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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

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) 7315 WISCONSIN AVENUE NO 1100W

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
BETHESDA, MD 20814

D Employer identification number
52-1591398

E Telephone number
(800) 248-0337

G Gross receipts $ 48,746,706

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

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

H(b) Are all subordinates 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**	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	48
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
Revenue **8**	Contributions and grants (Part VIII, line 1h)	6,428,345	4,256,380
9	Program service revenue (Part VIII, line 2g)	7,982,221	8,708,662
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	212,323	246,418
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	150,000	11,862
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,772,889	13,223,322
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,443,966	2,461,354
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)	3,644,432	3,952,905
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶597,456		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	6,018,669	6,135,442
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	12,107,067	12,549,701
19	Revenue less expenses Subtract line 18 from line 12	2,665,822	673,621

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	267,943,859	272,829,576
21	Total liabilities (Part X, line 26)	241,827,410	245,756,591
22	Net assets or fund balances Subtract line 21 from line 20	26,116,449	27,072,985

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 — 2014-05-09 Date

▶ HUMPHREY MENSAH INTERIM CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JOHN HUSKINS		2014-05-09		P01081531

Firm's name ▶ JOHNSON LAMBERT LLP — Firm's EIN ▶ 52-1446779

Firm's address ▶ 700 SPRING FOREST ROAD SUITE 115
RALEIGH, NC 27609 — 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 or note to any line 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 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 $ 7,739,433 including grants of $) (Revenue $ 8,476,135)

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 $ 2,486,667 including grants of $ 2,461,354) (Revenue $)

CALVERT GIVING FUND IS AN INNOVATIVE DONOR ADVISED FUND THAT LEVERAGES THE POWER OF IMPACT INVESTING TO PUT MORE MONEY TO WORK FOR SOCIAL AND ENVIRONMENTAL BENEFIT ORGANIZATIONS, FAMILIES OR INDIVIDUALS ESTABLISH AN ACCOUNT WITH AN INITIAL TAX-DEDUCTIBLE CONTRIBUTION TO THE GIVING FUND THE CONTRIBUTION IS INVESTED IN SOCIAL IMPACT ORGANIZATIONS ALLOWING DONORS TO RECOMMEND GRANTS TO QUALIFIED NONPROFIT ORGANIZATION OVER AN EXTENDED PERIOD OF TIME

4c (Code) (Expenses $ 858,148 including grants of $) (Revenue $ 232,527)

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

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 11,084,248

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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	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, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c	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 and XII*	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 and XII 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, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government 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 or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
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 direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	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, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	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 11b 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 or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	2,175		
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	48		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
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" to line 3b, 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, securities account, or other financial account)?	4a		Yes	
b	If "Yes," enter the name of the foreign country ▶EC 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 as charitable contributions? . . .	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.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the 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 or note to any line 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**	14		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	14		
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 this 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 ☐ Other (explain in Schedule O)

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 during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶ HUMPHREY MENSAH 7315 WISCONSIN AVENUE SUITE 1100W
BETHESDA,MD 20814 (800)248-0337

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) SHARI BERENBACK DIRECTOR	1 00	X						0	0	0
(2) MARGARET CLARK DIRECTOR	1 00	X						0	0	0
(3) FREDERICK HARVEY DIRECTOR	1 00	X						0	0	0
(4) MARY HOUGHTON DIRECTOR	1 00	X						0	0	0
(5) BARBARA J KRUMSIEK DIRECTOR	1 00	X						0	0	0
(6) GREG RATLIFF DIRECTOR	1 00	X						0	0	0
(7) IRA LIEBERMAN DIRECTOR	1 00	X						0	0	0
(8) KATHY STEARNS DIRECTOR	1 00	X						0	0	0
(9) JOSH MAILMAN DIRECTOR	1 00	X						0	0	0
(10) RONALD WOLFSHEIMER DIRECTOR	1 00	X						0	0	0
(11) CAROL ATWOOD DIRECTOR & ADVANCEMENT COMMITTEE CHAIR	1 00	X						0	0	0
(12) TERRANCE J MOLLNER DIRECTOR & GOVERNANCE COMMITTEE CHAIR	1 00	X						0	0	0
(13) JOHN G GUFFEY JR CO-CHAIR, AUDIT COMMITTEE CHAIR, ACTING INVESTMENT	1 00	X		X				0	0	0
(14) D WAYNE SILBY CO-CHAIR & FINANCE COMMITTEE CHAIR	1 00	X		X				0	0	0
(15) JENNIFER PRYCE PRESIDENT & CEO FROM 9/2013	40 00			X				164,505	0	31,979
(16) LISA HALL PRESIDENT & CEO THRU 9/2013	40 00			X				210,151	0	32,727
(17) HUMPHREY MENSAH INTERIM CFO & CHIEF TECHNOLOGY OFFICER FROM 10/201	40 00			X				138,713	0	29,475

