910 PRINCETON,NJ 08543	31-1591503	501(C)(3)	5,000				GENERAL SUPPORT
CARE - COOP FOR ASSIST & RELIEF EVERYWHEREPO BOX 1870 MERRIFIELD,VA 22116	13-1685039	501(C)(3)	9,000, 9				TO AID CARES CRISIS WORK IN HAITI

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER ON BUDGET AND POLICY PRIORITIES820 FIRST STREET NE 510 WASHINGTON, DC 20002	52-1234565	501(C)(3)	5,000				GENERAL SUPPORT
COASTAL ENTERPRISES INC36 WATER ST - POBOX 268 WISCASSET, ME 04578	01-0347504	501(C)(3)	35,000				GENERAL SUPPORT
COBSCOOK COMMUNITY LEARNING CENTER10 COMMISSARY POINT RD TRESCOTT, ME 04652	01-0449348	501(C)(3)	15,000				GENERAL SUPPORT
COMMUNITY FOUNDATION OF SOUTHEASTERN CONNECTICUT INCPO BOX 769 NEW LONDON, CT 06320	06-1080097	501(C)(3)	6,000				GENERAL SUPPORT
COMMUNITY PARTNERS 1000 N ALAMEDA ST SUITE 240 LOS ANGELES,CA 90012	95-4302067	501(C)(3)	12,000				GENERAL SUPPORT
CONSERVATION NORTHWEST1208 BAY STREET BELLINGHAM,WA 98225	94-3091547	501(C)(3)	10,000				GENERAL SUPPORT
COOL THE EARTH INCPO BOX 694 KENTFIELD, CA 94904	26-3316908	501(C)(3)	5,000				GENERAL SUPPORT
COOPERATIVE BAPTIST FELLOWSHIP OF LOUISIANA2220 SOUTH VIENNA ST RUSTON,LA 71270	72-1231604	501(C)(3)	22,500				GENERAL SUPPORT
CROSSROADS COMMUNITY CHURCH10816 SOUTH PARKER ROAD PARKER,CO 80134	84-0743331	501(C)(3)	10,000				GENERAL SUPPORT
DIGITAL DATA DIVIDE115 W 30TH STREET NEW YORK,NY 10001	20-1148452	501(C)(3)	100,000				GENERAL SUPPORT
E & CO INC383 FRANKLIN STREET BLOOMFIELD,NJ 07003	22-3319460	501(C)(3)	10,000				GENERAL SUPPORT
EARTHJUSTICE426 17TH STREET 6TH FLOOR OAKLAND,CA 94612	94-1730465	501(C)(3)	21,150				GENERAL SUPPORT

