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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
CALVERT SOCIAL INVESTMENT FOUNDATION INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
7315 WISCONSIN AVENUE NO 1100W

City or town, state or country, and ZIP + 4
BETHESDA, MD 20814

D Employer identification number
52-1591398

E Telephone number
(800) 248-0337

G Gross receipts $ 49,361,087

F Name and address of principal officer
LISA HALL
7315 WISCONSIN AVENUE NO 1100W
BETHESDA, MD 20814

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW CALVERTFOUNDATION ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1988

M State of legal domicile MD

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

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	13
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	65
6	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
8	Contributions and grants (Part VIII, line 1h)	13,193,952	10,268,467
9	Program service revenue (Part VIII, line 2g)	8,380,703	8,324,865
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	857,526	705,198
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,850	264,950
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22,434,031	19,563,480
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,927,650	3,462,025
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,477,592	3,430,485
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶599,662		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	8,009,226	9,536,751
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	17,414,468	16,429,261
19	Revenue less expenses Subtract line 18 from line 12	5,019,563	3,134,219

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	270,657,154	251,374,053
21	Total liabilities (Part X, line 26)	236,143,144	228,731,399
22	Net assets or fund balances Subtract line 21 from line 20	34,514,010	22,642,654

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.

Sign Here

Signature of officer — Date: 2012-10-08

HUMPHREY MENSAH INTERIM CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-employed ☐ | Preparer's taxpayer identification number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4
JOHNSON LAMBERT LLP
700 SPRING FOREST ROAD STE 115
RALEIGH, NC 27609

EIN ▶ 52-1446779

Phone no ▶ (919) 719-6400

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 11,769,363 including grants of $ 0) (Revenue $ 8,203,736)

CALVERT COMMUNITY INVESTMENT NOTES BRING TOGETHER THE FINANCIAL BENEFITS OF AN INVESTMENT AND THE SOCIAL IMPACT OF A CHARITABLE DONATION EACH AND EVERY DOLLAR INVESTED IN THE NOTE IS PLACED IN A DIVERSIFIED LOAN POOL WITH THE OBJECTIVE OF EARNING BOTH A FINANCIAL AND A SOCIAL RETURN THE CAPITAL RAISED THROUGH THE NOTES DIRECTLY SUPPORTS AFFORDABLE HOUSING, SMALL BUSINESSES, MICROENTERPRISES AROUND THE WORLD, AND OTHER HIGH SOCIAL IMPACT INITIATIVES

4b (Code) (Expenses $ 3,443,821 including grants of $ 3,330,525) (Revenue $ 0)

CALVERT GIVING FUND IS A UNIQUE PHILANTHROPIC PRODUCT PROVIDING A 100% SOCIALLY RESPONSIBLE DONOR ADVISED FUND THAT GOES TO WORK IMMEDIATELY BUILDING COMMUNITIES, EVEN BEFORE ASSETS ARE GRANTED OUT TO CHARITIES THE PHILANTHROPIC POWER OF DONATED FUNDS INCREASES OVER TIME AS GIVING FUND ASSETS APPRECIATE TAX-FREE IN COMMUNITY INVESTMENTS AND SOCIALLY RESPONSIBLE MUTUAL FUNDS

4c (Code) (Expenses $ 230,738 including grants of $ 0) (Revenue $ 121,129)

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

(Code) (Expenses $ 131,500 including grants of $ 131,500) (Revenue $)

THE NRFC PROGRAM IS A COLLABORATIVE PHILANTHROPIC INITIATIVE ORGANIZED TO EXPAND RESOURCES FOR FAMILIES AND COMMUNITIES IN REGIONS OF PERSISTENT POVERTY, ESPECIALLY AREAS WHERE CONCENTRATIONS OF POVERTY AND COMMUNITIES OF COLOR OVERLAP NRFC SUPPORTS COMMUNITY-BASED EMPOWERMENT STRATEGIES DESIGNED TO TRANSFORM POOR RURAL COMMUNITIES AND REGIONS INTO HEALTHY AND VIABLE LIVING ENVIRONMENTS AND SEEKS TO BUILD A MOVEMENT OF SUPPORT AND ADVOCACY FOR ALTERNATIVE RURAL ECONOMIES BASED ON COMMUNITY ASSETS OF CULTURE, LAND AND HUMAN CAPITAL AND GROUNDED IN RELATIONSHIPS AND VALUES OF EQUITY AND JUSTICE

4d Other program services (Describe in Schedule O)

(Expenses $ 131,500 including grants of $ 131,500) (Revenue $)

4e **Total program service expenses** ▶ $ 15,575,422

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	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	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part 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		No
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 temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	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
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c	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		No
e	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	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, Part 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, Part 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*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part 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**		No
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 questions 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**		No
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**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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 owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	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**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
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? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	2,252		
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	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	65		
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)				
3a	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**			
4a	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 or securities account)?	**4a**			No
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				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
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**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
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 Form 1098-C?	**7h**			
8	**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**			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	**9a**			No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	**9b**			No
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	**13a**			
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the aggregate amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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 . . . . . ☑

Section 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	1a	13		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	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 organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ AK , AL , AR , AZ , CA , CO , CT , FL , GA , HI , IL , KS , KY , MA , MD , ME , MI , MN , MS , NC , ND , NH , NJ , NM , NY , OH , OK , OR , PA , RI , SC , TN , UT , VA , WA , WI , WV

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

☑ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public 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 ▶