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) KATHY ROCK CFO & CRO THRU 10/2013	40 00			X				165,155	0	25,547
(19) DAVID KYLE CHIEF OPERATING OFFICER	40 00				X			196,980	0	33,340
(20) LORRAINE GORDON VP, HUMAN RESOURCES	40 00					X		140,964	0	24,585
(21) ANGELA ATHERTON VP, RISK	40 00					X		133,889	0	19,973
(22) LAURI MICHEL VP, UNDERWRITING	40 00					X		125,400	0	20,713
(23) CATHERINE GODSCHALK VP, LENDING	40 00					X		115,404	0	18,398
(24) MICHELLE HALLMAN DIRECTOR, COMPLIANCE	40 00					X		102,014	0	0

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	1,493,175	0	236,737

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 ▶ 10

			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
ALLESSANDRA BRADLEY-BURNS 6905 LOCH LOMOND DR BETHESDA MD 20817	CONSULTING SERVICES	227,222
PERCEPTUS TECHNOLOGIES INC 5101 BRADLEY BLVD CHEVY CHASE MD 20815	COMPUTER SOFTWARE CONSULTING	185,880
MEG RESSNER & ASSOCIATES LLC 3543 EDGEVALE RD TOLEDO OH 43606	CONSULTING SERVICES	120,000

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 ▶ 3

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
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	4,256,380			
	g	Noncash contributions included in lines 1a-1f $		572,845			
	h	**Total.** Add lines 1a-1f . . . . . ▶		4,256,380			
Program Service Revenue			Business Code				
	2a	CALVERT COMMUNITY INVESTMENT NOTE	900099	8,476,135	8,476,135		
	b	COMMUNITY INVESTMENT PARTNERS	900099	232,527	232,527		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		8,708,662			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		160,326			160,326
	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	35,609,476				
	b	Less cost or other basis and sales expenses	35,523,384				
	c	Gain or (loss)	86,092				
	d	Net gain or (loss) . . . . . ▶		86,092			86,092
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	CALVERT GIVING FUND FEE INCOME	900099	11,862			11,862
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		11,862			
	12	**Total revenue.** See Instructions . . . . . ▶		13,223,322	8,708,662	0	258,280

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)

Check if Schedule O contains a response or note to any line 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	2,461,354	2,461,354		
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	1,028,571	720,248	205,549	102,774
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	2,287,240	1,601,068	457,448	228,724
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	108,275	75,792	21,655	10,828
9 Other employee benefits	301,767	212,086	59,787	29,894
10 Payroll taxes	227,052		227,052	
11 Fees for services (non-employees)				
a Management				
b Legal	180,525	140,810	36,105	3,610
c Accounting	87,810	87,092	-1,657	2,375
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	70,164	35,082	35,082	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	781,470	697,053	43,776	40,641
12 Advertising and promotion	1,309	1,309		
13 Office expenses	300,147	234,943	48,949	16,255
14 Information technology	176,252	150,484	25,768	
15 Royalties . .				
16 Occupancy	491,910	73,787	418,123	
17 Travel	243,512	194,810	24,351	24,351
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	43,972	39,574	2,199	2,199
20 Interest	3,641,401	3,641,401		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	242,120		242,120	
23 Insurance	33,057		33,057	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a DUES & SUBSCRIPTIONS	89,819	76,346	13,473	
b MISCELLANEOUS	48,576		48,576	
c REGISTRATION FEES	40,396	40,396		
d COMMISSIONS	36,748	36,748		
e All other expenses	-373,746	563,865	-1,073,416	135,805
25 **Total functional expenses.** Add lines 1 through 24e	12,549,701	11,084,248	867,997	597,456
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		7,478,003	1	2,628,190
	2	Savings and temporary cash investments		70,150,850	2	58,067,022
	3	Pledges and grants receivable, net		25,000	3	238,500
	4	Accounts receivable, net		1,108,185	4	1,746,993
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		264,950	7	276,813
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		312,003	9	412,761
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,008,681			
	b	Less accumulated depreciation	10b 947,574	764,771	10c	1,061,107
	11	Investments—publicly traded securities		13,022,121	11	13,464,920
	12	Investments—other securities See Part IV, line 11		6,500,458	12	6,392,687
	13	Investments—program-related See Part IV, line 11		164,252,488	13	185,654,977
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		4,065,030	15	2,885,606
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		267,943,859	16	272,829,576
Liabilities	17	Accounts payable and accrued expenses		2,675,086	17	2,473,954
	18	Grants payable		0	18	72,233
	19	Deferred revenue		67,250	19	0
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		239,085,074	24	243,210,404
	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		241,827,410	26	245,756,591
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		25,103,878	27	25,725,841
	28	Temporarily restricted net assets		825,000	28	1,159,573
	29	Permanently restricted net assets		187,571	29	187,571
		Organizations that do not follow SFAS 117 (ASC 958), 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		26,116,449	33	27,072,985
	34	Total liabilities and net assets/fund balances		267,943,859	34	272,829,576

