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<b>Form 990</b>   Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>	OMB No 1545-0047
	<b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)</b> <ul style="list-style-type: none"><li>▶ Do not enter social security numbers on this form as it may be made public.</li><li>▶ Information about Form 990 and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a></li></ul>	<b>2015</b> <b>Open to Public Inspection</b>

<b>A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016</b>			
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization CALVIN COLLEGE		<b>D</b> Employer identification number  38-3071514
	Doing business as		<b>E</b> Telephone number  (616) 526-6000
	Number and street (or P O box if mail is not delivered to street address) 3201 BURTON STREET SE	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code GRAND RAPIDS, MI 49546		<b>G</b> Gross receipts \$ 221,457,300
<b>F</b> Name and address of principal officer MICHAEL K LE ROY 3201 BURTON STREET SE GRAND RAPIDS, MI 49546		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
<b>J</b> Website: ▶ WWW.CALVIN.EDU		<b>H(c)</b> Group exemption number ▶	
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1991	<b>M</b> State of legal domicile MI

Part I Summary	
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities CALVIN COLLEGE EQUIPS STUDENTS TO THINK DEEPLY, TO ACT JUSTLY, AND TO LIVE WHOLEHEARTEDLY AS CHRIST'S AGENTS OF RENEWAL IN THE WORLD    
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . . <b>3</b> 31
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . . <b>4</b> 31
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a) . . . . . <b>5</b> 3,658
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . . <b>6</b> 350
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . <b>7a</b> 1,500,849
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . . <b>7b</b> 0
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . . <b>Prior Year</b> 23,323,406 <b>Current Year</b> 25,854,459
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . . 145,522,708 146,590,580
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . . 6,534,300 4,069,032
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . 0 0
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . 175,380,414 176,514,071
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . . 44,524,642 48,032,520
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . . 0 0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . . 72,089,804 70,893,620
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . . 3,945 119,601
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <u>3,171,361</u>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . . 52,017,399 50,658,219
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . . 168,635,790 169,703,960
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . . 6,744,624 6,810,111
Net Assets or Fund Balances	<b>Beginning of Current Year</b> <b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16) . . . . . 465,132,771 466,838,360
	<b>21</b> Total liabilities (Part X, line 26) . . . . . 172,094,941 177,972,639
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . . 293,037,830 288,865,721

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				2017-05-08
	Date				
Paid Preparer Use Only	Sally Vander Ploeg VP - ADMINISTRATION AND FINANCE				
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone 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

CALVIN COLLEGE EQUIPS STUDENTS TO THINK DEEPLY, TO ACT JUSTLY, AND TO LIVE WHOLEHEARTEDLY AS CHRIST'S AGENTS OF RENEWAL IN THE WORLD

**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

<b>4a</b>	(Code ) (Expenses \$	131,939,336	including grants of \$	47,425,299 ) (Revenue \$	122,193,848 )
INSTRUCTION 891 STUDENTS GRADUATED IN 2015-2016 (4,431 STUDENTS)					

<b>4b</b>	(Code ) (Expenses \$	21,188,166	including grants of \$	0 ) (Revenue \$	22,754,323 )
AUXILIARY SERVICES RESIDENTIAL HOUSING, FOOD SERVICE, CAMPUS STORE AND OTHER SERVICES					

<b>4c</b>	(Code ) (Expenses \$	3,256,867	including grants of \$	19,011 ) (Revenue \$	714,198 )
RESEARCH INSTITUTIONALLY, PRIVATELY, AND GOVERNMENT FUNDED RESEARCH PROJECTS (149 RESEARCH PROJECTS)					
See Additional Data					

<b>4d</b>	Other program services (Describe in Schedule O )				
	(Expenses \$	6,319,037	including grants of \$	588,210 ) (Revenue \$	928,211 )

<b>4e</b>	<b>Total program service expenses ▶</b>	162,703,406
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 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	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7 Yes	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 Yes	
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 Yes	
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 Yes	
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	No
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 Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 Yes	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a Yes	
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 Yes	
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 Yes	
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 Yes	
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)

<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b>	Yes	
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b>	Yes	
<b>23</b>	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? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b>	Yes	
<b>24a</b>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<b>24a</b>	Yes	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	<b>24b</b>		No
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	<b>24d</b>		No
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>		No
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>		No
<b>26</b>	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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>		No
<b>27</b>	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? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>		No
<b>28</b>	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)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>		No
<b>c</b>	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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>	Yes	
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b>		No
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>		No
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b>		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>		No
<b>37</b>	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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	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	8,779	
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	3,658	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> 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	Yes	
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	Yes	
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: CA, GH See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
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? <b>Note.</b> 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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	31	
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent	31	
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
<b>6</b>	Did the organization have members or stockholders?	6	No
<b>7a</b>	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>7b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b>	The governing body?	8a	Yes
<b>b</b>	Each committee with authority to act on behalf of the governing body?	8b	Yes
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	10a	No
<b>b</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	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
<b>c</b>	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
<b>13</b>	Did the organization have a written whistleblower policy?	13	Yes
<b>14</b>	Did the organization have a written document retention and destruction policy?	14	Yes
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	15a	Yes
<b>b</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)		
<b>16a</b>	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>b</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, AZ, WA**

**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, address, and telephone number of the person who possesses the organization's books and records  
**BARBARA BOERS 3201 BURTON STREET SE GRAND RAPIDS, MI 49546 (616) 526-7999**

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

**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

[illegible]



<b>2</b>	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 22			
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>	Yes	
<b>4</b>	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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>4</b>	Yes	
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>		No

<b>1</b> 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
CREATIVE DINING SERVICES  1 ROYAL PARK DRIVE SUITE 3 ZEELAND, MI 49464	FOOD SERVICE	5,498,402
PAGEWORKS  2801 OAK INDUSTRIAL DRIVE NE GRAND RAPIDS, MI 49505	MEDIA	524,542
ELLUCIAN COMPANY LP  4375 FAIR LAKES COURT FAIRFAX, VA 22033	SOFTWARE	387,432
MIDWEST COLLABORATIVE FOR LIBRARY SERVICES  6810 SOUTH CEDAR STREET LANSING, MI 48911	LIBRARY	374,888
WITTE TRAVEL & TOURS  3250 28TH STREET SE GRAND RAPIDS, MI 49512	TRAVEL	358,371
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 61		