Form 990, Schedule I, Part	t II, Grants and	d Other Assistance	to Governments	and Organization	s in the United Sta	ites	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTSIDE CATHOLIC SCHOOL232 228TH AVENUE SE SAMMAMISH,WA 98074	91-1034894	501(C)(3)	12,000				GENERAL SUPPORT
ECO CYCLE5030 PEARL ST BOULDER, CO 80301	84-0730811	501(C)(3)	5,000				GENERAL SUPPORT
ECONOMIC POLICY INSTITUTE1333 H STREET NW WASHINGTON, DC 20005	52-1368964	501(C)(3)	5,000				GENERAL SUPPORT
FELLOWSHIP BIBLE CHURCH16391 CHILLICOTHE ROAD CHAGRIN FALLS,OH 44023	34-1204716	501(C)(3)	7,660				GENERAL FUND
FERNBANK MUSEUM OF NATURAL HISTORY767 CLIFTON ROAD NE ATLANTA,GA 30307	58-6028607	501(C)(3)	10,000				FERNBANK FOREST
FIDELITY CHARITABLE GIFT FUNDP O BOX 770001 CINCINNATI,OH 45277	11-0303001	501(C)(3)	5,175				GENERAL SUPPORT
FINCA INTERNATIONAL INC1101 14TH STREET NW WASHINGTON,DC 20005	13-3240109	501(C)(3)	14,900				GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH25 CHURCH STREET COOPERSTOWN,NY 13326	23-6393377	501(C)(3)	5,520				GENERAL SUPPORT
FOOD FOR THE HUNGRY 1224 E WASHINGTON ST PHOENIX, AZ 85034	95-2680390	501(C)(3)	10,000				GENERAL SUPPORT
FOUNDATION FOR HISTORICAL LOUISIANA PO BOX 908 BATON ROUGE, LA 70821	72-0642810	501(C)(3)	5,000				GENERAL SUPPORT
FOURTH SECTOR NETWORK INCPERLMAN PERLMAN LLP NEW YORK, NY 10010	26-3629904	501(C)(3)	5,000				GENERAL SUPPORT
FUTURE GLOBAL LEADERSHIP PROJECT155 MONTGOMERY ST SAN FRANCISCO, CA 94104	27-1336999	501(C)(3)	24,000				GENERAL SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GATE OF HOPE MINISTRIES604 INDIAN RIDGE RD LOUISVILLE,KY 40207	26-0281018	501(C)(3)	5,000				GENERAL SUPPORT
GIVING ASSETS INC7315 WISCONSIN AVE SUITE 1100W BETHESDA,MD 20814	26-2048480	501(C)(3)	85,500				GENERAL SUPPORT
GLOBAL EVANGELISM MINISTRIES8831 CYPRESS FOREST DRIVE CHARLOTTE, NC 282161655	56-2258227	501(C)(3)	6,000				TO COMPLETE THE DRIVE FOR THE MONEY NEEDED TO PURCHASE A LAND ROVER FOR USE IN THEIR GHANA MISSIONS
GOOD CARD - NETWORK FOR GOOD7920 NORFOLK AVENUE BETHESDA, MD 20814	68-0480736	501(C)(3)	5,101				GENERAL SUPPORT
GRANT-MISSISSIPPI ASSN OF COOPATTN KATRINA MCLIN 233 E HAMILTON ST JACKSON, MS 39202	64-0516373	501(C)(3)	115,000				GENERAL SUPPORT
GRASSROOTS INTERNATIONAL179 BOYLSTON STREET 4TH FLOOR BOSTON,MA 02130	04-2791159	501(C)(3)	26,750				GENERAL SUPPORT
GREATER NEW ORLEANS FOUNDATION TRANSFORM NEW ORLEANS FUND1055 ST CHARLES AVE NEW ORLEANS, LA 701303981	72-0408921	501(C)(3)	10,000				GENERAL SUPPORT
HAITI EMERGENCY RELIEF FUNDEAST BAY SANCTUARY COVENANT BERKLEY,CA 94704	94-3249753	501(C)(3)	10,000				GENERAL SUPPORT
HAYMARKET PEOPLES FUND42 SEAVERNS AVE BOSTON, MA 02130	04-2586725	501(C)(3)	15,000				GENERAL SUPPORT
HUMAN RIGHTS WATCH100 BUSH STREET SUITE 925 SAN FRANCISCO,CA 94104	13-2875808	501(C)(3)	44,750				GENERAL SUPPORT
INN DWELLING109 E PRICE STREET PHILADELPHIA,PA 19144	23-2173051	501(C)(3)	5,000				GENERAL SUPPORT
INTERFAITH COMMUNITY CHURCH1763 NW 62ND SEATTLE, WA 38107	23-7059922	501(C)(3)	5,000				GENERAL SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOBS WITH JUSTICE EDUCATION FUND1325 MASSACHUSETTS AVE NW STE 200 WASHINGTON, DC 20005	52-1865575	501(C)(3)	8,500				GENERAL SUPPORT
JUBILEE PARTNERSPO BOX 68 COMER,GA 30629	58-1281067	501(C)(3)	5,000				GENERAL SUPPORT
KNOX GATE NEIGHBORHOOD ASSOCIATION3418 GATES PLACE BRONX,NY 10467	13-3020575	501(C)(3)	20,000				GENERAL SUPPORT
LAKE PARK AUDUBON DOLLARS FOR SCHOLARS LAKE PARK AUDUBON HIGH SCHOOL LAKE PARK,MN 56554	41-1939988	501(C)(3)	6,000				SCHOLARSHIPS FOR COLLEGE
LAMBI FUND OF HAITIPO BOX 18955 WASHINGTON, DC 20036	52-1843357	501(C)(3)	10,000				GENERAL SUPPORT
LEAGUE OF WOMEN VOTERS OF MAINE EDUCATION FUNDPO BOX 863 AUGUSTA, ME 04332	04-3386477	501(C)(3)	10,000				GENERAL SUPPORT
LUNA KIDS DANCEPO BOX 9056 BERKELEY,CA 94709	56-2467645	501(C)(3)	9,395				GENERAL SUPPORT
MAINE RURAL PARTNERS4 YORK VILLAGE ORONO,ME 04469	20-0427337	501(C)(3)	30,000				GENERAL SUPPORT
MAINELY GIRLSP O BOX 793 ROCKPORT, ME 04856	01-0533659	501(C)(3)	5,000				GENERAL SUPPORT
MASSVOTE41 WEST ST 700 BOSTON,MA 02111	04-3574060	501(C)(3)	7,000				GENERAL SUPPORT
MAUI PREPARATORY ACADEMY5095 NAPILIHAU ST LAHAINA,HI 96761	99-0354508	501(C)(3)	5,000				GENERAL SUPPORT
MAYO CLINIC13400 EAST SHEA BOULEVARD SCOTTSDALE,AZ 85259	86-0800150	501(C)(3)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part	II, Grants and	d Other Assistance	to Governments	and Organization	s in the United Sta	ites	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDSHARE3240 CLIFTON SPRINGS ROAD DECATUR, GA 30034	58-2433968	501(C)(3)	5,000				GENERAL SUPPORT
METROPOLITAN BAPTIST CHURCH4025 N HARTFORD TULSA,OK 74106	06-1736773	501(C)(3)	6,975				GENERAL SUPPORT
MICROCREDIT FOUNDATION10350 BREN ROAD WEST MINNETONKA,MN 55343	75-3146348	501(C)(3)	110,000				GENERAL SUPPORT
MID MAINE HOMELESS SHELTERPO BOX 2612 WATERVILLE, ME 04903	01-0425115	501(C)(3)	10,000				CHALLENGE GRANT MATCH FOR COMMUNITY FUNDRAISING TOWARDS BUILDING A NEW SHELTER HOME
MOTHER JONES222 SUTTER STREET SUITE 600 SAN FRANCISCO, CA 94609	94-2282759	501(C)(3)	5,000				FOR THE ANITA FUND
MY PLACE GERMANTOWN INC109 EAST PRICE ST PHILADELPHIA, PA 19144	20-8398383	501(C)(3)	5,000				GENERAL SUPPORT
NATURAL RESOURCES COUNCIL OF MAINE3 WADE ST AUGUSTA, ME 04330	01-0270690	501(C)(3)	30,800				GENERAL SUPPORT
CALVERT FOUNDATION 7315 WISCONSIN AVE SUITE 1100 BETHESDA, MD 20814	52-1591398	501(C)(3)	23,793				GENERAL SUPPORT
NEW ECOLOGY INCCITY GROWER15 COURT SQUARE BOSTON, MA 02108	04-3447828	501(C)(3)	25,000				GENERAL SUPPORT
NORTHWEST AGRICULTURE BUSINESS CENTER419 SOUTH FIRST STREET SUITE 200 MOUNT VERNON, WA 98273	83-0449496	501(C)(3)	5,000				GENERAL SUPPORT
PARTNERS IN HEALTHPO BOX 845578 BOSTON, MA 02284	04-3567502	501(C)(3)	82,050				GENERAL SUPPORT
PEER HEALTH EXCHANGE 1460 BROADWAY NEW YORK, NY 10036	56-2374305	501(C)(3)	25,000				GENERAL SUPPORT