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,223,322
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,549,701
3	Revenue less expenses Subtract line 2 from line 1	3	673,621
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	26,116,449
5	Net unrealized gains (losses) on investments	5	1,125,678
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-842,763
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	27,072,985

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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 described in **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 - Non-functionally integrated

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 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?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	7,734,907	13,193,952	10,268,467	6,428,345	4,256,380	41,882,051
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	7,734,907	13,193,952	10,268,467	6,428,345	4,256,380	41,882,051
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)						7,316,256
6 **Public support.** Subtract line 5 from line 4						34,565,795

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	7,734,907	13,193,952	10,268,467	6,428,345	4,256,380	41,882,051
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,103,743	855,835	693,798	460,922	160,326	3,274,624
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	190,000	1,850	264,950	150,000	11,862	618,662
11 **Total support** (Add lines 7 through 10)						45,775,337

12 Gross receipts from related activities, etc (see instructions) **12** 41,744,885

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 2013 (line 6, column (f) divided by line 11, column (f))	**14**	75 510 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	**15**	75 950 %

16a **33 1/3% support test—2013.** 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—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** 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—2012.** 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 Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	FEE INCOME - 2009 AMOUNT $ 190,000 2010 AMOUNT $ 1,850 2011 AMOUNT $ 264,950 2013 AMOUNT $ 11,862 SUBDEBT RELINQUISHED - 2012 AMOUNT $ 150,000

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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, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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	282	
2	Aggregate contributions to (during year)	2,842,934	
3	Aggregate grants from (during year)	2,669,514	
4	Aggregate value at end of year	15,310,259	

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 can 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 education)
- ☐ Preservation of an historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

2 Complete lines 2a through 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, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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 acquisition, 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 XIII

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 XIII 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 XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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 Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

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 XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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		270,509	13,357	257,152
d Equipment		1,738,172	934,217	803,955
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,061,107

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) NOTES RECEIVABLE	183,194,069	F
(2) MISSION PLUS PLACEMENTS	2,460,908	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	185,654,977	

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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 XIII)	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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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 XIII)	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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

Part XIII Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2	MANAGEMENT HAS CONCLUDED THAT THE FOUNDATION HAS PROPERLY MAINTAINED ITS EXEMPT STATUS AND THAT THERE ARE NO UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2013

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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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.

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

OMB No 1545-0047

2013

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 its grants and other 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 its grants and other assistance outside the United States.

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(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 and investments in region
	See Add'l Data					
3a	Sub-total	0	0			38,476,428
b	Total from continuation sheets to Part I	0	0			867,040
c	**Totals** (add lines 3a and 3b)	0	0			39,343,468

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. Part II can be duplicated 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 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. Part III can be duplicated 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, Return by a U.S. Transferor of Property to a Foreign Corporation (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, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (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, Information 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**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

ReturnReference	Explanation

Additional Data

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

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS	LOANS & EQUITY	1,621,735
EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS	LOANS	3,300,000
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS	LOANS	18,736,559

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	DUE DILIGENCE	900
NORTH AMERICA	0	0	INVESTMENTS	LOANS	20,975
RUSSIA & THE NEWLY INDEPENDENT STATES	0	0	INVESTMENTS	LOANS	5,900,000

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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
SOUTH AMERICA	0	0	INVESTMENTS	LOANS	8,296,259
SOUTH ASIA	0	0	INVESTMENTS	LOANS	600,000
SOUTH ASIA	0	0	PROGRAM SERVICES	DUE DILIGENCE	3,261