CHIP HOLLANDS CFO
7315 WISCONSIN AVENUE SUITE 1100W
BETHESDA, MD 20814
(301) 951-9426

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARGARET CLARK DIRECTOR	1 00	X						0	0	0
(2) SETH GOLDMAN DIRECTOR	1 00	X						0	0	0
(3) MARY HOUGHTON DIRECTOR	1 00	X						0	0	0
(4) BARBARA J KRUMSIEK DIRECTOR	1 00	X						0	0	0
(5) REGGIE STANLEY DIRECTOR	1 00	X						0	0	0
(6) VIKI BETANCOURT DIRECTOR	1 00	X						0	0	0
(7) FREDERICK J HARVEY III DIRECTOR	1 00	X						0	0	0
(8) CAROL ATWOOD DIRECTOR & ADVANCEMENT COMMITTEE CHAIR	1 00	X						0	0	0
(9) IRA W LIEBERMAN PHD DIRECTOR & AUDIT COMMITTEE CHAIR	1 00	X						0	0	0
(10) TERRANCE J MOLLNER DIRECTOR & GOVERNANCE COMMITTEE CHAIR	1 00	X						0	0	0
(11) KATHY STEARNS DIRECTOR & INVESTMENT COMMITTEE CHAIR	1 00	X						0	0	0
(12) JOHN G GUFFEY JR CO-CHAIR	1 00	X		X				0	0	0
(13) D WAYNE SILBY CO-CHAIR & FINANCE COMMITTEE CHAIR	1 00	X		X				0	0	0
(14) LISA HALL PRESIDENT & CEO	40 00			X				182,973	0	22,037
(15) CHARLES P HOLLANDS CFO & SR VICE PRESIDENT	50 00			X				166,133	0	20,381
(16) JAMES A RICHARDSON EXEC DIR OF NRFC THRU 10/2011	50 00			X				117,418	0	15,375
(17) JESSE CHANCELLOR PRESIDENT OF CIP	1 00					X		160,625	0	18,728

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) HUMPHREY MENSAH VICE PRESIDENT & CONTROLLER	49 00					X		115,351	0	16,124
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								742,500	0	92,645

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 5

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
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

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
MONITOR COMPANY GROUP LP D3660 BOSTON, MA 02241	CONSULTING	328,912
MICRO VEST CAPITAL MANAGEMENT 7514 WISCONSIN AVE STE 400 BETHESDA, MD 20814	CAPITAL INVESTMENT CONSULTING	126,762
HOPE GLOBAL CONSULTING LLC 930 MONTGOMERY STREET SUITE 300 SAN FRANCISCO, CA 94133	CONSULTING	124,000
CALVERT ASSET MANAGEMENT 4550 MONTGOMERY AVENUE BETHESDA, MD 20814	PARKING AND COMPUTER SERVICES	114,327

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 4

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 10,268,467				
	g	Noncash contributions included in lines 1a-1f $ 1,906,683				
	h	**Total.** Add lines 1a-1f . . . . . ▶	10,268,467			
Program Service Revenue		Business Code				
	2a	CALVERT COMMUNITY INVE 900099	8,203,736	8,203,736		
	b	COMMUNITY INVESTMENT P 900099	121,129	121,129		
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	8,324,865			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	693,798			693,798
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 29,809,007				
	b	Less cost or other basis and sales expenses 29,797,607				
	c	Gain or (loss) 11,400				
	d	Net gain or (loss) . . . . . ▶	11,400			11,400
Other Revenue	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 . . ▶				
	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 / Business Code				
	11a	FEE INCOME 900099	264,950			264,950
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	264,950			
	12	**Total revenue.** See Instructions . . . ▶	19,563,480	8,324,865	0	970,148

Part IX Statement of Functional Expenses

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)

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	3,462,025	3,462,025		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	524,317	367,022	104,863	52,432
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	2,117,040	1,481,928	423,408	211,704
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	117,742	82,419	23,549	11,774
9	Other employee benefits	399,586	279,710	79,917	39,959
10	Payroll taxes	271,800		271,800	
11	Fees for services (non-employees)				
a	Management				
b	Legal	107,010	83,468	21,402	2,140
c	Accounting	137,116	121,042	9,349	6,725
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees	55,620	27,810	27,810	
g	Other	1,635,407	1,443,699	111,503	80,205
12	Advertising and promotion	1,555	1,555		
13	Office expenses	84,525	65,883	16,875	1,767
14	Information technology	35,391	30,965	4,426	
15	Royalties . .				
16	Occupancy	387,312	58,097	329,215	
17	Travel	193,726	154,982	19,372	19,372
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	98,247	88,423	4,912	4,912
20	Interest	4,648,647	4,648,647		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	118,069		118,069	
23	Insurance	29,436		29,436	
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)				
a	PROVISION FOR LOAN LOSS	1,789,186	1,789,186		
b	NRFC ADMINISTRATION EXP	66,774	66,774		
c	COMMISSIONS	55,663	55,663		
d	REGISTRATION FEES	52,356	52,356		
e					
f	All other expenses	40,711	1,213,768	-1,341,729	168,672
25	**Total functional expenses.** Add lines 1 through 24f	16,429,261	15,575,422	254,177	599,662
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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		5,290,513	1	8,159,597
	2	Savings and temporary cash investments		26,686,623	2	65,740,277
	3	Pledges and grants receivable, net		750,000	3	90,000
	4	Accounts receivable, net		4,952,963	4	1,319,571
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		0	7	264,950
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		235,582	9	371,634
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 1,027,977			
	b	Less accumulated depreciation	10b 464,138	359,474	10c	563,839
	11	Investments—publicly traded securities		17,003,439	11	9,936,264
	12	Investments—other securities See Part IV, line 11		7,500,881	12	6,059,353
	13	Investments—program-related See Part IV, line 11		205,249,978	13	155,747,229
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		2,627,701	15	3,121,339
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		270,657,154	16	251,374,053
Liabilities	17	Accounts payable and accrued expenses		4,118,269	17	6,279,617
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		232,024,875	24	222,451,782
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		236,143,144	26	228,731,399
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		31,595,015	27	21,105,083
	28	Temporarily restricted net assets		2,731,424	28	1,350,000
	29	Permanently restricted net assets		187,571	29	187,571
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		34,514,010	33	22,642,654
	34	Total liabilities and net assets/fund balances		270,657,154	34	251,374,053