Form 990,Schedule I, Par	rm 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
PIONEER VALLEY PROJECT 235 EASTERN AVENUE SPRINGFIELD,MA 01109	04-3343623	501(C)(3)	8,000				GENERAL SUPPORT TO ADDRESS CONDITIONS OF POVERTY AND SOCIAL JUSTICE IN SPRINGFIELD, MA				
PLANNED PARENTHOOD FEDERATION OF AMERICA 434 WEST 33RD STREET NEW YORK,NY 10001	13-1644147	501(C)(3)	21,750				GENERAL SUPPORT				
POOR CLARES OF JOLIET 6200 E MINOOKA ROAD MINOOKA,IL 60447	53-0196617	501(C)(3)	20,500				GENERAL SUPPORT				
QUANTUM CATCH LLCPO BOX 12 GIBBON,MN 55335	73-1646786	501(C)(3)	62,000				GENERAL SUPPORT				
REACH BEYOND DOMESTIC VIOLENCEPO BOX 540024 WALTHAM,MA 02454	04-2735449	501(C)(3)	28,526				GENERAL SUPPORT				
REAL CHANGE HOMELESS EMPOWERMENT PROJECT 2129 2ND AVE SEATTLE, WA 98121	91-1817387	501(C)(3)	10,250				O PERATING EXPENSES				
REDWOOD JUSTICE FUND - PRISON RADIO PROJECT PO BOX 411074 SAN FRANCISCO, CA 94141	68-0334309	501(C)(3)	5,000				GENERAL SUPPORT				
REVELS NORTHPO BOX 415 HANOVER,NH 03755	22-2629433	501(C)(3)	5,000				GENERAL SUPPORT				
ROOT CAPITAL955 MASSACHUSETTS AVE CAMBRIDGE, MA 02139	04-3478123	501(C)(3)	500,000				GENERAL SUPPORT				
SAINT LUKES HOSPITAL FOUNDATION4225 BALTIMORE AVENUE KANSAS CITY, MO 64111	44-6014699	501(C)(3)	5,000				GENERAL SUPPORT				
SAMARITANS PURSEPO BOX 3000 BOONE,NC 28607	58-1437002	501(C)(3)	15,000				GENERAL SUPPORT				
SAN FRANCISCO CHAMBER ORCHESTRAPO BOX 591566 SAN FRANCISCO,CA 94159	94-6130967	501(C)(3)	6,000				FOR THE CLASSICAL REVOLUTION WITH WEBER LAGO PROJECT				