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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
SUB-SAHARAN AFRICA	0	0	INVESTMENTS	LOANS & EQUITY	863,779

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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**

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

OMB No 1545-0047

2013

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. Part II can be duplicated 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 . . . . . ▶ 98

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

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. Part III can be duplicated 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.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
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

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
COMMUNITY PARTNERS 1000 NORTH ALAMEDA STREET SUITE 240 240 LOS ANGELES,CA 90012	95-4302067	501(C)(3)	174,000				GENERAL SUPPORT
BROWN UNIVERSITY ATTN GIFT CASHIER BOX 1877 PROVIDENCE,RI 029121877	05-0258809	501(C)(3)	64,800				GENERAL SUPPORT
V DAY 303 PARK AVENUE SOUTH STE 1184 NEW YORK,NY 100103657	94-3389430	501(C)(3)	60,250				GENERAL SUPPORT
MARK MAKING 302 NOLL STREET CHATTANOOGA,TN 37405	26-2959326	501(C)(3)	50,000				GENERAL SUPPORT
PROJECT ETHIOPIA - INTERFAITH COMMUNITY CHURCH 1763 NW 62ND STREET SEATTLE,WA 98107	91-1543025	501(C)(3)	46,000				GENERAL SUPPORT
FULAA LIFELINE INTERNATIONAL 3901 GALLOWS ROAD ANNANDALE,VA 22003	54-1996160	501(C)(3)	43,000				GENERAL SUPPORT
AIDG INC PO BOX 104 WESTON,MA 02493	68-0589005	501(C)(3)	30,000				GENERAL SUPPORT
ADOPTION AND FOSTER CARE MENTORING 727 ATLANTIC AVENUE 3RD FLOOR BOSTON,MA 02111	04-3575764	501(C)(3)	27,980				GENERAL SUPPORT
PLANNED PARENTHOOD FEDERATION OF AMERICA 434 WEST 33RD STREET NEW YORK,NY 10001	13-1644147	501(C)(3)	26,500				GENERAL SUPPORT
MAINE CITIZENS FOR CLEAN ELECTIONS PO BOX 18187 PORTLAND,ME 04112	04-3386477	501(C)(3)	26,500				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
ANNANDALE ATOMS BOOSTER CLUB PO BOX 1283 ANNANDALE,VA 22003	54-1383484	501(C)(3)	25,000				GENERAL SUPPORT
PROVIDENCE ACADEMY 15100 SCHMIDT LAKE ROAD PLYMOUTH,MN 55446	41-1883866	501(C)(3)	22,500				GENERAL SUPPORT
HUMAN RIGHTS WATCH 350 FIFTH AVE 34TH FL NEW YORK,NY 10118	13-2875808	501(C)(3)	22,000				GENERAL SUPPORT
SUSTAINABLE HARVEST INTERNATIONAL 779 NORTH BEND ROAD SURRY,ME 04684	04-3370577	501(C)(3)	22,000				GENERAL SUPPORT
TECHNOSERVE 1 MECHANIC ST NORWALK,CT 06850	13-2626135	501(C)(3)	20,250				GENERAL SUPPORT
CARRABASSETT VALLEY ACADEMY CAPITAL CAMPAIGN 3197 CARRABASSETT VALLEY DRIVE CARRABASSETT VALLEY, ME 04947	01-0384633	501(C)(3)	20,000				GENERAL SUPPORT
EASTSIDE CATHOLIC SCHOOL 232 228TH AVENUE SE SAMMAMISH,WA 98074	91-1034894	501(C)(3)	20,000				GENERAL SUPPORT
GIVEWELL 182 HOWARD STREET 208 SAN FRANCISCO,CA 94105	20-8625442	501(C)(3)	20,000				GENERAL SUPPORT
KNOX GATES NEIGHBORHOOD ASSOCIATION 3418 GATES PLACE BRONX,NY 10467	13-3020575	501(C)(3)	20,000				GENERAL SUPPORT
PREVENT HARM 565 CONGRESS ST SUITE 204 PORTLAND,ME 04101	46-2520821	501(C)(4)	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