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	0					
	b	Membership dues . . . .	1b	0					
	c	Fundraising events . . . .	1c	0					
	d	Related organizations . . . .	1d	0					
	e	Government grants (contributions)	1e	2,291,259					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	23,563,200					
	g	Noncash contributions included in lines 1a-1f \$		1,051,968					
	h	Total. Add lines 1a-1f . . . . .						25,854,459	
Program Service Revenue	2a	TUITION	Business Code	611310	116,875,963	116,875,963	0	0	
	b	SALES AND SERVICE AUXILLIARY		721000	22,754,323	21,102,015	1,652,308	0	
	c	ANCILLARY SERVICES		611710	6,960,294	6,960,294	0	0	
	d								
	e								
	f	All other program service revenue			0	0	0	0	
	g	Total. Add lines 2a-2f . . . . .			146,590,580				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .			2,858,630	0	-151,459	3,010,089
4		Income from investment of tax-exempt bond proceeds . . .			0	0	0	0	
5		Royalties . . . . .			0	0	0	0	
6a		Gross rents		(i) Real	(ii) Personal				
				0	0				
		b Less rental expenses		0	0				
		c Rental income or (loss)		0	0				
d		Net rental income or (loss) . . . . .				0	0	0	0
7a		Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
				46,153,631	0				
		b Less cost or other basis and sales expenses		44,943,229	0				
		c Gain or (loss)		1,210,402	0				
d		Net gain or (loss) . . . . .				1,210,402	0	0	1,210,402
8a		Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18 . . .							
		a		0					
		b Less direct expenses . . . . b		0					
c		Net income or (loss) from fundraising events . . .				0		0	0
9a		Gross income from gaming activities See Part IV, line 19 . . . .							
		a		0					
		b Less direct expenses . . . . b		0					
c		Net income or (loss) from gaming activities . . . .				0	0	0	0
10a		Gross sales of inventory, less returns and allowances . .							
		a		0					
		b Less cost of goods sold . . . . b		0					
c	Net income or (loss) from sales of inventory . . .				0	0	0	0	
Miscellaneous Revenue			Business Code						
11a									
b									
c									
d	All other revenue . . . . .								
e	Total. Add lines 11a-11d . . . . .				0				
12	Total revenue. See Instructions . . . . .				176,514,071	144,938,272	1,500,849	4,220,491	

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

<input type="checkbox"/>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	264,687	264,687		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	45,833,720	45,833,720		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	1,934,113	1,934,113		
4	Benefits paid to or for members.	0	0		
5	Compensation of current officers, directors, trustees, and key employees.	1,831,605	694,019	800,975	336,611
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0	0	0	0
7	Other salaries and wages.	50,679,323	48,019,943	1,322,349	1,337,031
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	3,990,036	3,749,617	134,950	105,469
9	Other employee benefits.	10,710,887	9,977,374	426,103	307,410
10	Payroll taxes.	3,681,769	3,391,385	172,230	118,154
11	Fees for services (non-employees):				
a	Management.	0	0	0	0
b	Legal.	128,162	0	128,162	0
c	Accounting.	147,504	0	147,504	0
d	Lobbying.	0	0	0	0
e	Professional fundraising services. See Part IV, line 17.	119,601			119,601
f	Investment management fees.	165,347	0	165,347	0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2,449,240	2,433,795	1,475	13,970
12	Advertising and promotion.	486,630	434,313	13,712	38,605
13	Office expenses.	4,631,610	4,306,129	69,923	255,558
14	Information technology.	1,114,004	1,037,460	42,297	34,247
15	Royalties.	0	0	0	0
16	Occupancy.	14,449,365	14,301,298	50,786	97,281
17	Travel.	5,470,350	5,122,160	201,375	146,815
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0	0	0	0
19	Conferences, conventions, and meetings.	1,509,506	1,326,886	41,571	141,049
20	Interest.	52,728	52,728	0	0
21	Payments to affiliates.	0	0	0	0
22	Depreciation, depletion, and amortization.	6,521,956	6,473,125	23,018	25,813
23	Insurance.	156,039	57,982	98,057	0
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	CAMPUS STORE PURCHASES	-9,738	-9,738	0	0
b	CONTRACTED GOODS AND SERVICES	2,820,696	2,813,135	7,561	0
c	FOOD CONTRACT	8,510,276	8,470,627	36,387	3,262
d					
e	All other expenses	2,054,544	2,018,648	-54,589	90,485
25	<b>Total functional expenses.</b> Add lines 1 through 24e.	169,703,960	162,703,406	3,829,193	3,171,361
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .		27,033,190	1	36,780,781
	2	Savings and temporary cash investments . . . . .		0	2	0
	3	Pledges and grants receivable, net . . . . .		7,365,334	3	9,007,397
	4	Accounts receivable, net . . . . .		5,963,328	4	5,302,721
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		0	5	0
	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 . . . . .		0	6	0
	7	Notes and loans receivable, net . . . . .		0	7	0
	8	Inventories for sale or use . . . . .		0	8	0
	9	Prepaid expenses and deferred charges . . . . .		0	9	0
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .	10a300,004,590			
	b	Less: accumulated depreciation . . . . .	10b90,213,046	211,888,521	10c	209,791,544
	11	Investments—publicly traded securities . . . . .		76,697,899	11	84,025,767
	12	Investments—other securities. See Part IV, line 11 . . . . .		126,700,819	12	113,061,586
	13	Investments—program-related. See Part IV, line 11 . . . . .		7,072,090	13	6,381,013
	14	Intangible assets . . . . .		0	14	0
	15	Other assets. See Part IV, line 11 . . . . .		2,411,590	15	2,487,551
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		465,132,771	16	466,838,360
Liabilities	17	Accounts payable and accrued expenses . . . . .		12,337,966	17	10,479,563
	18	Grants payable . . . . .		0	18	0
	19	Deferred revenue . . . . .		2,885,752	19	3,240,267
	20	Tax-exempt bond liabilities . . . . .		78,000,000	20	78,000,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		0	21	0
	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 . . . . .		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties . . . . .		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties . . . . .		29,313,729	24	29,215,448
	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 . . . . .		49,557,494	25	57,037,361
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		172,094,941	26	177,972,639
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	27	Unrestricted net assets . . . . .		153,827,128	27	148,185,957
	28	Temporarily restricted net assets . . . . .		44,142,498	28	37,336,220
	29	Permanently restricted net assets . . . . .		95,068,204	29	103,343,544
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	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	<b>Total net assets or fund balances . . . . .</b>		293,037,830	33	288,865,721
	34	<b>Total liabilities and net assets/fund balances . . . . .</b>		465,132,771	34	466,838,360

**Part XI**   **Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	176,514,071
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	169,703,960
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	6,810,111
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	293,037,830
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-3,260,996
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-7,721,224
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	288,865,721

**Part XII**   **Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant? 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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b>	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b>	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?	Yes	
<b>b</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	Yes	