Form 990,Schedule 1, Part	: 11, Grants and	Other Assistance	to Governments	and Organization	s in the United Sta	ites	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN FRANCISCO DAY SCHOOL350 MASONIC AVENUE SAN FRANCISCO,CA 94118	94-2570257	501(C)(3)	10,000				ANNUAL FUND CONTRIBUTION
SAN FRANCISCO FRIENDS OF CHAMBER MUSIC3701 SACRAMENTO ST PMB 357 SAN FRANCISCO,CA 94118	94-3298643	501(C)(3)	12,250				GENERAL SUPPORT
SCOTTSBORO JACKSON COUNTY MULTICULTURAL HERITAGE FOUNDATION 116 NEWPORT DRIVE SCOTTSBORO,AL 35768	26-3003042	501(C)(3)	37,500				GENERAL SUPPORT
SLOW MONEY ALLIANCE320 WASHINGTON ST BROOKLINE, MA 02445	26-4282320	501(C)(3)	50,000				GENERAL SUPPORT
SOMERSET ECONOMIC DEVELOPMENT CORPORATION41 COURT ST SKOWHEGAN, ME 04976	01-0535534	501(C)(3)	50,000				GENERAL SUPPORT
SOUTHERN POVERTY LAW CENTER400 WASHINGTON AVENUE MONTGOMERY,AL 36101	63-0598743	501(C)(3)	7,000				OFFER OF MATCHING FUNDS
SOLAR ELECTRIC LIGHT FUND1612 K STREET NW SUITE 402 WASHINGTON, DC 20006	52-1701564	501(C)(3)	9,405				GENERAL SUPPORT
ST STEPHEN AND THE INCARNATION1525 NEWTON STREET NW WASHINGTON, DC 20010	53-0220713	501(C)(3)	5,100				GENERAL SUPPORT
SUSTAINABLE HARVEST INTERNATIONAL81 NEWBURY NECK ROAD SURRY,ME 04684	04-3370577	501(C)(3)	10,000				GENERAL SUPPORT
SUSTAINABLE MARKETS FOUNDATIONPROJECT 350 45 W 36TH ST - 6TH FLOOR NEW YORK,NY 10018	13-4188834	501(C)(3)	35,000				GENERAL SUPPORT
TANGLEWOOD 4H CAMP & LEARNING CENTER1 TANGLEWOOD RD LINCOLNVILLE,ME 04849	01-0533472	501(C)(3)	5,000				GENERAL SUPPORT
TECHNOSERVE148 EAST AVE STE 3H NORWALK,CT 06851	13-2626135	501(C)(3)	20,000				GENERAL SUPPORT