TEN CHARITIES PO BOX 3403 ST AUGUSTINE,FL 32084	37-1497985	501(C)(3)	20,000				GENERAL SUPPORT
UNIVERSITY OF MICHIGAN SCHOOL OF NATURAL RESOURCES AND ENVIRONMENT 440 CHURCH STREET 2038 DANA BLDG ANN ARBOR,MI 481091041	38-6006309	501(C)(3)	20,000				GENERAL SUPPORT
UPPER VALLEY WALDORF SCHOOL 80 BLUFF ROAD PO BOX 709 QUECHEE,VT 05059	03-0312346	501(C)(3)	19,025				GENERAL SUPPORT
MAINE PEOPLES RESOURCE CENTER 565 CONGRESS ST SUITE 200 PORTLAND,ME 04101	22-2586108	501(C)(3)	18,200				GENERAL SUPPORT
NEW VENTURE FUND 1201 CONNECTICUT AVE NW SUITE 300 WASHINGTON,DC 20036	20-5806345	501(C)(3)	17,500				GENERAL SUPPORT
CAMPUS CRUSADE FOR CHRIST PO BOX 628222 ORLANDO,FL 328628222	95-6006173	501(C)(3)	17,000				GENERAL SUPPORT
HOME FOR THE HOLIDAYS 1325 PACIFIC HIGHWAY 2807 SAN DIEGO,CA 92101	36-4630314	501(C)(3)	17,000				GENERAL SUPPORT
NORTHERN STAGE P O BOX 4287 WHITE RIVER JUNCTION, VT 05001	04-3387268	501(C)(3)	17,000				GENERAL SUPPORT
CHRISTIAN LIFE ASSEMBLY 2645 LISBURN RD CAMP HILL,PA 17011	23-2227222	501(C)(3)	16,650				GENERAL SUPPORT
EARTHJUSTICE 50 CALIFORNIA ST SUITE 500 SAN FRANCISCO,CA 94111	94-1730465	501(C)(3)	16,250				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
DANCE CURRENTS INC 10 CHURCH STREET NEWTON,MA 02458	61-1551167	501(C)(3)	16,000				GENERAL SUPPORT
ST FRANCIS OF ASSISI CHURCH 1114 THIRD STREET SE ROCHESTER,MN 55904	53-0196617	501(C)(3)	16,000				GENERAL SUPPORT
A TERRITORY RESOURCE SOCIAL JUSTICE FUND NORTHWEST 1904 3RD AVE SUITE 806 SEATTLE,WA 98101	91-1036971	501(C)(3)	15,250				GENERAL SUPPORT
GLOBAL RESOURCE ALLIANCE INC 963 OSO RD OJAI,CA 93023	04-3677200	501(C)(3)	15,000				GENERAL SUPPORT
MID-MAINE HOMELESS SHELTER PO BOX 2612 WATERVILLE,ME 049032584	01-0425115	501(C)(3)	15,000				GENERAL SUPPORT
ROCHESTER CATHOLIC SCHOOLS COLOURDES BUILDING OUR FUTURE 1710 INDUSTRAIL DRIVE NW ROCHESTER,MN 55901	41-0740119	501(C)(3)	15,000				GENERAL SUPPORT
THE LEUKEMIA AND LYMPHOMA SOCIETY 221 MAIN STREET SUITE 1650 SAN FRANCISCO,CA 94105	13-5644916	501(C)(3)	15,000				GENERAL SUPPORT
DOCTORS WITHOUT BORDERS PO BOX 5030 HAGERSTOWN,MD 217415030	13-3433452	501(C)(3)	14,350				GENERAL SUPPORT
NEIGHBOR TO NEIGHBOR MASSACHUSETTS 262 WASHINGTON ST 3RD FLOOR BOSTON,MA 02108	04-3507716	501(C)(3)	14,000				GENERAL SUPPORT
HEARTWOOD REGIONAL THEATER COMPANY PO BOX 1115 DAMARISCOTTA,ME 04543	56-2404197	501(C)(3)	13,000				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
HOMELESS SERVICES CENTER 115 B CORAL STREET SANTA CRUZ,CA 95060	77-0126783	501(C)(3)	13,000				GENERAL SUPPORT
UNITARIAN UNIVERSALIST CHURCH OF BERKELEY 1 LAWSON RD KENSINGTON,CA 94707	94-1279813	501(C)(3)	12,850				GENERAL SUPPORT
STUDENT MOBILIZATION PO BOX 567 CONWAY,AR 72033	71-0629392	501(C)(3)	12,800				GENERAL SUPPORT
GRASSROOTS INTERNATIONAL 179 BOYLSTON STREET 4TH FLOOR BOSTON,MA 02130	04-2791159	501(C)(3)	12,250				GENERAL SUPPORT
WELLFLEET HARBOR ACTORS THEATER INC PO BOX 797 WELLFLEET,MA 02667	04-3491049	501(C)(3)	12,000				GENERAL SUPPORT
INTERNATIONAL RIVERS 2150 ALLSTON WAY SUITE 300 BERKELEY,CA 94704	94-3158295	501(C)(3)	10,833				GENERAL SUPPORT