Part XI Reconcilliation of Net Assets

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	19,563,480
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,429,261
3	Revenue less expenses Subtract line 2 from line 1	3	3,134,219
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	34,514,010
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-15,005,575
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	22,642,654

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

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SCHEDULE A (Form 990 or 990EZ)

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

2011

Open to Public Inspection

Name of the organization
CALVERT SOCIAL INVESTMENT FOUNDATION INC

Employer identification number
52-1591398

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ 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

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ 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)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ 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)

f 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 ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) 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 instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	15,501,771	10,084,183	7,734,907	13,193,952	10,268,467	56,783,280
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	15,501,771	10,084,183	7,734,907	13,193,952	10,268,467	56,783,280
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						8,062,588
6 **Public Support.** Subtract line 5 from line 4						48,720,692

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	15,501,771	10,084,183	7,734,907	13,193,952	10,268,467	56,783,280
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,322,570	1,193,421	1,103,743	855,835	693,798	5,169,367
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets			190,000	1,850	264,950	456,800
11 **Total support** (Add lines 7 through 10)						62,409,447

12	Gross receipts from related activities, etc (See instructions)	12	37,814,623

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** ☐

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	78 070 %
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15	76 010 %

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

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

Part III **Support Schedule for Organizations Described in IRC 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 in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **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** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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 ▶☐

b **33 1/3% support tests—2010.** 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 ▶☐

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

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

Facts And Circumstances Test

Explanation

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CALVERT SOCIAL INVESTMENT FOUNDATION INC

Employer identification number
52-1591398

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	276	1
2	Aggregate contributions to (during year)	7,591,074	25,000
3	Aggregate grants from (during year)	3,008,005	322,520
4	Aggregate value at end of year	14,140,210	109

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☑ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☑ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c 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 year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		1,027,977	464,138	563,839
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				563,839

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) CERTIFICATES OF DEPOSIT	5,228,877	F
(2) NOTES RECEIVABLE	148,481,435	F
(3) MISSION PLUS PLACEMENTS	2,036,917	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶	155,747,229	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

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	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per 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				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	MANAGEMENT HAS CONCLUDED THAT THE FOUNDATION HAS PROPERLY MAINTAINED ITS EXEMPT STATUS AND THAT THERE ARE NO UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2011

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CALVERT SOCIAL INVESTMENT FOUNDATION INC

Employer identification number
52-1591398

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(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
NORTH AMERICA - CANADA AND MEXICO, BUT	0	0	PROGRAM SERVICES	DUE DILIGENCE	244,740
SOUTH ASIA - AFGHANISTAN, BANGLADESH,	0	0	PROGRAM SERVICES	DUE DILIGENCE & LEGAL EXPENSES	22,289
3a Sub-total	0	0			267,029
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			267,029

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Part V if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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)*	☐ Yes	☑ No
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)*	☐ Yes	☑ No
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)*	☐ Yes	☑ No
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)*	☐ Yes	☑ No
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)*	☐ Yes	☑ No
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).*	☐ Yes	☑ No

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	ReturnReference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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.
▶ Attach to Form 990

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CALVERT SOCIAL INVESTMENT FOUNDATION INC

Employer identification number
52-1591398

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 133

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 DOMESTIC GRANTMAKING DONE THROUGH THE DONOR ADVISED FUND PROGRAM SERVICE IS LIMITED TO CHARITABLE ORGANIZATIONS THAT ARE TAX-EXEMPT UNDER IRS CODE SECTION 501 (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