Form 990,Schedule I, Par	t 11, Grants and	Other Assistance	to Governments	and Organization	s in the United Sta	tes	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TELLING THE TRUTH777 S BARKER ROAD BROOKFIELD, WI 53045	26-3794383	501(C)(3)	5,500				GENERAL SUPPORT
TEMPLE BETH SHALOM670 HIGHLAND AVE NEEDHAM,MA 02494	66-6002849	501(C)(3)	5,500				GENERAL SUPPORT
THE BRECHT FORUM INC 451 WEST STREET NEW YORK, NY 10014	13-3219381	501(C)(3)	10,000				GENERAL SUPPORT
THE HARTSBROOK SCHOOL - (PIONEER VALLEY WALDORF SCHOOL ASSOCIATION)193 BAY RD HADLEY,MA 01035	04-2734173	501(C)(3)	28,000				GENERAL SUPPORT
THE LEUKEMIA & LYMPHOMA SOCIETY INC 1311 MAMARONECK AVENUE WHITE PLAINS,NY 10605	13-5644916	501(C)(3)	20,250				GENERAL SUPPORT
THE RAMSEY HIGH SCHOOL FIELD LIGHTING COMMITTEE INC1 GRAND AVENUE SUITE 3 ENGLEWOOD, NJ 07631	22-3391080	501(C)(3)	5,000				GENERAL SUPPORT
THE RECTORY SCHOOL528 POMFRET ST POMFRET,CT 06258	06-0646805	501(C)(3)	17,500				GENERAL SUPPORT
THE REINVESTMENT FUND CAST IRON BUILDING 718 ARCH ST SUITE 300 NORTH PHILADELPHIA, PA 19106	23-2331946	501(C)(3)	6,000				GENERAL SUPPORT
THE TRUST FOR PUBLIC LAND116 NEW MONTGOMERY STREET SAN FRANCISCO, CA 94105	23-7222333	501(C)(3)	10,000				GENERAL SUPPORT
UNITED STATES FUND FOR UNICEF125 MAIDEN LANE NEW YORK, NY 10038	13-1760110	501(C)(3)	13,500				GENERAL SUPPORT
UNITED WAY OF CHITTENDEN COUNTY INC 412 FARRELL ST SOUTH BURLINGTON, VT 05403	03-0217229	501(C)(3)	25,000				GENERAL SUPPORT
UNITY SCHOOL OF CHRISTIANITY1901 NW BLUE PARKWAY LESS SUMMIT, MO 64065	44-0546000	501(C)(3)	5,500				ONE HALF TO SILENT UNITY AND ONE HALF TO GENERAL NEED