AMERICAN LUNG ASSOCIATION OF MAINE 122 STATE ST AUGUSTA,ME 04330	13-1632524	501(C)(3)	10,500				GENERAL SUPPORT
CALVARY BIBLE CHURCH 1757 HOURET COURT MILPITAS,CA 95035	47-0910948	501(C)(3)	10,500				GENERAL SUPPORT
CHAPEL OF ST JAMES THE FISHERMAN BOX 1334 WELLFLEET,MA 02667	04-2104156	501(C)(3)	10,500				GENERAL SUPPORT
UNIVERSITY OF MASSACHUSETTS RECORDS AND GIFTS PROCESSING 134 HICKS WAY MEMORIAL HALL AMHERST,MA 01003	54-2084125	501(C)(3)	10,500				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
COLLABORATION FOR EARLY CHILDHOOD CARE AND EDUCATION OAK PARK VILLAGE HALL 123 MADISON STREET ROOM 209 OAK PARK,IL 60302	30-0132292	501(C)(3)	10,000				GENERAL SUPPORT
CONVERGENCE CENTER FOR POLICY RESOLUTION 1101 17TH STREET NW SUITE 1350 WASHINGTON,DC 20036	32-0280279	501(C)(3)	10,000				GENERAL SUPPORT
DEMOS A NETWORK FOR IDEAS AND ACTION LTD 220 FIFTH AVE 2ND FLOOR NEW YORK,NY 10001	13-4105066	501(C)(3)	10,000				GENERAL SUPPORT
DOORWAYS FOR WOMEN AND FAMILIES PO BOX 100185 ARLINGTON,VA 22210	54-1087829	501(C)(3)	10,000				GENERAL SUPPORT
LTFHC 1646 N LEAVITT STREET CHICAGO,IL 60647	27-1149995	501(C)(3)	10,000				GENERAL SUPPORT
MAINE GENERAL MEDICAL CENTER OFFICE OF PHILANTHROPY PO BOX 828 WATERVILLE,ME 04903	04-3369653	501(C)(3)	10,000				GENERAL SUPPORT
NATIONAL AUDUBON SOCIETY 225 VARICK STREET 7TH FLOOR NEW YORK,NY 10014	13-1624102	501(C)(3)	10,000				GENERAL SUPPORT
PROUD GROUND 5288 N INTERSTATE AVE PORTLAND,OR 97217	93-1290320	501(C)(3)	10,000				GENERAL SUPPORT
ROMANIAN CHILDREN'S RELIEF PO BOX 493 PEPPERELL,MA 01463	22-3087622	501(C)(3)	10,000				GENERAL SUPPORT
STRATEGIC CONCEPTS IN ORGANIZING AND POLICY EDUCATION CO CALIFORNIA CALLS 4801 EXPOSITION BLVD ATTN TORIE OSBORN LOS ANGELES,CA 90016	35-4635737	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
TSNE 89 SOUTH STREET SUITE 700 BOSTON,MA 02111	04-2261109	501(C)(3)	10,000				GENERAL SUPPORT
UNITARIAN UNIVERSALIST ASSOCIATION 25 BEACON STREET BOSTON,MA 02108	04-2103733	501(C)(3)	10,000				GENERAL SUPPORT
UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION INC UNIVERSITY OF MARYLAND SCHOOL OF LAW 500 WEST BALTIMORE STREET BALTIMORE,MD 212011738	31-1678679	501(C)(3)	10,000				GENERAL SUPPORT
WAYNFLETE SCHOOL 360 SPRING STREET ATTN SALLY PRICE DIRECTOR OF DEVELOPMENT PORTLAND,ME 04102	01-0211565	501(C)(3)	10,000				GENERAL SUPPORT
FELLOWSHIP BIBLE CHURCH 16391 CHILLICOTHE ROAD CHAGRIN FALLS,OH 44023	34-1204716	501(C)(3)	8,800				GENERAL SUPPORT
FRIENDS OF THE EARTH PO BOX 96466 WASHINGTON,DC 200906466	23-7420660	501(C)(3)	8,500				GENERAL SUPPORT
CARTER CENTER ONE COPENHILL 453 FREEDOM PARKWAY ATLANTA,GA 30307	58-1454716	501(C)(3)	8,400				GENERAL SUPPORT
ACLU OF MAINE 121 MIDDLE ST STE 301 PORTLAND,ME 04101	01-0367357	501(C)(3)	8,000				GENERAL SUPPORT
INSTITUTE FOR POLICY STUDIES 1112 16TH STREET NW SUITE 600 WASHINGTON,DC 20036	52-0788947	501(C)(3)	8,000				GENERAL SUPPORT
NEWTON COMMUNITY SERVICE CENTERS INC 492 WALTHAM STREET NEWTON,MA 02465	04-2232418	501(C)(3)	8,000				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
THIRD SECTOR NEW ENGLAND CO MA VOTER TABLE NONPROFIT CENTER 89 SOUTH STREET BOSTON,MA 02111	04-2261109	501(C)(3)	8,000				GENERAL SUPPORT