## Additional Data

**Software ID:** 15000352  
**Software Version:** v1.00  
**EIN:** 38-3071514  
**Name:** CALVIN COLLEGE

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

(Code	) (Expenses \$	6,319,037	including grants of \$	588,210 ) (Revenue \$	928,211 )
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PUBLIC SERVICE INSTITUTIONALLY, PRIVATELY, AND GOVERNMENT FUNDED SERVICE PROJECTS (107 PUBLIC SERVICE PROJECTS)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
REV PETER AVILES ..... BOARD MEMBER	1 ..... 0	X						0	0	0
MS PEARL BANKS ..... BOARD MEMBER	1 ..... 0	X						0	0	0
MR WILLIAM BOER ..... BOARD MEMBER	1 ..... 0	X						0	0	0
MR R SCOTT BOOT ..... BOARD MEMBER	1 ..... 0	X						0	0	0
MR PHILIP BRONDSEMA ..... BOARD MEMBER	1 ..... 0	X						0	0	0
MS JANICE BEUKEMA ..... BOARD MEMBER	1 ..... 0	X						0	0	0
MR DAVID COK ..... BOARD MEMBER	1 ..... 0	X						0	0	0
MR FERNANDO DEL ROSARIO ..... BOARD MEMBER	1 ..... 0	X						0	0	0
MR MICHAEL DENBLEYKER ..... BOARD MEMBER	1 ..... 0	X						0	0	0
MR JEFFREY DENOoyer ..... BOARD MEMBER	1 ..... 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
MR THOMAS GEELHOED ..... BOARD MEMBER	1 ..... 0	X						0	0	0
MRS WENDY GRANGER HOFMAN ..... BOARD MEMBER	1 ..... 0	X						0	0	0
MR CHRISTOPHER GRIER ..... BOARD MEMBER	1 ..... 0	X						0	0	0
MR BRADLEY HAVERKAMP ..... BOARD MEMBER	1 ..... 0	X						0	0	0
MR ALLAN HOEKSTRA ..... BOARD MEMBER	1 ..... 0	X						0	0	0
MS MARJORIE HOOGEBOOM ..... BOARD MEMBER	1 ..... 0	X						0	0	0
MR MICHAEL KOETJE ..... BOARD MEMBER	1 ..... 0	X						0	0	0
MR THOMAS NOBEL ..... BOARD MEMBER	1 ..... 0	X						0	0	0
MR STEVEN TRIEZENBERG ..... BOARD MEMBER	1 ..... 0	X						0	0	0
MR WYTSE VAN DIJK ..... BOARD MEMBER	1 ..... 0	X						0	0	0



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
MS MARSHA VANDERGAAST ..... BOARD MEMBER	1 ..... 0	X						0	0	0
MR RAY VANDERKOOI ..... BOARD MEMBER	1 ..... 0	X						0	0	0
MRS ANDREA VANKOOTEN ..... BOARD MEMBER	1 ..... 0	X						0	0	0
MR JACK VELTKAMP ..... BOARD MEMBER	1 ..... 0	X						0	0	0
MRS PAULA WIGBOLDY ..... BOARD MEMBER	1 ..... 0	X						0	0	0
MR THOMAS WYBENGA ..... BOARD MEMBER	1 ..... 0	X						0	0	0
MRS PAN ZHANG ..... BOARD MEMBER	1 ..... 0	X						0	0	0
MR CRAIG LUBBEN ..... CHAIR	4 ..... 0	X		X				0	0	0
MR DAVID SCHUTT ..... VICE CHAIR	4 ..... 0	X		X			X	0	0	0
MRS MARY BONNEMA ..... VICE CHAIR	1 ..... 0	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
MS CHRISTINE METZGER ..... SECRETARY	4 ..... 0	X		X				0	0	
DR MICHAEL LE ROY ..... PRESIDENT	40 ..... 0			X				411,117	0	72,356
SALLY VANDERPLOEG ..... VICE PRESIDENT OF ADMINISTRATION AND FINANCE	40 ..... 0			X				164,364	0	37,481
DR CHERYL BRANDSEN ..... PROVOST	40 ..... 0				X			167,944	0	38,985
KENNETH ERFFMEYER ..... VICE PRESIDENT FOR ADVANCEMENT	40 ..... 0				X			150,436	0	40,349
TODD HUBERS ..... VICE PRESIDENT OF PEOPLE STRATEGY AND TECHNOLOGY	40 ..... 0					X		127,372	0	34,440
RUSSELL BLOEM ..... VICE PRESIDENT FOR ENROLLMENT MANAGEMENT	40 ..... 0					X		123,991	0	34,741
CHARSIE SAWYER ..... MUSIC INSTRUCTOR	40 .....					X		121,161	0	8,394
BRIAN PAIGE ..... ASSOCIATE VICE PRESIDENT OF IT & CIO	40 ..... 0					X		116,638	0	36,010
ROBERT BERKHOF ..... SENIOR ASSOCIATE TO THE PRESIDENT	40 .....					X		116,626	0	29,200

SCHEDULE A  
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CALVIN COLLEGE

Employer identification number  
38-3071514

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 (Form 990 or 990-EZ))

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations . . . . .

g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants )						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 VI )						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2014 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2015.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						► <input type="checkbox"/>
b 33 1/3% support test—2014.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						► <input type="checkbox"/>
17a 10%-facts-and-circumstances test—2015.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						► <input type="checkbox"/>
b 10%-facts-and-circumstances test—2014.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						► <input type="checkbox"/>
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						► <input type="checkbox"/>

**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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2014</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2015.** 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—2014.** 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 Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
<div>1</div> <div>Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i></div>		
<div>2</div> <div>Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i></div>		

Section C. Type II Supporting Organizations

	Yes	No
<div>1</div> <div>Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i></div>		

Section D. All Type III Supporting Organizations

	Yes	No
<div>1</div> <div>Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?</div>		
<div>2</div> <div>Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i></div>		
<div>3</div> <div>By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.</i></div>		

Section E. Type III Functionally-Integrated Supporting Organizations

<div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (<b>see instructions</b>)</div> <div><div>a</div><div><input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.</div><div><div>b</div><div><input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.</div><div><div>c</div><div><input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div></div></div>		
<div>2</div> <div>Activities Test. <b>Answer (a) and (b) below.</b></div>		
<div>a</div> <div>Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i></div>		
<div>b</div> <div>Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i></div>		
<div>3</div> <div>Parent of Supported Organizations. <b>Answer (a) and (b) below.</b></div>		
<div>a</div> <div>Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i></div>		
<div>b</div> <div>Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i></div>		

**Part V**    **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1**    Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E ☐

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI) _____		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

Section C - Distributable Amount		Current Year	
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		



**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2015</b>	<b>(iii) Distributable Amount for 2015</b>
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013. . . . .			
<b>e</b> From 2014. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2015 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013. . . . .			
<b>d</b> From 2014. . . . .			
<b>e</b> From 2015. . . . .			

**Part VI Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

Return Reference

Explanation

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.  
Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
CALVIN COLLEGE

Employer identification number  
38-3071514

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" on 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)  
☒ Protection of natural habitat  
☐ Preservation of open space

☐ Preservation of an historically important land area  
☐ Preservation of a certified historic structure

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	1
b	Total acreage restricted by conservation easements	12 30
c	Number of conservation easements on a certified historic structure included in (a)	0
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	0

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► 0

4

Number of states where property subject to conservation easement is located ► 1

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, handling of violations, and enforcing conservation easements during the year  
► 0

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
► \$ 0

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" on 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)

Revenue included on 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

Revenue included on Form 990, Part VIII, line 1

► \$ 0

b

Assets included in Form 990, Part X

► \$ 0

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

d☒ Loan or exchange programs

b☒ Scholarly research

e☒ Other INSTRUCTIONAL

c☒ Preservation for future generations

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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, 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

cBeginning balance

dAdditions during the year

eDistributions during the year

fEnding balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ 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	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance	131,501,813	126,258,925	114,190,839	107,782,267
b	Contributions	8,848,495	5,026,543	2,719,121	1,156,238
c	Net investment earnings, gains, and losses	373,630	5,354,845	14,292,565	10,560,984
d	Grants or scholarships	2,353,900	2,411,700	2,367,300	2,457,750
e	Other expenditures for facilities and programs	2,667,600	2,648,800	2,492,800	2,762,400
f	Administrative expenses	13,200	78,000	83,500	88,500
g	End of year balance	135,689,238	131,501,813	126,258,925	114,190,839

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

aBoard designated or quasi-endowment 13 %

bPermanent endowment 76 %

cTemporarily restricted endowment 11 %

The percentages on 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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)	Yes	
3a(ii)		No
3b		

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

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)	Accumulated (c)depreciation	(d)Book value
1a Land	0	6,608,752		6,608,752
b Buildings	0	231,901,352	48,174,069	183,727,283
c Leasehold improvements	0	0	0	0
d Equipment	0	61,494,486	42,038,977	19,455,509
e Other	0	0	0	0
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				209,791,544



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	119,261,689
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12	<b>2e</b>	-50,554,872
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-3,260,996
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	0
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	0
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	-47,293,876
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-50,554,872
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	169,816,561
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>	<b>4c</b>	6,697,510
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	165,347
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	6,532,163
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	6,697,510
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	176,514,071

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	122,244,737
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25	<b>2e</b>	0
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	0
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	0
<b>c</b>	Other losses . . . . .	<b>2c</b>	0
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	0
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	122,244,737
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :	<b>4c</b>	47,459,223
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	165,347
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	47,293,876
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	47,459,223
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	169,703,960

**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
Schedule D, Part II, Line 9	NOT REPORTED DUE TO THE FACT IT IS NOT MATERIAL

**Part XIII**    **Supplemental Information** *(continued)*

Return Reference	Explanation
Schedule D, Part III, Line 4	THE COLLECTIONS AT CALVIN COLLEGE ARE MADE AVAILABLE TO STUDENTS, FACULTY, RESEARCHERS, AND THE GENERAL PUBLIC TO SUPPORT INSTRUCTION, RESEARCH, AND PUBLIC SERVICE THE H HENRY MEETER CENTER FOR CALVIN STUDIES IS A SPECIAL LIBRARY COLLECTION CONSISTING OF 6,000 SECONDARY SOURCES AND 500 16TH CENTURY EUROPEAN HISTORY AND THEOLOGY HERITAGE HALL HAS 12,000 FEET OF MANUSCRIPT RECORDS WHICH DOCUMENTS THE HISTORY OF THE DUTCH IN NORTH AMERICA SINCE THE 1840'S THE CENTER ART GALLERY MAINTAINS A PERMANENT COLLECTION OF NEARLY 18,000 WORKS OF ART THAT DATE FROM THE 1500'S TO THE PRESENT MOST OF THE EARLY WORKS ARE OF EUROPEAN ORIGIN, WITH SOME NON-WESTERN REPRESENTATION FROM ASIA AND AFRICA, WHILE THE MORE RECENT WORKS ARE PRIMARILY AMERICAN, WITH AN EMPHASIS ON REGIONAL ARTISTS AND COLLEGE ALUMNI, FACULTY, AND STUDENTS THE DICE MINERAL MUSEUM IS A WORLD CLASS COLLECTION OF RARE MINERALS COLLECTED BY A CALVIN ALUMNUS AND CONTRIBUTED TO CALVIN COLLEGE AMONG THE 300 PEICES ARE EXAMPLES OF GOLD, FOSSILS, METEORITES, GEMSTONES, AND MINERALS USED IN THE PRODUCTION OF JEWELRY
Schedule D, Part V, Line 4	ENDOWMENT FUNDS ARE USED TO CARRY OUT THE MISSION OF THE COLLEGE THE MAJORITY OF SPENDABLE FUNDS ARE USED FOR FINANCIAL AID SIGNIFICANT FUNDS ARE ALSO DEDICATED TO THE INSTRUCTIONAL, RESEARCH, AND PUBLIC SERVICE EFFORTS OF THE COLLEGE TO A LESSER DEGREE, ENDOWMENTS ARE USED TO SUPPORT ACADEMIC SCHOLARSHIP, STUDENT SERVICES, AND THE PHYSICAL PLANT
Schedule D, Part XI, Line 2d	FINANCIAL AID = (\$47,293,876)
Schedule D, Part XI, Line 4b	NON-OPERATING INVESTMENT INCOME = (\$4,636,832) AND NON-OPERATING PRIVATE GIFTS AND GRANTS = \$11,168,995 TOTAL IS \$6,532,163
Schedule D, Part XII, Line 4b	INVESTMENT EXPENSES = \$165,347 AND FINANCIAL AID = \$47,293,876 = \$47,459,223

Additional Data

Software ID: 15000352  
Software Version: v1.00  
EIN: 38-3071514  
Name: CALVIN COLLEGE

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(3) Other (A) GROWTH	1,435,419	F
(B) INTERNATIONAL GROWTH	2,891,921	F
(C) FIXED INCOME	38,383,581	F
(D) HEDGE	21,002,163	F
(E) MONEY MARKET	149,137	F
(F) REAL ESTATE	868,727	F
(G) NATURAL RESOURCES	4,883,604	F
(H) ALTERNATIVES	39,923,960	F
(I) SERVICES	2,768,480	F
(J) LAND, REAL ESTATE, AND OTHER	80,000	C
(K) NOTES RECEIVABLE	430,317	C
(L) NATURAL RESOURCES	2,500	C
(M) CERTIFICATES OF DEPOSIT	211,292	C
(N) OTHER	30,485	C



SCHEDULE E  
(Form 990 or  
990-EZ)

Department of the  
Treasury  
Internal Revenue  
Service

Schools

►Complete if the organization answered "Yes" on Form 990,  
Part IV, line 13, or Form 990-EZ, Part VI, line 48.  
► Attach to Form 990 or Form 990-EZ.  
► Information about Schedule E (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public  
Inspection

Name of the organization CALVIN COLLEGE	Employer identification number 38-3071514
--	--

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1 Yes	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2 Yes	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3 Yes	
4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain If you need more space, use Part II	4a Yes 4b Yes 4c Yes 4d Yes	
5 Does the organization discriminate by race in any way with respect to a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	5a 5b 5c 5d 5e 5f 5g 5h	No No No No No No No No
6a Does the organization receive any financial aid or assistance from a governmental agency?	6a Yes	
b Has the organization's right to such aid ever been revoked or suspended?  If you answered "Yes" to either line 6a or line 6b, explain on Part II	6b	No
7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7 Yes	

**Part II Supplemental Information.**

Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

Return Reference	Explanation
Schedule E, Part I, Line 3	ADVERTISEMENTS IN LOCAL NEWSPAPERS ANNOUNCING REGISTRATION DATES AND PROGRAM OFFERINGS INCLUDE A SUMMARY STATEMENT OF THE NON-DISCRIMINATION POLICY
Schedule E, Part I, Line 6	CALVIN COLLEGE RECEIVES GRANTS AND FINANCIAL AID FROM VARIOUS FEDERAL AND STATE AGENCIES WHICH ARE USED IN THE DEVELOPMENT OF THE COLLEGE'S EXEMPT PURPOSE OF PROVIDING QUALITY EDUCATION

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.  
► Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public  
Inspection

Name of the organization  
CALVIN COLLEGE

Employer identification number  
38-3071514

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
( 1 ) See Add'l Data					
( 2 )					
( 3 )					
( 4 )					
( 5 )					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	3	15			3,488,311

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)
( 1 )			Europe (including Iceland and Greenland)	RESEARCH	19,011	WIRE TRANSFER			
( 2 )			North America (including Canada and Mexico, but not the United States)	PUBLIC SERVICE	18,985	CHECK			
( 3 )			Sub-Saharan Africa	PUBLIC SERVICE	304,538	WIRE TRANSFER			
( 4 )									

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 . . . . ▶

26

3

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

0

**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)
( 1 ) INSTITUTIONAL ACADEMIC AID	Central America and the Caribbean	41	344,477	CHARGES AGAINST OWED BALANCE	0		
( 2 ) INSTITUTIONAL ACADEMIC AID	East Asia and the Pacific	16	113,633	CHARGES AGAINST OWED BALANCE	0		
( 3 ) INSTITUTIONAL ACADEMIC AID	Europe (including Iceland and Greenland)	156	806,603	CHARGES AGAINST OWED BALANCE	0		
( 4 ) INSTITUTIONAL ACADEMIC AID	South America	21	188,801	CHARGES AGAINST OWED BALANCE	0		
( 5 ) INSTITUTIONAL ACADEMIC AID	Sub-Saharan Africa	16	138,065	CHARGES AGAINST OWED BALANCE	0		
( 6 )							
( 7 )							
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							
( 17 )							
( 18 )							

**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, do not file with Form 990)*

☐ 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, do not file with Form 990)*

☐ 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).

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
Schedule F, Part I, Line 2	THE METHODS USED TO MONITOR FUNDS INCORPORATE THE FOLLOWING CORE CONCEPTS A) EXPECTATIONS ARE DOCUMENTED, B) A BUDGET IS ESTABLISHED, C) WRITTEN REPORTS ARE REQUIRED, D) THE COLLEGE BUDGET OFFICER REVIEWS REPORTS AND MONITORS THE RELATED BUDGET, E) THE COLLEGE BUDGET OFFICER CONTACTS OVERSEAS ORGANIZATIONS TO VERIFY THAT THE RECIPIENT IS ENGAGED AS PLANNED METHOD 2 IN CASE OF STUDENT FINANCIAL AID, ACADEMIC PROGRESS IS MONITORED

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
Schedule F, Part IV, Line 1	CALVIN COLLEGE HAS FILED THE FOREIGN BANK ACCOUNT REPORT (FBAR)



## Additional Data

**Software ID:** 15000352

**Software Version:** v1.00

**EIN:** 38-3071514

**Name:** CALVIN COLLEGE

### 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	1	5	Program Services	INSTRUCTIONAL	465,164
East Asia and the Pacific	1	2	Program Services	INSTRUCTIONAL	484,152
Europe (including Iceland and Greenland)	0	5	Program Services	INSTRUCTIONAL	1,679,602

**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
Middle East and North Africa	0	0	Program Services	INSTRUCTIONAL	79,497
North America (including Canada and Mexico, but not the United States)	0	0	Program Services	INSTRUCTIONAL	183,492
South America	0	1	Program Services	INSTRUCTIONAL	300,176

**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 Asia	0	0	Program Services	INSTRUCTIONAL	70,902
Sub-Saharan Africa	1	2	Program Services	INSTRUCTIONAL	225,326

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CALVIN COLLEGE

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a  
▶ Attach to Form 990 or Form 990-EZ  
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number  
38-3071514

Part I Fundraising Activities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☒ Mail solicitations

e ☒ Solicitation of non-government grants

b ☒ Internet and email solicitations

f ☒ Solicitation of government grants

c ☒ Phone solicitations

g ☐ Special fundraising events

d ☒ In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 Marts & Lundy INC 1200 Wall Street West  Lyndhurst, NJ 07071	Campaign Feasibility Study		No	0	113,590	-113,590
2 Ruffalo Noel Levitz 1025 Kirkwood Pkwy  Cedar Rapids, IA 52404	Phone Consultation		No	335,638	6,011	329,627
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶				335,638	119,601	216,037

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

CT, LA, MI, MN, MS, UT, VA, WA

**Part II Fundraising Events.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a)Event #1	(b)Event #2	(c)Other events	(d)
		(event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Direct Expenses	<b>1</b> Gross receipts . . . . .				
	<b>2</b> Less Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .				
	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .				
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				
	<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				

**Part III Gaming.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d)
					Total gaming (add col (a) through col (c))
Direct Expenses	<b>1</b> Gross revenue . . . . .				
	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> Net gaming income summary Subtract line 7 from line 1, column (d). . . . . ▶				

**9** Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

**b** If "No," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

**b** If "Yes," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**11**

Does the organization conduct gaming activities with nonmembers?

☐ **Yes** ☐ **No**

**12**

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ **Yes** ☐ **No**

**13**

Indicate the percentage of gaming activity conducted in

<b>a</b>	The organization's facility	<b>13a</b>	%
<b>b</b>	An outside facility	<b>13b</b>	%

**14**

Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

**15a**

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ **Yes** ☐ **No**

**b**

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

**c**

If "Yes," enter name and address of the third party

Name ▶

Address ▶

**16**

Gaming manager information

Name ▶

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

**17**

Mandatory distributions

**a**

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ **Yes** ☐ **No**

**b**

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV**

**Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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# 2015

38-3071514

## Schedule I (Form 990) 2015

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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
(1) INSTITUTIONAL ACADEMIC AID	3788	45,903,149	0		FINANCIAL AID MADE AVAILABLE TO STUDENTS AS ASSISTANCE TO PURSUE ACADEMIC STUDIES

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
Schedule I, Part I, Line 2	THE METHOD USED TO MONITOR FUNDS INCORPORATE THE FOLLOWING CORE CONCEPTS A) EXPECTATIONS ARE DOCUMENTED, B) A BUDGET IS ESTABLISHED, C) WRITTEN REPORTS ARE REQUIRED, D) THE COLLEGE BUDGET OFFICER REVIEWS REPORTS AND MONITORS THE RELATED BUDGET, E) THE COLLEGE BUDGET OFFICER CONTACTS OVERSEAS ORGANIZATIONS TO VERIFY THAT THE RECIPIENT IS ENGAGED AS PLANNED METHOD 2 IN CASE OF STUDENT FINANCIAL AID, ACADEMIC PROGRESS IS MONITORED



Additional Data

Software ID: 15000352  
Software Version: v1.00  
EIN: 38-3071514  
Name: CALVIN COLLEGE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
BOSTWICK LAKE CONGREGATIONAL CHURCH 7979 BELDING ROAD NE ROCKFORD,MI 49341	38-2493177	501C3	7,292	0			WORSHIP RENEWAL
BROAD STREET MINISTRY 315 SOUTH BROAD STREET PHILADELPHIA,PA 19107	20-2760310	501C3	6,000	0			WORSHIP RENEWAL
CATHEDRAL IN THE NIGHT MINISTRY 867 NORTH PLEASANT STREET AMHERST,MA 01002	46-1428682	501C3	7,500	0			WORSHIP RENEWAL

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CENTRAL CHRISTIAN COLLEGE OF KANSAS 1200 S MAIN STREET MC PHERSON, KS 67460	48-0577656	501C3	6,144	0			WORSHIP RENEWAL
CENTRAL PRESBYTERIAN CHURCH 201 WASHINGTON STREET NW ATLANTA, GA 30303	58-0566154	501C3	7,075	0			WORSHIP RENEWAL
CENTRAL WOODWARD CHRISTIAN CHURCH 3955 W BIG BEAVER ROAD TROY, MI 48084	38-1420305	501C3	5,235	0			WORSHIP RENEWAL

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COASTLAND COMMONS 3 HOWE STREET SEATTLE, WA 98109	91-0646776	501C3	6,000	0			WORSHIP RENEWAL
DIOCESE OF ST CLOUD 305 7TH AVE NORTH ST CLOUD, MN 56303	41-0693981	501C3	7,500	0			WORSHIP RENEWAL
EBENEZER UMC 2001 NW 35TH STREET MIAMI, FL 33142	59-1174826	501C3	7,500	0			WORSHIP RENEWAL

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EMMANUEL REFORMED CHURCH 8303 ALONDRA BLVD PARAMOUNT, CA 90723	95-1750915	501C3	6,000	0			WORSHIP RENEWAL
FELLOWSHIP REFORMED CHURCH 300 N 168TH AVE HOLLAND, MI 49424	38-1919779	501C3	6,450	0			WORSHIP RENEWAL
FIRST CHRISTIAN CHURCH WHITTIER 6355 GREENLEAF AVE WHITTIER, CA 92867	95-1648083	501C3	5,500	0			WORSHIP RENEWAL

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FIRST CHRISTIAN CHURCH OF ORANGE 1130 E WALNUT ORANGE,CA 92867	95-2005833	501C3	5,500	0			WORSHIP RENEWAL
FIRST PREBYTERIAN CHURCH OF REDDING 2315 PLACER STREET REDDING,CA 96001	41-0826135	501C3	5,050	0			WORSHIP RENEWAL
HOLY TRINITY CHURCH OF CHICAGO 53 W JACKSON BLVD SUITE 305 CHICAGO,IL 60604	36-4215956	501C3	7,500	0			WORSHIP RENEWAL

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JEFF ST BAPTIST COMMUNITY AT LIBERTY 800 E LIBERTY STREET LOUISVILLE, KY 40204	61-1206312	501C3	6,000	0			WORSHIP RENEWAL
LAKEWOOD BAPTIST CHURCH 14321 DETROIT AVE LAKEWOOD, OH 44107	34-0726098	501C3	6,000	0			WORSHIP RENEWAL
MAYFIELD CENTRAL PRESBYTERIAN CHURCH 22 N MAIN STREET PO BOX 432 MAYFIELD, NY 12117	14-6022419	501C3	5,985	0			WORSHIP RENEWAL

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MICHIGAN CONFERENCE UNITED CHURCH 5945 PARK LAKE ROAD EAST LANSING, MI 48823	38-2488979	501C3	6,000	0			WORSHIP RENEWAL
MUSTARD SEED SCHOOL 422 WILLOW AVE HOBOKEN, NJ 07030	22-2267469	501C3	6,223	0			WORSHIP RENEWAL
NEW MOUNT ZION BAPTIST CHURCH PO BOX 965 ROXBORO, NC 27573	56-1391708	501C3	7,500	0			WORSHIP RENEWAL

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NORTH ATLANTA DISTRICT OF THE AME CHURCH 5704 GREENRIDGE COURT LITHONIA,GA 30058	53-0204696	501C3	7,500	0			WORSHIP RENEWAL
NORTH WEST LOWER MICHIGAN SYNOD 2900 N WAVERLY ROAD LANSING,MI 48906	36-3514248	501C3	6,000	0			WORSHIP RENEWAL
PARITY INC 2095 BROADWAY NEW YORK,NY 10023	31-1592042	501C3	7,500	0			WORSHIP RENEWAL



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PINNACLE PRESBYTERIAN 25150 N PIMA ORAD SCOTTSDALE, AZ 85255	89-0708287	501C3	6,000	0			WORSHIP RENEWAL
RAINBOW MENNONITE CHURCH 1444 SOUTHWEST BLVD KANSAS CITY, KS 66103	45-0564355	501C3	7,500	0			WORSHIP RENEWAL
RAYMOND VILLAGE COMMUNITY CHURCH PO BOX 285 RAYMOND, ME 04071	01-0412239	501C3	6,000	0			WORSHIP RENEWAL

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RESURRECTION UNITED METHODIST CHURCH 5715 WEST 63RD PLACE CHICAGO, IL 60638	36-2820245	501C3	5,500	0			WORSHIP RENEWAL
ROBBINSDALE UNITED CHURCH OF CHRIST 4200 LAKE ROAD ROBBINSDALE, MN 55422	41-0695586	501C3	5,125	0			WORSHIP RENEWAL
SAFE HAVEN MINISTRIES INC 601 ONDERDUNK RIDGEWOOD, NY 11385	11-3291318	501C3	7,500	0			WORSHIP RENEWAL

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SOUTH CONGREGATIONAL CHURCH 565 MAIN STREET CENTERVILLE, MA 02632	04-2491755	501C3	7,050	0			WORSHIP RENEWAL
ST ANDREWS EPISCOPAL CHURCH 2015 GLENARM PLACE DENVER, CO 80205	98-0265700	501C3	6,000	0			WORSHIP RENEWAL
ST LUKES LUTHERAN CHURCH OF LOGAN SQUARE 2649 N FRANCISCO AVE CHICAGO, IL 60647	36-2412450	501C3	6,125	0			WORSHIP RENEWAL

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST MONICA CATHOLIC COMMUNITY 701 CALIFORNIA AVE SANTA MONICA, CA 90403	95-1642385	501C3	9,000	0			WORSHIP RENEWAL
THE 12 FOUNDATION INC 135 COMSTOCK HILL ROAD NEW CANAAN, CT 06840	46-4454335	501C3	6,000	0			WORSHIP RENEWAL
UNION GROVE UNITED METHODIST CHURCH 6407 UNION GROVE CHURCH ROAD HILLSBOROUGH, NC 27278	80-0560719	501C3	7,800	0			WORSHIP RENEWAL

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY COVENANT CHURCH 315 MACE BLVD DAVIS, CA 95616	36-2167730	501C3	7,475	0			WORSHIP RENEWAL
UNIVERSITY OF DAYTON INSTITUTE FOR PASTORAL INITIATIVES 300 COLLEGE PARK DRIVE DAYTON, OH 45469	53-0196617	501C3	5,658	0			WORSHIP RENEWAL
UNIVERSITY OF DUBUQUE 2000 UNIVERSITY AVE DUBUQUE, IA 52001	42-0680323	501C3	7,500	0			WORSHIP RENEWAL

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VIRGINIA THEOLOGICAL SEMINARY 3737 SEMINARY ROAD ALEXANDRIA, VA 22304	54-0505937	501C3	7,500	0			WORSHIP RENEWAL

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" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.  
▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
CALVIN COLLEGE

Employer identification number  
38-3071514

Part I Questions Regarding Compensation

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Tax indemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
<b>b</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 Yes	
<b>2</b> 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 Yes	
<b>3</b> 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. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: <b>a</b> Receive a severance payment or change-of-control payment?	4a	No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <b>a</b> The organization?	5a	No
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III	5b	No
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <b>a</b> The organization?	6a	No
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III	6b	No
<b>7</b> For persons listed on 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
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No
<b>9</b> If "Yes" on 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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

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

(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 in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DR MICHAEL LE ROY PRESIDENT	(i)	411,117 -----	0 -----	0 -----	32,600 -----	39,756 -----	483,473 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
2 SALLY VANDERPLOEG VICE PRESIDENT	(i)	164,364 -----	0 -----	0 -----	17,032 -----	20,449 -----	201,845 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
3 DR CHERYL BRANDSEN PROVOST	(i)	167,944 -----	0 -----	0 -----	17,500 -----	21,485 -----	206,929 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
4 KENNETH ERFFMEYER VICE PRESIDENT	(i)	150,436 -----	0 -----	0 -----	15,216 -----	25,133 -----	190,785 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
5 TODD HUBERS VICE PRESIDENT	(i)	127,372 -----	0 -----	0 -----	13,180 -----	21,260 -----	161,812 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
6 RUSSELL BLOEM VICE PRESIDENT	(i)	123,991 -----	0 -----	0 -----	12,833 -----	21,908 -----	158,732 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
7 BRIAN PAIGE ASSOCIATE VICE PRESIDENT OF IT & CIO	(i)	116,638 -----	0 -----	0 -----	12,184 -----	23,826 -----	152,648 -----	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
Schedule J, Part I, Line 1a	ADDITIONAL BENEFITS WERE PROVIDED ACCORDING TO THE TERMS OF AN EMPLOYMENT CONTRACT. CALVIN COLLEGE EMPLOYS MINISTERS WHOSE WORK WITH THE COLLEGE IS IN LINE WITH THEIR MINISTERIAL DUTIES. THEREFORE, THEY SET ASIDE AN AMOUNT FOR THE MINISTERIAL HOUSING ALLOWANCE.

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service  
Name of the organization  
CALVIN COLLEGE

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
▶ Attach to Form 990.  
▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number

38-3071514

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MICHIGAN FINANCE AUTHORITY	80-0596186	000000000	06-18-2012	96,000,000	SEE PART VI		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired . . . . .	18,000,000							
2	Amount of bonds legally defeased . . . . .	0							
3	Total proceeds of issue . . . . .	96,000,000							
4	Gross proceeds in reserve funds . . . . .	0							
5	Capitalized interest from proceeds . . . . .	0							
6	Proceeds in refunding escrows . . . . .	0							
7	Issuance costs from proceeds . . . . .	0							
8	Credit enhancement from proceeds . . . . .	0							
9	Working capital expenditures from proceeds . . . . .	0							
10	Capital expenditures from proceeds . . . . .	0							
11	Other spent proceeds . . . . .	96,000,000							
12	Other unspent proceeds . . . . .	0							
13	Year of substantial completion . . . . .								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . .	X							
15	Were the bonds issued as part of an advance refunding issue? . . . .		X						
16	Has the final allocation of proceeds been made? . . . . .	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X							

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X						

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X						
c	Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . ▶	0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶	0 %							
6	Total of lines 4 and 5 . . . . .	0 %							
7	Does the bond issue meet the private security or payment test? . . . .		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?. . . . .		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?. . . . .		X						

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . .		X						
2	If "No" to line 1, did the following apply? . . . .								
a	Rebate not due yet? . . . . .	X							
b	Exception to rebate? . . . . .		X						
c	No rebate due? . . . . .		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
3	Is the bond issue a variable rate issue? . . . . .	X							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider . . . . .								
c	Term of hedge . . . . .								
d	Was the hedge superintegrated? . . . . .								
e	Was the hedge terminated? . . . . .								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider . . . . .								
c	Term of GIC . . . . .								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148? . . .		X						

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?			X						

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
Schedule K, Part I, Column f-06/18/2012 96,000,000 MICHIGAN FINANCE AUTHORITY	THE BONDS ISSUED ON JUNE 18, 2012 (THE "2012 BONDS") WERE ISSUED TO CURRENTLY REFUND (A) THE OUTSTANDING PRINCIPAL AMOUNT OF THE MICHIGAN HIGHER EDUCATION FACILITIES AUTHORITY ("MHEFA") VARIABLE RATE DEMAND LIMITED OBLIGATION REVENUE REFUNDING BONDS (CALVIN COLLEGE PROJECT), SERIES 20017A, DATED SEPTEMBER 6, 2007 (THE "2007A BONDS"), AND (B) THE OUTSTANDING PRINCIPAL AMOUNT OF THE MHEFA VARIABLE RATE DEMAND LIMITED OBLIGATION REVENUE BONDS (CALVIN COLLEGE PROJECT), SERIES 2007B, DATED SEPTEMBER 6, 2007 (THE "2007B BONDS") THE 2007A BONDS WERE ISSUED TO ADVANCE REFUND (I)THE MHEFA LIMITED OBLIGATION REVENUE BONDS (CALVIN COLLEGE PROJECT), SERIES 2000, DATED DECEMBER 20, 2000 (THE "2000 BONDS") AND (II) THE MHEFA LIMITED OBLIGATION REVENUE BONDS (CALVIN COLLEGE PROJECT), SERIES 1998, DATED MARCH 24, 1998 (THE "1998 BONDS") THE 2007B BONDS WERE ISSUED TO FINANCE OR REIMBURSE A PORTION OF THE COSTS OF THE ACQUISITION, CONSTRUCTION, INSTALLATION, RENOVATION, REPAIR, FURNISHING AND EQUIPPING OF EDUCATIONAL FACILITIES LOCATED ON CALVIN COLLEGE'S CAMPUS AT 3201 BURTON STREET, S E , GRAND RAPIDS, MICHIGAN (THE "CAMPUS") THE 2000 BONDS WERE ISSUED TO FINANCE THE ACQUISITION, CONSTRUCTION, INSTALLATION, RENOVATION, REPAIR, FURNISHING AND EQUIPPING OF EDUCATIONAL FACILITIES LOCATED ON THE CAMPUS THE 1998 BONDS WERE ISSUED TO FINANCE THE ACQUISITION, CONSTRUCTION, INSTALLATION, RENOVATION, REPAIR, FURNISHING AND EQUIPPING OF EDUCATIONAL FACILITIES LOCATED ON THE CAMPUS

Return Reference	Explanation
<p>Schedule K, Part III, Line 1 - 06/18/2012 96,000,000 MICHIGAN FINANCE AUTHORITY</p>	<p>PART III A IS COMPLETED FOR THE PORTION OF THE 2012 BONDS ALLOCATED TO REFUND THE 2007B BONDS (I E BONDS ISSUED ON OR AFTER JANUARY 1, 2003) PART III IS NOT COMPLETED FOR THE PORTION OF THE 2012 BONDS ALLOCATED TO REFUND THE SERIES 2007A BONDS WHICH REFUNDED THE 2000 BONDS AND THE 1998 BONDS (I E BONDS ISSUED PRIOR TO JANUARY 1, 2003)</p>

Return Reference	Explanation
Schedule K, Part III, Line 3a- 06/18/2012 96,000,000 MICHIGAN FINANCE AUTHORITY	THERE IS NO FOOD SERVICE CONTRACT THAT QUALIFIES FOR A SAFE HARBOR UNDER REV PROC 97-13

Return Reference	Explanation
Schedule K, Part IV , Line 2c- 06/18/2012 96,000,000 MICHIGAN FINANCE AUTHORITY	THE REBATE CALCULATION IS NOT REQUIRED AT THIS TIME

SCHEDULE M  
(Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

►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](http://www.irs.gov/form990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CALVIN COLLEGE

Employer identification number  
38-3071514

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 . . . . .	X	6	0 0	
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .	X		0 0	
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	50	925,003	MEAN 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 . . . . .	X	1	0 0	
19 Food inventory . . . . .	X	1	0 0	
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( <u>SUPPLIES</u> )	X	28	20,881	COST
26 Other ► ( <u>TUITION GIFT CERTIFICATES</u> )	X	2	106,084	FAIR MARKET VALUE
27 Other ► ( <u>                    </u> )				
28 Other ► ( <u>                    </u> )				

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

292

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?

30a

YesNo

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

YesNo

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

33



**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
Schedule M, Part I, Line 33	THE COLLEGE DOES NOT CAPITALIZE COLLECTIONS, INCLUDING ARTWORK AND COLLECTIBLES AS ELECTED UNDER SFAS 116 AND THEREFORE, NO REVENUE IS REPORTED IN COLUMN C OF LINES 1, 4, AND 18 THE DOLLAR VALUE OF CERTAIN ITEMS IS BELOW THE COLLEGE'S REVENUE RECOGNITION THRESHOLD FOR THE FINANCIAL STATEMENTS AND THEREFORE, NO REVENUE IS REPORTED IN COLUMN C OF LINE 19

**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 990-EZ 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](http://www.irs.gov/form990).

OMB No 1545-0047

**2015****Open to Public  
Inspection**Name of the organization  
CALVIN COLLEGE**Employer identification number**

38-3071514

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Section B, Line 11b	A COPY OF THE IRS FORM 990 AND RELATED ATTACHMENTS ARE SENT TO EACH MEMBER OF THE AUDIT COMMITTEE FOR REVIEW AND APPROVAL PRIOR TO ELECTRONIC FILING THE FORM AND ATTACHMENTS ARE ALSO PROVIDED TO THE FULL BOARD FOR THEIR REVIEW PRIOR TO FILING
Form 990, Part VI, Section B, Line 12c	EACH YEAR, ALL BOARD MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT AND DISCLOSE ANY CONFLICTS A SUMMARY OF IDENTIFIED CONFLICTS IS ANNUALLY PRESENTED TO THE AUDIT COMMITTEE FOR THEIR REVIEW AND APPROVAL

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Section B, Line 15	THE BOARD OF TRUSTEES ANNUALLY APPOINTS A COMMITTEE TO REVIEW THE PRESIDENT'S SALARY BY COMPARISON TO A SET OF THIRTY PEER INSTITUTIONS THIS COMMITTEE THEN MAKES A RECOMMENDATION TO THE EXECUTIVE COMMITTEE OF THE BOARD FOR IMPLEMENTATION THE OTHER OFFICERS' SALARIES ARE REVIEWED WITH THE PRESIDENT IN LIGHT OF BENCH MARKED SALARIES FROM CALVIN'S PEER GROUP OF INSTITUTIONS THESE ARE THE SAME THIRTY INSTITUTIONS WHICH WERE USED FOR THE PRESIDENT'S COMPENSATION STUDY SALARY CHANGES ARE MADE IN RESPONSE TO THOSE BENCHMARKS OF COMPENSATION FOR COMPARABLE POSITIONS AT PEER INSTITUTIONS THE BENCH MARKED SALARIES WERE GATEHRED USING DATA FROM THE COLLEGE AND UNIVERISTY PROFESSIONAL ASSOCIATION FOR HUMAN RESOURCES (CUPA) ON-DEMAND SERVICE
Form 990, Part VI, Section C, Line 19	AVAILABLE UPON REQUEST

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part XI, Line 9	RETIREE HEALTH = (\$599,392) + SPLIT INTEREST AGREEMENTS = (\$352,341) + INTEREST RATE SWAPS (\$6,769,491) TOTALS (\$7,721,224)