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNIVERSITY OF CALIFORNIA BERKELEY FOUNDATION2080 ADDISON ST BERKELEY, CA 94720	94-6090626	501(C)(3)	7,500				DONATION FOR THE CAL FUND		
UNIVERSITY OF MICHIGAN SCHOOL OF NATURAL RESOURCES AND ENVIRONMENT440 CHURCH STREET ANN ARBOR, MI 48109	38-6006309	501(C)(3)	20,000				GENERAL SUPPORT		
UNIVERSITY OF WASHINGTON FOUNDATIONP O BOX 359505 SEATTLE, WA 98195	94-3079432	501(C)(3)	5,250				FOR THE GREENHOUSE SUPPORT FUND		
VILLAGE HARMONY5748 HOLLISTER HILL ROAD MARSHFIELD,VT 05658	03-0352863	501(C)(3)	10,000				GENERAL SUPPORT		
VISIONSPRING322 EIGHTH AVENUE NEW YORK, NY 10001	31-1811558	501(C)(3)	50,000				GENERAL SUPPORT		
WASHINGTON HANCOCK COMMUNITY AGENCYPO BOX 299 ELLSWORTH, ME 04605	23-7226828	501(C)(3)	10,000				GENERAL SUPPORT		
WORLD FAMILY FOUNDATIONPO BOX 612522 HONOLULU,HI 96839	94-3261932	501(C)(3)	16,400				GENERAL SUPPORT		
YESHIVA UNIVERSITY CENTER FOR ETHICS2495 AMSTERDAM AVENUE NEW YORK, NY 10033	13-1624225	501(C)(3)	10,000				STRENGTHENING RURAL ASSET-BASED ECONOMIES AND ECONOMIC STRATEGIES		
ZING FOUNDATION21 LINWOOD ST ARLINGTON, MA 02474	57-1190359	501(C)(3)	5,000				TO INCREASE ACCESS TO MARKETS AND OPPORTUNITIES FOR URBAN AND RURAL FARMERS THROUGHOUT THE GULF COAST AND MID SOUTH REGIONS		
UNIVERSITY FRIENDS MEETING4001 9TH AVENUE NE SEATTLE, WA 98105	91-6028002	501(C)(3)	6,000				GENERAL SUPPORT		
VERMONT FOODBANK33 PARKER ROAD SOUTH BARRE,VT 05670	22-3021942	501(C)(3)	7,500				GENERAL SUPPORT		

**Compensation Information** 

DLN: 93493136050631

OMB No 1545-0047

Open to Public Inspection

#### Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization CALVERT SOCIAL INVESTMENT FOUNDATION FOUNDATION INC

**Employer identification number** 

52-1591398

Pa	rt I Questions Regarding Compensati	ion				
					Yes	Νo
1a	Check the appropriate box(es) if the organization p 990, Part VII, Section A, line 1a Complete Part I		ny of the following to or for a person listed in Form vide any relevant information regarding these items			
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the reimbursement orprovision of all the expenses de	_		1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executi			2		
3	Indicate which, if any, of the following the organiza organization's CEO/Executive Director Check all					
	Compensation committee	Γ	Written employment contract			
	Independent compensation consultant	굣	, ,			
	Form 990 of other organizations	[ব	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990 or a related organization	0, Part VI	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contr	ol paymer	nt from the organization or a related organization?	4a		Νo
ь	Participate in, or receive payment from, a supplen	nental nor	nqualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity			4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and					
	Only 501(c)(3) and 501(c)(4) organizations only i	must com	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section a compensation contingent on the revenues of	A, line 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
ь	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section a compensation contingent on the net earnings of	A, line 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
ь	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes,			7		No
8	Were any amounts reported in Form 990, Part VII					
	subject to the initial contract exception described in Part III	d in Regs	section 53 4958-4(a)(3)? If "Yes," describe	8		No
9	If "Yes" to line 8, did the organization also follow to section 53 4958-6(c)?	the rebutt	able presumption procedure described in Regulations	9		