COMPASS COMMUNITY SERVICES 995 MARKET ST 5TH FL SAN FRANCISCO,CA 94103	94-1156622	501(C)(3)	7,500				GENERAL SUPPORT
GREAT DOG RESCUE NEW ENGLAND 9 BARTLET STREET 316 ANDOVER,MA 01810	16-1706490	501(C)(3)	7,500				GENERAL SUPPORT
MOUNT MERICI ACADEMY 142 WESTERN AVENUE WATERVILLE,ME 04901	53-0196617	501(C)(3)	7,500				GENERAL SUPPORT
AMERICAN NATIONAL RED CROSS PO BOX 97089 WASHINGTON,DC 20090	53-0196605	501(C)(3)	7,185				GENERAL SUPPORT
REDWOOD JUSTICE FUND - PRISON RADIO PROJECT PO BOX 411074 SAN FRANCISCO,CA 94141	68-0334309	501(C)(3)	7,173				GENERAL SUPPORT
ANIMAL RESCUE LEAGUE OF BOSTON 10 CHANDLER STREET BOSTON,MA 02116	04-2103714	501(C)(3)	7,000				GENERAL SUPPORT
MARY QUEEN OF PEACE 1121 228TH AVENUE SE SAMMAMISH,WA 980759904	91-1581183	501(C)(3)	7,000				GENERAL SUPPORT
SAN JUAN PRESERVATION TRUST PO BOX 327 LOPEZ ISLAND,WA 982610327	91-1078355	501(C)(3)	7,000				GENERAL SUPPORT
WADE THOMAS PARENTS ASSOCIATION WADE THOMAS ELEMENTARY SCHOOL 150 ROSS AVENUE SAN ANSELMO,CA 94960	94-2535840	501(C)(3)	7,000				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
YES FOUNDATION PO BOX 2 SAN ANSELMO,CA 94979	94-2667704	501(C)(3)	7,000				GENERAL SUPPORT
SHAKESPEARE AND COMPANY 70 KEMBLE STREET LENNOX,MA 01240	04-2666826	501(C)(3)	6,550				GENERAL SUPPORT
THE NATURE CONSERVANCY 4245 N FAIRFAX DRIVE SUITE 100 ARLINGTON,VA 222031606	53-0242652	501(C)(3)	6,550				GENERAL SUPPORT
CONSERVATION LAW FOUNDATION 62 SUMMER STREET BOSTON,MA 021101016	04-6149986	501(C)(3)	6,500				GENERAL SUPPORT
ARLINGTON FREE CLINIC 2921 11TH STREET SOUTH ARLINGTON,VA 22204	54-1671883	501(C)(3)	6,000				GENERAL SUPPORT
GRASSROOTS GLOBAL JUSTICE PO BOX 610663 MIAMI,FL 332610663	26-4633127	501(C)(3)	6,000				GENERAL SUPPORT
GREATER NEW ORLEANS FOUNDATION 1055 ST CHARLES AVE STE 100 NEW ORLEANS,LA 70130	72-0408921	501(C)(3)	6,000				GENERAL SUPPORT
JANUA COELI INC 281 SW 48TH CT MIAMI,FL 331341264	80-0037294	501(C)(3)	6,000				GENERAL SUPPORT
MENNONITE DISASTER SERVICE 583 AIRPORT ROAD LITITZ,PA 17543	23-2713127	501(C)(3)	6,000				GENERAL SUPPORT
THE FIRST CHURCH OF CHRIST SCIENTIST SUNNYVALE 1575 ALBATROSS DR SUNNYVALE,CA 94087	04-2254742	501(C)(3)	6,000				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
THE PARK SCHOOL 171 GODDARD AVE BROOKLINE,MA 024457497	04-2104824	501(C)(3)	6,000				GENERAL SUPPORT
UNITED WAY OF KING COUNTY 720 SECOND AVENUE SEATTLE,WA 98104	91-0565555	501(C)(3)	6,000				GENERAL SUPPORT
VINYARD INDIAN SETTLEMENT CO FORGOTTEN PEOPLE 1027 STATE HWY 34 SOUTH HEROD,IL 62947	37-1387373	501(C)(3)	6,000				GENERAL SUPPORT
UNION OF CONCERNED SCIENTISTS INC 2 BRATTLE SQUARE STE 6 CAMBRIDGE,MA 02138	04-2535767	501(C)(3)	5,950				GENERAL SUPPORT
B-CC HIGH SCHOOL EDUCATIONAL FOUNDATION INC PO BOX 31209 BETHESDA,MD 208241209	52-1948149	501(C)(3)	5,500				GENERAL SUPPORT
MAINE CENTER FOR ECONOMIC POLICY PO BOX 437 60 WINTHROP ST AUGUSTA,ME 04332	22-3317572	501(C)(3)	5,500				GENERAL SUPPORT
MERCY CORPS 45 SW ANKENY ST PORTLAND,OR 972043504	91-1148123	501(C)(3)	5,500				GENERAL SUPPORT
NEW HOPE MINISTRIES PO BOX 448 DILLSBURG,PA 17019	23-2223120	501(C)(3)	5,300				GENERAL SUPPORT