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 52-1591398
Name: CALVERT SOCIAL INVESTMENT 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) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACCION INTERNATIONAL56 ROLAND STREET BOSTON,MA 02129	13-2535763	501(C)(3)	7,750				GENERAL SUPPORT
ADOPTION AND FOSTER CARE MENTORING727 ATLANTIC AVENUE 3RD FLOOR BOSTON,MA 02111	04-3575764	501(C)(3)	25,000				GENERAL SUPPORT
AGRICULTURE&LAND BASED TRNG ASPO BOX 6264 SALINAS,CA 93912	77-0566055	501(C)(3)	31,000				GENERAL SUPPORT
AIDG INCPO BOX 104 WESTON,MA 02493	68-0589005	501(C)(3)	25,000				GENERAL SUPPORT
ALFOND YOUTH CENTER126 NORTH STREET WATERVILLE,ME 04901	04-3341661	501(C)(3)	10,000				GENERAL SUPPORT
ALL CRITTERS RESCUE INCRENAISSANCE SQUARE 426 MAIN STREET 317 SPOTSWOOD,NJ 08884	26-4837870	501(C)(3)	14,270				GENERAL SUPPORT
AMERICAN NATIONAL RED CROSS2025 E STREET NW WASHINGTON,DC 20006	53-0196605	501(C)(3)	18,950				GENERAL SUPPORT
BLACK MESA WATER COALITIONPO BOX 613 FLAGSTAFF,AZ 86002	68-0535413	501(C)(3)	12,500				GENERAL SUPPORT
BOYS & GIRLS CLUBS OF SOUTHEAST LOUISIANA650 POYDRAS STREET SUITE 1000 NEW ORLEANS,LA 70130	72-0648695	501(C)(3)	100,000				GENERAL SUPPORT
BROWN UNIVERSITY GIFTS CASHIER BOX 1877 PROVIDENCE,RI 02912	05-0258809	501(C)(3)	52,000				GENERAL SUPPORT
CALVARY BIBLE CHURCH1757 HOURET COURT MILPITAS,CA 95035	47-0910948	501(C)(3)	31,200				GENERAL SUPPORT
CAMP HORIZONSPO BOX 323 SOUTH WINDHAM,CT 06266	06-1013833	501(C)(3)	36,200				GENERAL SUPPORT
CAMPUS CRUSADE FOR CHRISTPO BOX 628222 ORLANDO,FL 32862	95-6006173	501(C)(3)	29,000				GENERAL SUPPORT
CARE - COOP FOR ASSIST & RELIEF EVERYWHEREPO BOX 1870 MERRIFIELD,VA 22116	13-1685039	501(C)(3)	10,250				GENERAL SUPPORT
CAROLINA MOUNTAIN LAND CONSERVANCY 847 CASE ST HENDERSONVILLE,NC 28792	56-6449365	501(C)(3)	6,000				GENERAL SUPPORT
CENTER FOR AMERICAN PROGRESS 1333 H ST NW 10TH FLOOR WASHINGTON,DC 20009	30-0126510	501(C)(3)	7,000				GENERAL SUPPORT
CENTRAL ASIA INSTITUTEPO BOX 7209 BOZEMAN,MT 59771	51-0376237	501(C)(3)	7,000				GENERAL SUPPORT
CHICAGO COMMUNITIES IN SCHOOLS815 WEST VAN BUREN SUITE 300 CHICAGO,IL 60607	36-3591326	501(C)(3)	50,300				GENERAL SUPPORT
COMMUNITY FOUNDATION OF THE CAPITAL REGION1201 15TH ST NW SUITE 420 WASHINGTON,DC 20005	23-7343119	501(C)(3)	45,500				GENERAL SUPPORT
COMMUNITY PARTNERS1000 N ALAMEDA ST SUITE 240 LOS ANGELES,CA 90012	95-4302067	501(C)(3)	75,000				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) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CROSSROADS CHURCH2601 BORDER ST NORWALK,IA 50211	38-3793632	501(C)(3)	6,000				GENERAL SUPPORT
DARTMOUTH COLLEGE6066 DEVELOPMENT OFFICE HANOVER,NH 03755	02-0222111	501(C)(3)	6,466				GENERAL SUPPORT
DEMOS A NETWORK FOR IDEAS AND ACTION LTD220 FIFTH AVE 5TH FLOOR NEW YORK,NY 10001	13-4105066	501(C)(3)	10,000				GENERAL SUPPORT
DESTINY ARTS CENTER1000 42ND ST OAKLAND,CA 94608	94-3176726	501(C)(3)	10,000				GENERAL SUPPORT
DINE CITIZENS AGAINIST RUINING OUR ENVIRONMENT (CARE)HCR-63 BOX 263 NAVAJO NATION WINSLOW,AZ 86047	86-0670809	501(C)(3)	6,000				GENERAL SUPPORT
DOCTORS WITHOUT BORDERSPO BOX 5030 HAGERSTOWN,MD 21741	13-3433452	501(C)(3)	23,450				GENERAL SUPPORT
DOORWAYS FOR WOMEN AND FAMILIESPO BOX 100185 ARLINGTON,VA 22210	54-1087829	501(C)(3)	16,000				GENERAL SUPPORT
EARS- EFFECTIVE ALTERNATIVE RECONCILIATION SERVICES3319 ROCHAMBEAU AVE BRONX,NY 10467	13-3514684	501(C)(3)	30,000				GENERAL SUPPORT
EASTSIDE CATHOLIC SCHOOL232 228TH AVENUE SE SAMMAMISH,WA 98074	91-1034894	501(C)(3)	10,000				GENERAL SUPPORT
EL PAJARO COMM DEV CORP23 EAST BEACH ST 209 WATSONVILLE,CA 95076	94-2656048	501(C)(3)	6,000				GENERAL SUPPORT
ENVIRONMENTAL HEALTH STRATEGY CENTER565 CONGRESS STREET SUITE 204 PORTLAND,ME 04101	38-3791803	501(C)(3)	15,000				GENERAL SUPPORT
FELLOWSHIP BIBLE CHURCH16391 CHILLICOTHE ROAD CHAGRIN FALLS,OH 44023	34-1204716	501(C)(3)	8,000				GENERAL SUPPORT
FIDELITY CHARITABLE GIFT FUNDPO BOX 770001 CINCINNATI,OH 45277	11-0303001	501(C)(3)	18,415				GENERAL SUPPORT
FINCA INTERNATIONAL1101 14TH STREET NW 11TH FLOOR WASHINGTON,DC 20005	13-3240109	501(C)(3)	10,900				GENERAL SUPPORT
FIRST UNITED METHODIST CHURCH MANSFIELD TEXAS 777 N WALNUT CREEK DRIVE MANSFIELD,TX 76063	75-1072918	501(C)(3)	21,930				GENERAL SUPPORT
FJC520 8TH AVE 20TH FLOOR NEW YORK,NY 10018	13-3848582	501(C)(3)	34,750				GENERAL SUPPORT
FRIENDS OF THE EARTHPO BOX 96466 WASHINGTON,DC 20090	23-7420660	501(C)(3)	10,000				GENERAL SUPPORT
FRONT STREET BAPTIST CHURCH 1403 WEST FRONT STREET STATESVILLE,NC 28677	56-1003406	501(C)(3)	5,845				GENERAL SUPPORT
FULAA LIFELINE INTERNATIONAL3901 GALLOWS ROAD ANNANDALE,VA 22003	54-1996160	501(C)(3)	60,000				GENERAL SUPPORT
FUND FOR PUBLIC SCHOOLS52 CHAMBERS ST ROOM 305 NEW YORK,NY 10007	11-2656137	501(C)(3)	20,000				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) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FUTURES WITHOUT VIOLENCE100 MONTGOMERY STREET THE PRESIDIO SAN FRANCISCO,CA 94129	94-3110973	501(C)(3)	10,000				GENERAL SUPPORT
GASOLINE ALLEY FOUNDATION250 ALBANY ST SPRINGFIELD,MA 01105	04-3497449	501(C)(3)	42,695				GENERAL SUPPORT
GEORGIA FORESTWATCH INC 15 TOWER ROAD ELLIJAY,GA 30540	58-2188475	501(C)(3)	10,000				GENERAL SUPPORT
GRASSROOTS INTERNATIONAL179 BOYLSTON STREET 4TH FLOOR BOSTON,MA 02130	04-2791159	501(C)(3)	8,500				GENERAL SUPPORT
GREENBELT LAND TRUSTPO BOX 1721 CORVALLIS,OR 97339	94-3113836	501(C)(3)	18,000				GENERAL SUPPORT
HEADSTRONG3518 FREMONT AVE N 289 SEATTLE,WA 98103	26-1375896	501(C)(3)	79,326				GENERAL SUPPORT
HEARTWOOD REGIONAL THEATER COMPANYPO BOX 1115 DAMARISCOTTA,ME 04543	56-2404197	501(C)(3)	13,000				GENERAL SUPPORT
HOME FOR THE HOLIDAYS402 W BROADWAY SUITE 400 SAN DIEGO,CA 92101	36-4630314	501(C)(3)	15,000				GENERAL SUPPORT
HOMELESS SERVICES CENTER115 CORAL STREET SANTA CRUZ,CA 95060	77-0126783	501(C)(3)	20,000				GENERAL SUPPORT
HOUSE OF RUTH5 THOMAS CIRCLE NW WASHINGTON,DC 20005	52-1054102	501(C)(3)	10,000				GENERAL SUPPORT
HUBBARD FREE LIBRARY115 SECOND STREET HALLOWELL,ME 04347	01-0248668	501(C)(3)	6,000				GENERAL SUPPORT
INDIAN LAND TENURE FDT151 EAST COUNTY RD B2 LITTLE CANADA,MN 55417	41-2014273	501(C)(3)	18,500				GENERAL SUPPORT
INSIGHT MEDITATION SOCIETY1230 PLEASANT STREET BARRE,MA 01005	51-0152810	501(C)(3)	10,000				GENERAL SUPPORT
INSPIRED LEGACIES PO BOX 1693 ROSS,CA 94957	94-3120260	501(C)(3)	6,000				GENERAL SUPPORT
INTERFAITH COMMUNITY CHURCH1763 NW 62ND SEATTLE,WA 98107	23-7059922	501(C)(3)	6,000				GENERAL SUPPORT
INTERFAITH CONFERENCE100 ALLISON ST NW WASHINGTON,DC 20011	52-1156410	501(C)(3)	5,250				GENERAL SUPPORT
INTERNATIONAL RESCUE COMMITTEE PO BOX 98152 WASHINGTON,DC 20090	13-5660870	501(C)(3)	5,250				GENERAL SUPPORT
INTERVARSITY CHRISTIAN FELLOWSHIPPO BOX 7895 MADISON,WI 53707	36-2171714	501(C)(3)	31,000				GENERAL SUPPORT
JEWISH FUNDS FOR JUSTICE330 SEVENTH AVE SUITE 1902 NEW YORK,NY 10001	52-1332694	501(C)(3)	10,000				GENERAL SUPPORT
KETOCTIN BAPTIST CHURCH424 FOXRIDGE DRIVE SW LEESBURG,VA 20175	75-6064040	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) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KNOX GATE NEIGHBORHOOD ASSOCIATION3418 GATES PLACE BRONX,NY 10467	13-3020575	501(C)(3)	20,000				GENERAL SUPPORT
LAKEVIEW FELLOWSHIP 9940 MORRIS DIDO NEWARD RD FORT WORTH,TX 76179	75-1948561	501(C)(3)	11,500				GENERAL SUPPORT
LEESBURG PRESBYTERIAN CHURCH 207 WEST MARKET STREET LEESBURG,VA 20176	23-6393377	501(C)(3)	15,000				GENERAL SUPPORT
LIVING TRADITIONS INC207 W 25TH STREET 4TH FLOOR NEW YORK,NY 10001	11-3193909	501(C)(3)	7,500				GENERAL SUPPORT
MADISON COMMUNITY FOUNDATIONPO BOX 5010 MADISON,WI 53705	39-6038248	501(C)(3)	128,963				GENERAL SUPPORT
MAINE CENTER FOR ECONOMIC POLICYPO BOX 437 60 WINTHROP ST AUGUSTA,ME 04332	22-3317572	501(C)(3)	6,500				GENERAL SUPPORT
MAINE CITIZENS FOR CLEAN ELECTIONSPO BOX 18187 PORTLAND,ME 04112	04-3386477	501(C)(3)	11,500				GENERAL SUPPORT
MARIAHS PROMISEPO BOX 1017 DIVIDE,CO 80814	84-1467884	501(C)(3)	10,000				GENERAL SUPPORT
MARION TECHNICAL COLLEGE1467 MT VERNON AVENUE MARION,OH 43302	34-1475294	501(C)(3)	9,557				GENERAL SUPPORT
MARK MAKING302 NOLL STREET CHATTANOOGA,TN 37405	26-2959326	501(C)(3)	52,103				GENERAL SUPPORT
MARKETUMBRELLAORG 200 BROADWAY STE 107 NEW ORLEANS,LA 70118	26-2477706	501(C)(3)	22,500				GENERAL SUPPORT
MARY QUEEN OF PEACE 1121 228TH AVENUE SE SAMMAMISH,WA 98075	91-1581183	501(C)(3)	12,000				GENERAL SUPPORT
MASSACHUSETTS AUDUBON SOCIETY INC 208 S GREAT ROAD LINCOLN,MA 01773	04-2104702	501(C)(3)	25,000				GENERAL SUPPORT
MCCOURT MEMORIAL GARDENPO BOX 1102 NEW LONDON,CT 06320	61-1441335	501(C)(3)	10,000				GENERAL SUPPORT
MERCY CORPS45 SW ANKENY ST PORTLAND,OR 97204	91-1148123	501(C)(3)	7,000				GENERAL SUPPORT
METROPOLITAN BAPTIST CHURCH4025 N HARTFORD TULSA,OK 74106	06-1736773	501(C)(3)	26,975				GENERAL SUPPORT
MID MAINE HOMELESS SHELTERPO BOX 2612 WATERVILLE,ME 04903	01-0425115	501(C)(3)	12,500				GENERAL SUPPORT
MISSISSIPPI ASSN OF COOP233 E HAMILTON ST JACKSON,MS 39202	64-0516373	501(C)(3)	28,500				GENERAL SUPPORT
MOUNT MERICI ACADEMY142 WESTERN AVENUE WATERVILLE,ME 04901	53-0196617	501(C)(3)	6,000				GENERAL SUPPORT
NATIONAL AUDUBON SOCIETY225 VARICK STREET 7TH FLOOR NEW YORK,NY 10014	13-1624102	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)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NATIONAL PARTNERSHIP FOR WOMEN & FAMILIES 1875 CONNECTICUT AVE NW SUITE 650 WASHINGTON, DC 20009	23-7124915	501(C)(3)	10,000				GENERAL SUPPORT
NATURAL RESOURCES DEFENSE COUNCILPO BOX 1830 MERRIFIELD, VA 22116	13-2654926	501(C)(3)	13,000				GENERAL SUPPORT
NEIGHBOR TO NEIGHBOR MASSACHUSETTS8 BEACON ST 4TH FLOOR BOSTON, MA 02108	04-3507716	501(C)(3)	12,000				GENERAL SUPPORT
NEIGHBORHOOD FUNDERS GROUP1301 CONNECTICUT AVE NW SUITE 500 WASHINGTON, DC 20036	06-1368627	501(C)(3)	25,000				GENERAL SUPPORT
NESKAYA INCPO BOX 634 FRANCONIA, NH 03580	74-3043760	501(C)(3)	6,000				GENERAL SUPPORT
NEW ISRAEL FUND 2100 M STREET NW SUITE 619 WASHINGTON, DC 20037	94-2607722	501(C)(3)	5,225				GENERAL SUPPORT
OAK GROVE MONTESSORI SCHOOL132 PLEASANT VALLEY ROAD MANSFIELD, CT 06259	06-1045034	501(C)(3)	9,000				GENERAL SUPPORT
OXFAM-AMERICA INC 6771 SOUTH SILVER HILL DRIVE BOSTON, MA 02114	23-7069110	501(C)(3)	26,550				GENERAL SUPPORT
PAINTED DESERT DEMONSTRATION PROJECT145 LEUPP RD FLAGSTAFF, AZ 26004	86-0710679	501(C)(3)	6,000				GENERAL SUPPORT
PARTNERS IN HEALTH PO BOX 845578 BOSTON, MA 02284	04-3567502	501(C)(3)	13,250				GENERAL SUPPORT
PCC FARMLAND TRUST1917 FIRST AVENUE LEVEL A SUITE 100 100 SEATTLE, WA 98101	91-2021165	501(C)(3)	11,550				GENERAL SUPPORT
PEARL CHURCHPO BOX 3202 PORTLAND, OR 97208	93-1307755	501(C)(3)	6,900				GENERAL SUPPORT
PLANNED PARENTHOOD FEDERATION OF AMERICA434 WEST 33RD STREET NEW YORK, NY 10001	13-1644147	501(C)(3)	9,750				GENERAL SUPPORT
PORCHLIGHT INC306 N BROOKS MADISON, WI 53715	39-1579521	501(C)(3)	40,000				GENERAL SUPPORT
PROJECT ZAWADI INC253 DUKE ST ST PAUL, MN 55102	06-1629249	501(C)(3)	7,000				GENERAL SUPPORT
PROVIDENCE ACADEMY15100 SCHMIDT LAKE ROAD PLYMOUTH, MN 55446	41-1883866	501(C)(3)	20,000				GENERAL SUPPORT
REAL CHANGE HOMELESS EMPOWERMENT PROJECT2129 2ND AVE SEATTLE, WA 98121	91-1817387	501(C)(3)	6,000				GENERAL SUPPORT
RED WATER POND ROAD COMMUNITY ASSOCIATION29E RED WATER POND ROAD GALLUP, NM 87305	27-0949894	501(C)(3)	6,000				GENERAL SUPPORT
REED COLLEGE3203 SE WOODSTOCK BOULEVARD PORTLAND, OR 97202	93-0386908	501(C)(3)	7,000				GENERAL SUPPORT
RONALD MCDONALD HOUSE250 BRACKETT STREET PORTLAND, ME 04102	22-2912513	501(C)(3)	40,500				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) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAMARITANS PURSE PO BOX 3000 BOONE,NC 28607	58-1437002	501(C)(3)	16,000				GENERAL SUPPORT
SAN JUAN PRESERVATION TRUSTPO BOX 327 LOPEZ ISLAND,WA 98261	91-1078355	501(C)(3)	13,500				GENERAL SUPPORT
SATILLA RIVERKEEPERPO BOX 697 WOODBINE,GA 31569	90-0246302	501(C)(3)	10,000				GENERAL SUPPORT
SONOMA STATE UNIVERSITY DEVELOPMENT1801 E COTATI AVENUE STEVENSON 1054 1054 ROHNERT PARK,CA 94928	99-0157509	501(C)(3)	10,000				GENERAL SUPPORT
SPIRIT ROCK MEDITATION CENTER PO BOX 169 5000 SIR FRANCIS DRAKE BLVD WOODACRE,CA 94973	94-2971001	501(C)(3)	10,000				GENERAL SUPPORT
ST FRANCIS OF ASSISI CHURCH1114 THIRD STREET SE ROCHESTER,MN 55904	53-0196617	501(C)(3)	17,000				GENERAL SUPPORT
STRATEGIC CONCEPTS IN ORGANIZING AND POLICY EDUCATION CO CALIFORNIA CALLS4801 EXPOSITION BLVD ATTN TORIE OSBORN LOS ANGELES,CA 90016	35-4635737	501(C)(3)	10,000				GENERAL SUPPORT
STS PETER AND PAUL CATHOLIC SCHOOL 198 W BRIDGE ST NEW BRAUNFELS,TX 78130	74-6003684	501(C)(3)	5,250				GENERAL SUPPORT
TECHNOSERVE148 EAST AVE STE 3H NORWALK,CT 06851	13-2626135	501(C)(3)	20,500				GENERAL SUPPORT
THE ACADEMY AT CHARLEMONT1359 ROUTE 2 CHARLEMONT,MA 01339	04-2724993	501(C)(3)	6,000				GENERAL SUPPORT
THE COLLABORATION FOR EARLY CHILDHOOD CARE AND EDUCATION320 LAKE STREET OAK PARK,IL 60302	30-0132292	501(C)(3)	15,000				GENERAL SUPPORT
THE CONSERVATION FUND1655 NORTH FORT MYER DRIVE SUITE 1300 ARLINGTON,VA 22209	52-1388917	501(C)(3)	10,000				GENERAL SUPPORT
THE NATURE CONSERVANCY1313 WPEACHTREE STREET SUITE410 ATLANTA,GA 30076	53-0242652	501(C)(3)	17,990				GENERAL SUPPORT
THE RECTORY SCHOOL528 POMFRET ST POMFRET,CT 06258	06-0646805	501(C)(3)	17,500				GENERAL SUPPORT
THE SIERRA CLUB FOUNDATION85 SECOND ST SUITE 750 SAN FRANCISCO,CA 94105	94-6069890	501(C)(3)	28,450				GENERAL SUPPORT
THE WOMENS FOUNDATION OF CALIFORNIA340 PINE ST 302 SAN FRANCISCO,CA 94104	94-2752421	501(C)(3)	10,000				GENERAL SUPPORT
UMCORPO BOX 9068 NEW YORK,NY 10087	31-1813333	501(C)(3)	10,500				GENERAL SUPPORT
UNITARIAN UNIVERSALIST CHURCH OF BERKELEY1 LAWSON RD KENSINGTON,CA 94707	94-1279813	501(C)(3)	5,379				GENERAL SUPPORT
UNITED STATES FUND FOR UNICEF125 MAIDEN LANE NEW YORK,NY 10038	13-1760110	501(C)(3)	7,500				GENERAL SUPPORT
UNITED WAY OF CHITTENDEN COUNTY INC412 FARRELL ST SUITE 200 SOUTH BURLINGTON, VT 05403	03-0217229	501(C)(3)	30,000				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) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UPPER CHATTAHOOCHEE RIVERKEEPER3 PURITAN MILL 916 JOSEPH E LOWERY BOULEVARD ATLANTA,GA 30318	58-2095413	501(C)(3)	10,000				GENERAL SUPPORT
UPPER VALLEY WALDORF SCHOOL80 BLUFF ROAD PO BOX 709 QUECHEE,VT 05059	03-0312346	501(C)(3)	17,750				GENERAL SUPPORT
VANGUARD CHARITABLE ENDOWMENT PROGRAMPO BOX 55766 BOSTON,MA 02205	23-2888152	501(C)(3)	34,816				GENERAL SUPPORT
VERMONT FOODBANK 33 PARKER ROAD PO BOX 254 SOUTH BARRE,VT 05670	22-3021942	501(C)(3)	7,500				GENERAL SUPPORT
WADE THOMAS PARENTS ASSOCIATIONWADE THOMAS ELEMENTARY SCHOOL 150 ROSS AVENUE SAN ANSELMO,CA 94960	94-2535840	501(C)(3)	7,000				GENERAL SUPPORT
WESTERN SHOSHONE DEFENSE PROJECT WSDP H-C 30 BOX 260 SPRING CREEK,NV 89815	68-0027247	501(C)(3)	6,000				GENERAL SUPPORT
WILDEARTH GUARDIANS312 MONTEZUMA SANTA FE,NM 87501	85-0406306	501(C)(3)	25,000				GENERAL SUPPORT
WINDHAM FREE LIBRARY ASSOCIATIONON THE GREEN WINDHAM,CT 06280	06-6039708	501(C)(3)	10,000				GENERAL SUPPORT
WOMEN FOR WOMEN 4455 CONNECTICUT AVE NW SUITE 200 WASHINGTON,DC 20008	52-1838756	501(C)(3)	5,250				GENERAL SUPPORT
WOMEN IN TECHNOLOGY EDUCATION FOUNDATION10378 DEMOCRACY LANE FAIRFAX,VA 22030	90-0136831	501(C)(3)	48,768				GENERAL SUPPORT
WORLD FAMILY FOUNDATIONPO BOX 612522 HONOLULU,HI 96839	94-3261932	501(C)(3)	7,500				GENERAL SUPPORT
WORLD VISION INTERNATIONALPO BOX 9716 DEPT W FEDERAL WAY,WA 98063	95-1922279	501(C)(3)	20,670				GENERAL SUPPORT
YES FOUNDATIONPO BOX 2 SAN ANSELMO,CA 94979	94-2667704	501(C)(3)	7,000				GENERAL SUPPORT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CALVERT SOCIAL INVESTMENT FOUNDATION INC

Employer identification number
52-1591398

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LISA HALL	(i)	182,973	0	0	16,055	5,982	205,010	0
	(ii)	0	0	0	0	0	0	0
(2) CHARLES P HOLLANDS	(i)	166,133	0	0	14,399	5,982	186,514	0
	(ii)	0	0	0	0	0	0	0
(3) JESSE CHANCELLOR	(i)	160,625	0	0	12,746	5,982	179,353	0
	(ii)	0	0	0	0	0	0	0

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

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CALVERT SOCIAL INVESTMENT FOUNDATION INC

Employer identification number
52-1591398

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	40	1,906,683	FAIR MARKET VALUE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . 29

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

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

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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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CALVERT SOCIAL INVESTMENT FOUNDATION INC

Employer identification number
52-1591398

Identifier	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
	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
	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 DECEMBER OF 2011
	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
		PART VII - AVERAGE HOURS PER WEEK WITH RELATED ORGANIZATIONS LISA HALL - 10 00 HOURS PER WEEK WITH COMMUNITY INVESTMENT PARTNERS, INC HUMPHREY MENSAH - 1 00 HOURS PER WEEK WITH COMMUNITY INVESTMENT PARTNERS, INC JESSE CHANCELLOR - 50 00 HOURS PER WEEK WITH COMMUNITY INVESTMENT PARTNERS, INC
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 136,921 TRANSFER TO GIVING ASSETS, INC -15,142,496 TOTAL TO FORM 990, PART XI, LINE 5 -15,005,575

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CALVERT SOCIAL INVESTMENT FOUNDATION INC

Employer identification number
52-1591398

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No

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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) 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	(h) Percentage ownership
(1) COMMUNITY INVESTMENT PARTNERS INC 7315 WISCONSIN AVE 11TH FLOOR BETHESDA, MD 20814 27-2461977	PROMOTION OF COMMUNITY INVESTMENT	MD	N/A	C	1,356,654	719,796	100 000 %

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a	No
b	Gift, grant, or capital contribution to related organization(s)	1b	No
c	Gift, grant, or capital contribution from related organization(s)	1c	No
d	Loans or loan guarantees to or for related organization(s)	1d	No
e	Loans or loan guarantees by related organization(s)	1e	No
f	Sale of assets to related organization(s)	1f	No
g	Purchase of assets from related organization(s)	1g	No
h	Exchange of assets with related organization(s)	1h	No
i	Lease of facilities, equipment, or other assets to related organization(s)	1i	No
j	Lease of facilities, equipment, or other assets from related organization(s)	1j	No
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k	No
l	Performance of services or membership or fundraising solicitations by related organization(s)	1l	No
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	Yes
n	Sharing of paid employees with related organization(s)	1n	Yes
o	Reimbursement paid to related organization(s) for expenses	1o	Yes
p	Reimbursement paid by related organization(s) for expenses	1p	No
q	Other transfer of cash or property to related organization(s)	1q	No
r	Other transfer of cash or property from related 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 thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) COMMUNITY INVESTMENT PARTNERS INC	O	1,621,696	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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	

Additional Data

Software ID:
Software Version:
EIN: 52-1591398
Name: CALVERT SOCIAL INVESTMENT FOUNDATION INC

Form 990, Special Condition Description:

Special Condition Description

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

4d. Other program services

(Code) (Expenses $ 131,500 including grants of $ 131,500) (Revenue $)

THE NRFC PROGRAM IS A COLLABORATIVE PHILANTHROPIC INITIATIVE ORGANIZED TO EXPAND RESOURCES FOR FAMILIES AND COMMUNITIES IN REGIONS OF PERSISTENT POVERTY, ESPECIALLY AREAS WHERE CONCENTRATIONS OF POVERTY AND COMMUNITIES OF COLOR OVERLAP NRFC SUPPORTS COMMUNITY-BASED EMPOWERMENT STRATEGIES DESIGNED TO TRANSFORM POOR RURAL COMMUNITIES AND REGIONS INTO HEALTHY AND VIABLE LIVING ENVIRONMENTS AND SEEKS TO BUILD A MOVEMENT OF SUPPORT AND ADVOCACY FOR ALTERNATIVE RURAL ECONOMIES BASED ON COMMUNITY ASSETS OF CULTURE, LAND AND HUMAN CAPITAL AND GROUNDED IN RELATIONSHIPS AND VALUES OF EQUITY AND JUSTICE