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

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	,	(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and		(E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) SHARI BERENBACH	(I) (II)	180,000	0	1,440	9,161	13,191 0	203,792	
(2) CHARLES P HOLLANDS	(ı) (ıı)	150,820 0	15,000 0	1,440	11,971	18,946 0	198,177	
(3) JAMES A RICHARDSON	(ı) (ıı)	152,643 0	0	0 0	1	6,798 0	171,183 0 0	
(4) LISA HALL	(I) (II)	169,803 0	15,000	1,440	13,277	18,858 0	218,378	
(5) JESSE CHANCELLOR	(I) (II)	129,829 0	15,000 0	1,440		2,097 0	158,484	
(6) HUMPHREY Y MENSAH	(I) (II)	116,858 0	8,500	1,440	8,270	18,824 0	153,892	
(7)	<u> </u>		1	,			,	
(8)						Ī		
(9)	\[ \]		1 ,	,		1	,	
(10)	<u> </u>		1	'		1	'	
(11)	'		1	'		1	'	
( 12 )				'		1	'	
(13)			1	'		1	'	
( 14 )			1	'		1	'	
(15)	'		1	'		1	,	
( 16 )				1	<b>†</b>	1	7	

Schedule J (Form 990) 2010 Page **3** 

#### Part III Supplemental Information

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

Identifier Return Reference Explanation

Schedule J (Form 990) 2010

## **SCHEDULE M** (Form 990)

## **NonCash Contributions**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

CALV	ERT SOCIAL INVESTMENT FOUNDATION DATION INC				52-1591398	ion nu	iiibei	
Pa	rt I Types of Property				52-1591396			
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining of amounts		contribut	ion
1	Art—Works of art			<u>.</u> 9				
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
good								
6	Cars and other vehicles .							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded	Х	34	3,284,023	FAIR MARKET VAL	UE		
10	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests .							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20								
21								
22	Historical artifacts							
23	Scientific specimens							
24	·							
25	Other►( )							
26								
27	· ·							
28								
29								
							Yes	Yes No
30a	During the year, did the organizati	on receive	e by contribution any prope	rty reported in Part I, lines	1-28 that it			
	must hold for at least three years	from the o	late of the initial contribution	on, and which is not require	d to be used			
	for exempt purposes for the entire	holding p	eriod?			30a		No
b	If "Yes," describe the arrangemer	nt ın Part I	I					
31	Does the organization have a gift	acceptano	e policy that requires the r	eview of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or use	•		to solicit, process, or sell	non-cash			
	contributions?					32a		Νo
	If "Yes," describe in Part II							
33	If the organization did not report r describe in Part II	evenues i	n column (c) for a type of p	roperty for which column (a	) is checked,			

Page 2

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493136050631

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Name of the organization CALVERT SOCIAL INVESTMENT FOUNDATION FOUNDATION INC Employer identification number

52-1591398

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE FORM 990 IS PROVIDED TO MANAGEMENT MEMBERS FOR REVIEW PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE

ldentifier	Hentifier Return Explanation						
	FORM 990, PART VI, SECTION B, LINE 12C	CONFLICTS OF INTEREST ARE MONITORED BY A COMPLIANCE OFFICER AND ASSOCIATE WHO OVERSEE THE CONFLICT OF INTEREST POLICY THE MEMBERS OF THE GOVERNING BODY ANNUALLY REPORT ANY CONFLICTS TO THE OFFICER WHO WILL NOTIFY THE AUDIT COMMITTEE TO ENFORCE THE POLICY IN THE EVENT THAT A CONFLICT ARISES, THE MEMBER OF THE GOVERNING BODY WILL RECUSE THEMSELVES FROM VOTING ON ANY MATTER THAT APPLIES TO THE CONFLICT OF INTEREST					

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	TO SET THE COMPENSATION OF TOP MANAGEMENT, WE HAVE RELIED ON COMPENSATION SURVEYS THAT HAVE BEEN PERFORMED BY SIMILAR ORGANIZATIONS ALSO, WE REVIEW THE 990S AS POSTED BY GUIDESTAR TO REVIEW WHAT OTHERS ARE EARNING IN SIMILAR POSITIONS THERE IS NO EXACT COMPARABLE COMPANY FOR CALVERT FOUNDATION SO WE CONSIDER WHAT OTHERS ARE MAKING AND ADJUST ACCORDINGLY AS FOR THE PRESIDENT & CEO, THIS COMPENSATION IS SET BY THE EXECUTIVE COMMITTEE AND IT IS INFORMED BY THE SAME INFORMATION COLLECTED ABOVE PRESIDENT & CEO COMPENSATION WAS LAST REVIEWED IN JANUARY OF 2011

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE FOUNDATION'S FINANCIAL STATEMENTS ARE AVAILABLE ON THE FOUNDATION'S WEBSITE THE FOUNDATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS 1,077,374 OTHER THAN TEMPORARY IMPAIRMENT -1,000,000 TRANSFER TO GIVING ASSETS, INC -6,209,667 TOTAL TO FORM 990, PART XI, LINE 5 -6,132,293

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

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

DLN: 93493136050631

OMB No 1545-0047

2010

Open to Public Inspection

Schedule R (Form 990) 2010

# SCHEDULE R (Form 990) Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** CALVERT SOCIAL INVESTMENT FOUNDATION FOUNDATION INC 52-1591398 Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (c) Legal domicile (state Name, address, and EIN of disregarded entity Total income End-of-year assets Direct controlling Primary activity or foreign country) entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one Part II or more related tax-exempt organizations during the tax year.) (g) (a)
Name, address, and EIN of related organization Section 512(b)(13) Direct controlling Legal domicile (state Exempt Code section Public charity status Primary activity controlled or foreign country) (if section 501(c)(3)) entity organization

Cat No 50135Y

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	allocat	ortionate ions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	<b>(j</b> Genei mana parti	ral or aging ner?	<b>(k)</b> Percentage ownership
							Yes	No		Yes	No	
Down TV Talantis	ination of Dolot	0		bla a a a Camana	tion on Tourst (C					C	000	D T) /

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	<b>(h)</b> Percentage ownership
7315 WISCONSIN AVE IIIN FLOOK	PROMOTION OF COMMUNITY INVESTMENT	MD	N/A	С	966,239	495,961	100 000 %

chec	dule R (Form 990) 2010		Pa	ige <b>3</b>
Par	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 3	6.)		
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
<b>1</b> Du	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to other organization(s)	1b		No
c	Gift, grant, or capital contribution from other organization(s)	1c		No
d	Loans or loan guarantees to or for other organization(s)	1d		No
e	Loans or loan guarantees by other organization(s)	1e		No
f	Sale of assets to other organization(s)	1f		No
g	Purchase of assets from other organization(s)	<b>1</b> g		No
h	Exchange of assets	1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		No
i	Lease of facilities, equipment, or other assets from other organization(s)	1j	No N	No
	Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
	Performance of services or membership or fundraising solicitations by other organization(s)	11		No
	Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	+
	Sharing of paid employees	1n		$\vdash$
•	Sharing of para employees			$\vdash$
o	Reimbursement paid to other organization for expenses	10	Yes	
р	Reimbursement paid by other organization for expenses	1р		No
				1
q	O ther transfer of cash or property to other organization(s)	<b>1</b> q		No
r	Other transfer of cash or property from other organization(s)	1r		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresh			
	(a) Name of other organization  (b) Transaction type(a-r)  (c) Amount involved	( <b>d)</b> d of determin involved		ount
L) CC	OMMINITY INVESTMENT DADTNEDS INC	KET VALUE		
_				

(a) Name of other organization	Transaction type(a-r)	(c) Amount involved	Method of determining amount involved
(1) COMMUNITY INVESTMENT PARTNERS INC	0	1,059,214	FAIR MARKET VALUE
(2)			
(3)			
(4)			
(5)			
(6)			

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

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(c) Legal domicile (state or foreign country)  (d) Are all partners section 501(c)(3 organizati		(d) Are all partners section 501(c)(3) organizations?		<b>(e)</b> Share of end-of-year assets		rtionate cions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Forn 1065)	mana part	(h) eneral or anaging partner?	
			Yes	No		Yes	No		Yes	No			
									_	+			
										t			
										┸			
										╁			
										$^{+}$			
										_			
										+			
										t			
										T			
										$\perp$			
										╀			

## Part VII Supplemental Information

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

ı	Ident if ier	Return Reference	Explanation

Schedule R (Form 990) 2010