HABITAT FOR HUMANITY INTERNATIONAL INC 78 OCEAN AVENUE SAN FRANCISCO,CA 94112	94-3144390	501(C)(3)	5,250				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, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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 or provision of all of 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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☐ 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 Regulations 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 duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)JENNIFER PRYCE PRESIDENT & CEO FROM 9/2013	(i)	154,365	0	10,140	13,582	18,397	196,484	0
	(ii)	0	0	0	0	0	0	0
(2)LISA HALL PRESIDENT & CEO THRU 9/2013	(i)	192,651	0	17,500	17,184	15,543	242,878	0
	(ii)	0	0	0	0	0	0	0
(3)HUMPHREY MENSAH INTERIM CFO & CHIEF TECHNOLOGY OFFIC	(i)	127,005	0	11,708	11,708	17,767	168,188	0
	(ii)	0	0	0	0	0	0	0
(4)KATHY ROCK CFO & CRO THRU 10/2013	(i)	149,664	0	15,491	7,299	18,248	190,702	0
	(ii)	0	0	0	0	0	0	0
(5)DAVID KYLE CHIEF OPERATING OFFICER	(i)	179,480	0	17,500	15,390	17,950	230,320	0
	(ii)	0	0	0	0	0	0	0
(6)LORRAINE GORDON VP, HUMAN RESOURCES	(i)	129,687	0	11,277	6,187	18,398	165,549	0
	(ii)	0	0	0	0	0	0	0
(7)ANGELA ATHERTON VP, RISK	(i)	117,222	0	16,667	1,575	18,398	153,862	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash 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	23	572,845	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 through 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?		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?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b	If "Yes," describe in Part II		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493129019054

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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CALVERT SOCIAL INVESTMENT FOUNDATION INC

Employer identification number
52-1591398

990 Schedule O, Supplemental Information

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 JANUARY OF 2014
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
FORM 990, PART XI, LINE 9	TRANSFER TO IMPACT ASSETS, INC -842,763

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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" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 (if applicable) 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 entity? Yes	(g) 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) Disproprtionate 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	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) COMMUNITY INVESTMENT PARTNERS INC 7315 WISCONSIN AVE 11TH FLOOR BETHESDA, MD 20814 27-2461977	PROMOTION OF COMMUNITY INVESTMENT	MD	N/A	C	948,300	658,526	100 000 %	Yes	

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
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 or **(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 Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) COMMUNITY INVESTMENT PARTNERS INC	P	980,696	FAIR MARKET VALUE

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	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation