

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# 2008

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A** For the 2008 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.  See Specific Instructions.	<b>C</b> Name of organization <b>CALVERT SOCIAL INVESTMENT FOUNDATION</b> Doing Business As		<b>D</b> Employer identification number 52-1591398
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>7315 WISCONSIN AVENUE, 11TH FLOOR</b>		<b>E</b> Telephone number 800-248-0337
		City or town, state or country, and ZIP + 4 <b>BETHESDA, MD 20814</b>		<b>G</b> Gross receipts \$ <b>31,457,947.</b>
<b>F</b> Name and address of principal officer: <b>SHARI BERENBACH</b> <b>7315 WISCONSIN AVE 1100W, BETHESDA, MD 20814</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number		
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J</b> Website: <b>WWW.CALVERTFOUNDATION.ORG</b>				
<b>K</b> Type 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: <b>1988</b> <b>M</b> State of legal domicile: <b>MD</b>	

### Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE CALVERT SOCIAL INVESTMENT FOUNDATION INC. WORKS TO MAXIMIZE THE FLOW OF CAPITAL TO COMMUNITY</b>	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.	
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) <b>3</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b>
	<b>5</b>	Total number of employees (Part V, line 2a) <b>47</b>
	<b>6</b>	Total number of volunteers (estimate if necessary) <b>0</b>
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, line 12, column (C) <b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34 <b>0.</b>	

		Prior Year	Current Year
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>15,501,771.</b>	<b>15,501,771.</b>	<b>10,084,183.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) <b>5,487,785.</b>	<b>5,487,785.</b>	<b>7,272,836.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>1,379,587.</b>	<b>1,379,587.</b>	<b>660,821.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>22,369,143.</b>	<b>22,369,143.</b>	<b>18,017,840.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>4,330,762.</b>	<b>4,330,762.</b>	<b>5,347,314.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>2,632,014.</b>	<b>2,632,014.</b>	<b>3,236,045.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>62,500.</b>		<b>62,500.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>391,757.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) <b>6,702,350.</b>	<b>6,702,350.</b>	<b>6,873,518.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>13,665,126.</b>	<b>13,665,126.</b>	<b>15,519,377.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>8,704,017.</b>	<b>8,704,017.</b>	<b>2,498,463.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) <b>169,185,833.</b>	<b>169,185,833.</b>	<b>207,711,820.</b>
	<b>21</b> Total liabilities (Part X, line 26) <b>136,303,556.</b>	<b>136,303,556.</b>	<b>175,235,034.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <b>32,882,277.</b>	<b>32,882,277.</b>	<b>32,476,786.</b>

### 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

*Charles T. Hollands*  
Signature of officer

5-11-09  
Date

Charles T. Hollands CFO  
Type or print name and title

Paid Preparer's Use Only

Preparer's signature

*[Signature]*

Date 5/11/09

Check if self-employed

Preparer's identifying number (see instructions) **PO0345666**

Firm's name (or yours if self-employed), address, and ZIP + 4  
**JOHNSON LAMBERT & CO LLP**  
**700 SPRING FOREST ROAD, STE 335**  
**RALEIGH, NC 27609**

EIN **52-1591398**  
Phone no. **919-719-6400**

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

Part III Statement of Program Service Accomplishments (see instructions)

- 1 Briefly describe the organization's mission:  
**THE CALVERT SOCIAL INVESTMENT FOUNDATION INC. WORKS TO MAXIMIZE THE FLOW OF CAPITAL TO COMMUNITY DEVELOPMENT ORGANIZATIONS FOR THE BENEFIT OF UNDERSERVED COMMUNITIES AND INDIVIDUALS TO ACHIEVE A MORE EQUITABLE AND SUSTAINABLE SOCIETY.**
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
 If "Yes", describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
 If "Yes", describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 7,894,936. including grants of \$ ) (Revenue \$ 6,636,616.)  
**CALVERT COMMUNITY INVESTMENT NOTES BRING TOGETHER THE FINANCIAL BENEFITS OF AN INVESTMENT AND THE SOCIAL IMPACT OF A CHARITABLE DONATION. EACH AND EVERY DOLLAR INVESTED IN THE NOTE IS PLACED IN A DIVERSIFIED LOAN POOL WITH THE OBJECTIVE OF EARNING BOTH A FINANCIAL AND A SOCIAL RETURN. THE CAPITAL RAISED THROUGH THE NOTES DIRECTLY SUPPORTS AFFORDABLE HOUSING, SMALL BUSINESSES, MICROENTERPRISES AROUND THE WORLD AND OTHER HIGH SOCIAL IMPACT INITIATIVES.**

4b (Code: ) (Expenses \$ 5,068,142. including grants of \$ 4,784,521.) (Revenue \$ )  
**CALVERT GIVING FUND IS A UNIQUE PHILANTHROPIC PRODUCT PROVIDING A 100% SOCIALLY RESPONSIBLE DONOR ADVISED FUND THAT GOES TO WORK IMMEDIATELY BUILDING COMMUNITIES, EVEN BEFORE ASSETS ARE GRANTED OUT TO CHARITIES. THE PHILANTHROPIC POWER OF DONATED FUNDS INCREASES OVER TIME AS GIVING FUND ASSETS APPRECIATE TAX-FREE IN COMMUNITY INVESTMENTS AND SOCIALLY RESPONSIBLE MUTUAL FUNDS.**

4c (Code: ) (Expenses \$ 480,352. including grants of \$ ) (Revenue \$ 636,220.)  
**CALVERT FOUNDATION'S ADVISORY SERVICES PROGRAM, COMMUNITY INVESTMENT PARTNERS (CIP), ADMINISTERS COMMUNITY INVESTMENT PROGRAM ASSETS FOR FAMILY FOUNDATIONS, FAITH-BASED INSTITUTIONS, SOCIALLY RESPONSIBLE BUSINESSES AND OTHER ORGANIZATIONS SEEKING TO CHANNEL CAPITAL TO COMMUNITY PROJECTS IN AN EFFICIENT, DISCIPLINED AND RECOVERABLE MANNER. CIP HELPS THESE GROUPS SUPPORT OR INITIATE PROGRAMS THAT FINANCE AFFORDABLE HOMES, FUND SMALL AND MICRO-BUSINESSES, AND MAKE ESSENTIAL COMMUNITY SERVICES AVAILABLE.**

4d Other program services. (Describe in Schedule O.)  
 (Expenses \$ 559,793. including grants of \$ 559,793.) (Revenue \$ )

4e Total program service expenses ▶ \$ 14,003,223. (Must equal Part IX, Line 25, column (B).)

**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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3) and 501(c)(4) 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>		X
25b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b>	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV		X
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		X
<b>c</b>	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	X	
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
<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? If "Yes," complete Schedule R, Part I		X
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
<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? If "Yes," complete Schedule R, Part VI		X

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	<b>1a</b> 0		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	<b>1c</b>		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 47		
<b>b</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 this return. (see instructions)	X	
	<b>2b</b>		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
	<b>3a</b>		
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	<b>3b</b>		
<b>4a</b>	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)?		X
	<b>4a</b>		
<b>b</b>	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	<b>4b</b>		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	<b>5a</b>		
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	<b>5b</b>		
<b>c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	<b>5c</b>		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?		X
	<b>6a</b>		
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
	<b>7a</b>		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	<b>7b</b>		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	X	
	<b>7c</b>		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b> 1		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	<b>7e</b>		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	<b>7f</b>		
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
	<b>7g</b>		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
	<b>7h</b>		
<b>8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b>	Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	<b>8</b>		
<b>9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
	<b>9a</b>		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter: N/A			
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
	<b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter: N/A			
<b>a</b>	Gross income from members or shareholders		
	<b>11a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?			
	<b>12a</b>		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		
	<b>12b</b>		

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990		X
11	Is there any officer, director or 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		X

**Section B. Policies**

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?		X
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
15a	The organization's CEO, Executive Director, or top management official?	X	
15b	Other officers or key employees of the organization?		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **THE FOUNDATION - 301-951-9426**  
**7315 WISCONSIN AVENUE, BETHESDA, MD 20814**

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
D. WAYNE SIBLY CO-CHAIR; FIN COMM CHAIR	1.00	X					0.	0.	0.	
JOHN G. GUFFEY, JR. CO-CHAIR; INV COMM CHAIR	1.00	X					0.	0.	0.	
CAROL ATWOOD DIRECTOR; ADV COMM CHAIR	1.00	X					0.	0.	0.	
PEGGY CLARK DIRECTOR	1.00	X					0.	0.	0.	
SETH GOLDMAN DIRECTOR	1.00	X					0.	0.	0.	
MARY HOUGHTON DIRECTOR	1.00	X					0.	0.	0.	
BARBARA J. KRUMSIEK DIRECTOR	1.00	X					0.	0.	0.	
IRA W. LIEBERMAN, PHD DIRECTOR; AUD COMM CHAIR	1.00	X					0.	0.	0.	
ELIZABETH L. LITTLEFIELD DIRECTOR	1.00	X					0.	0.	0.	
TERRANCE J. MOLLNER DIRECTOR; GOV COMM CHAIR	1.00	X					0.	0.	0.	
MARIA OTERO DIRECTOR	1.00	X					0.	0.	0.	
REGGIE STANLEY DIRECTOR	1.00	X					0.	0.	0.	
KATHY STEARNS DIRECTOR	1.00	X					0.	0.	0.	
SHARI BERENBACH PRESIDENT & CEO	45.00			X			156,000.	0.	10,453.	
LISA HALL EXEC. VP & CLO	45.00			X			144,000.	0.	2,097.	
CHARLES P. HOLLANDS SR. VP & CFO	45.00			X			132,000.	0.	4,503.	
ELIZABETH GLENSHAW SR. VP & CI MARKETS	45.00			X			124,800.	0.	7,759.	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
TIMOTHY FREUNDLICH SR. VP GIVING FUND	45.00			X				124,800.	0.	8,633.
JAMES A. RICHARDSON OFFICER	45.00			X				141,337.	0.	10,053.
LORI SCOTT VP CIP	45.00			X				89,451.	0.	4,422.
JESSE CHANCELLOR SR VP CIP	36.00			X				112,320.	0.	0.
HUMPHREY Y. MENSAH CONTROLLER	45.00				X			106,000.	0.	3,121.
ART STEVENS CCI SALES MANAGER	45.00					X		85,000.	0.	6,277.
ELIZA ERIKSON PORFTOLIO MANAGER	45.00					X		90,454.	0.	4,548.
CARRIE MCGARRY MARKETING MANAGER	45.00					X		75,000.	0.	4,154.
<b>1b Total</b>								1,381,162.	0.	66,020.

**2** Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 7

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<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? If "Yes," complete Schedule J for such individual	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 0

Part VIII Statement of Revenue				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	10,084,183.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f			10,084,183.			
Program Service Revenue	2 a	PROGRAM REVENUE	Business Code	6538616.	6538616.			
	b	FEE INCOME		734,220.	734,220.			
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			7272836.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			1193421.		1,193,421.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
			b	Less: rental expenses				
			c	Rental income or (loss)				
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			b	Less: cost or other basis and sales expenses	12,907,507.			
			c	Gain or (loss)	13,440,107.			
			d	Net gain or (loss)	-532,600.			-532,600.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
			b	Less: direct expenses				
			c	Net income or (loss) from fundraising events				
9 a	Gross income from gaming activities. See Part IV, line 19	a						
		b	Less: direct expenses					
		c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a						
		b	Less: cost of goods sold					
		c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code					
11 a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			18,017,840.	7272836.	0.	660,821.	

**Part IX Statement of Functional Expenses**

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	4,880,468.	4,880,468.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	182,713.	182,713.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	284,133.	284,133.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	693,369.	485,358.	138,674.	69,337.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,967,762.	1,377,434.	393,552.	196,776.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	383,290.	268,303.	76,658.	38,329.
10 Payroll taxes	191,624.		191,624.	
11 Fees for services (non-employees):				
a Management				
b Legal	2,152.	1,076.	1,076.	
c Accounting	70,157.	60,312.	9,845.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	62,500.			62,500.
f Investment management fees				
g Other	1,029,855.	971,882.	57,973.	
12 Advertising and promotion	77,186.	70,470.	3,358.	3,358.
13 Office expenses	37,681.	26,510.	11,171.	
14 Information technology	173,464.	149,048.	24,416.	
15 Royalties				
16 Occupancy	45,876.	6,881.	38,995.	
17 Travel	218,865.	180,615.	22,577.	15,673.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	115,681.	104,113.	5,784.	5,784.
20 Interest	3,911,698.	3,911,698.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	49,090.		49,090.	
23 Insurance	31,187.		31,187.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>PROVISION FOR LOAN LOSS</b>	809,031.	809,031.		
b <b>NRFC ADMINISTRATION EXP</b>	89,005.	89,005.		
c <b>BANK CHARGES</b>	61,754.	30,877.	30,877.	
d <b>COMMISSIONS</b>	59,752.	59,752.		
e <b>DUES &amp; SUBSCRIPTIONS</b>	39,195.	33,316.	5,879.	
f All other expenses	51,889.	20,228.	31,661.	
25 Total functional expenses. Add lines 1 through 24f	15,519,377.	14,003,223.	1,124,397.	391,757.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

**Part X Balance Sheet**

		(A) Beginning of year	(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing		1
	2 Savings and temporary cash investments	34,139,242.	2 49,730,264.
	3 Pledges and grants receivable, net	1,382,925.	3 2,460,371.
	4 Accounts receivable, net		4
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6
	7 Notes and loans receivable, net	104,608,095.	7 129,125,220.
	8 Inventories for sale or use		8
	9 Prepaid expenses and deferred charges	119,324.	9 229,889.
	10a Land, buildings, and equipment: cost basis	10a 460,072.	
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 219,429.	10c 240,643.
	11 Investments - publicly traded securities	143,178.	11 21,986,231.
	12 Investments - other securities. See Part IV, line 11	25,486,307.	12
	13 Investments - program-related. See Part IV, line 11		13
	14 Intangible assets		14
	15 Other assets. See Part IV, line 11	3,306,762.	15 3,939,202.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	169,185,833.	16 207,711,820.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	2,443,791.	17 2,189,909.
	18 Grants payable		18
	19 Deferred revenue		19
	20 Tax-exempt bond liabilities		20
	21 Escrow account liability. Complete Part IV of Schedule D		21
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22
	23 Secured mortgages and notes payable to unrelated third parties		23
	24 Unsecured notes and loans payable		24
	25 Other liabilities. Complete Part X of Schedule D	133,859,765.	25 173,045,125.
	26 <b>Total liabilities.</b> Add lines 17 through 25	136,303,556.	26 175,235,034.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	31,697,843.	27 31,952,941.
	28 Temporarily restricted net assets	647,012.	28 336,274.
	29 Permanently restricted net assets	537,422.	29 187,571.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds		30
	31 Paid-in or capital surplus, or land, building, or equipment fund		31
	32 Retained earnings, endowment, accumulated income, or other funds		32
33 <b>Total net assets or fund balances</b>	32,882,277.	33 32,476,786.	
34 <b>Total liabilities and net assets/fund balances</b>	169,185,833.	34 207,711,820.	

**Part XI Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to lines 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?	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits?		

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization

**CALVERT SOCIAL INVESTMENT FOUNDATION**

Employer identification number

**52-1591398**

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

The organization is not a private foundation because it is: (Please check only one organization.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
- 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 the Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f  If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_
  - (ii) A family member of a person described in (i) above? \_\_\_\_\_
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_
- h Provide the following information about the organizations the organization supports.

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

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,394,762.	8,495,070.	9,066,905.	15,501,771.	10,084,183.	51,542,691.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 - 3	8,394,762.	8,495,070.	9,066,905.	15,501,771.	10,084,183.	51,542,691.
<b>5</b> 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)						1,857,121.
<b>6 Public Support.</b> Subtract line 5 from line 4.						49,685,570.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4	8,394,762.	8,495,070.	9,066,905.	15,501,771.	10,084,183.	51,542,691.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	689,663.	524,595.	1,669,329.	1,322,570.	1,193,421.	5,399,578.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	2,729,166.	3,241,925.	4,160,412.	5,487,785.	7,272,836.	22,892,124.
<b>11 Total support.</b> Add lines 7 through 10						79,834,393.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 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 stop here						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	62.24 %
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	73.38 %
<b>16a 33 1/3% support test - 2008.</b> 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 checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2007.</b> 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"/>	
<b>17a 10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>18 Private foundation.</b> 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 .....						
<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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

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

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h .....	<b>18</b>	%

**19a 33 1/3% support tests - 2008.** 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 - 2007.** 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

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

CALVERT SOCIAL INVESTMENT FOUNDATION

Employer identification number

52-1591398

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)( 3 ) (enter number) organization

[ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[ ] 527 political organization

Form 990-PF

[ ] 501(c)(3) exempt private foundation

[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

[ ] For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

[X] For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ... \$

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

CALVERT SOCIAL INVESTMENT FOUNDATION

52-1591398

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 872,473.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 562,324.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 289,800.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 356,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 213,828.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b>  <b>CALVERT SOCIAL INVESTMENT FOUNDATION</b>	<b>Employer identification number</b>  <b>52-1591398</b>
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 181,639.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 475,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 194,936.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>CALVERT SOCIAL INVESTMENT FOUNDATION</b>	Employer identification number <b>52-1591398</b>
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**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		\$ 194,935.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		\$ 213,829.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15		\$ 103,632.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>CALVERT SOCIAL INVESTMENT FOUNDATION</b>	Employer identification number <b>52-1591398</b>
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**Part II Noncash Property** (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	SHARES OF BERKSHIRE HATHAWAY _____ _____ _____	\$ 289,800.	12/30/08
6	VARIOUS SHARES OF STOCK _____ _____ _____	\$ 213,828.	04/14/08
7	SHARES OF SCHLUMBERGER LTD _____ _____ _____	\$ 181,639.	04/14/08
14	VARIOUS SHARES OF STOCK _____ _____ _____	\$ 213,829.	04/14/08
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization

CALVERT SOCIAL INVESTMENT FOUNDATION

Employer identification number

52-1591398

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	410	4
2 Aggregate contributions to (during year)	5,684,153.	488,665.
3 Aggregate grants from (during year)	4,088,597.	698,924.
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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply):  
 Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of certified historic structure  
 Preservation of open space
- 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- |  | Held at the End of the Year |
|--|-----------------------------|
| a Total number of conservation easements   | 2a                          |
| b Total acreage restricted by conservation easements                                 | 2b                          |
| c Number of conservation easements on a certified historic structure included in (a) | 2c                          |
| d Number of conservation easements included in (c) acquired after 8/17/06            | 2d                          |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?  Yes  No
- 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ \_\_\_\_\_
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Term endowment  \_\_\_\_\_ %

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		460,072.	219,429.	240,643.
e Other				0.
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				<b>240,643.</b>

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products .....		
Closely-held equity interests .....		
Other .....		
<b>Total.</b> (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	18,017,840.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	15,519,377.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	2,498,463.
4	Net unrealized gains (losses) on investments	4	-2,903,956.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	2.
9	Total adjustments (net). Add lines 4-8	9	-2,903,954.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-405,491.

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

1	Total revenue, gains, and other support per audited financial statements	1	15,676,210.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-2,903,956.
b	Donated services and use of facilities	2b	562,326.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-2,341,630.
3	Subtract line 2e from line 1	3	18,017,840.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	18,017,840.

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

1	Total expenses and losses per audited financial statements	1	16,081,703.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	562,326.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	562,326.
3	Subtract line 2e from line 1	3	15,519,377.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	15,519,377.

**Part XIV Supplemental Information**

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

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**Schedule F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization: **CALVERT SOCIAL INVESTMENT FOUNDATION**  
Employer identification number: **52-1591398**

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

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

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

**3 Activities per Region.** (Use Schedule F-1 (Form 990) if additional space is needed.)

(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 in region
EUROPE	0	0	GRANTMAKING		-17000.
NORTH AMERICA	0	0	GRANTMAKING		1,040.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		24,000.
SOUTH ASIA	0	0	GRANTMAKING		256093.
SOUTH AMERICA	0	0	GRANTMAKING		-25000.
<b>Totals</b>					239133.

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

Schedule F (Form 990) 2008

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

Use Schedule F-1 (Form 990) if additional space is needed.

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

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities





**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts .....			
	2	Less: Charitable contributions .....			
	3	Gross revenue (line 1 minus line 2) .....			
Direct Expenses	4	Cash prizes .....			
	5	Non-cash prizes .....			
	6	Rent/facility costs .....			
	7	Other direct expenses .....			
	8	Direct expense summary. Add lines 4 through 7 in column (d) .....			( )
	9	Net income summary. Combine lines 3 and 8 in column (d) .....			

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
		1	Gross revenue .....		
Direct Expenses	2	Cash prizes .....			
	3	Non-cash prizes .....			
	4	Rent/facility costs .....			
	5	Other direct expenses .....			
	6	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
7	Direct expense summary. Add lines 2 through 5 in column (d) .....				( )
8	Net gaming income summary. Combine lines 1 and 7 in column (d) .....				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? .....		
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .....		
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers? .....		
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 operated in:

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

**14** Provide 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? ..... **15a**

**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:

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? ..... **17a**

**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 ▶ \$ \_\_\_\_\_

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the U.S.**

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.  
▶ Attach to Form 990.**

OMB No. 1545-0047

2008

Open to Public  
Inspection

Name of the organization  
**CALVERT SOCIAL INVESTMENT FOUNDATION**  
Employer identification number  
**52-1591398**

**Part I** General information on Grants and Assistance

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

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

1 (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
21ST CENTURY FOUNDATION 132 W. 112TH ST LOWER LEVEL #1 NEW YORK, NY 10026	13-3363860	501(C)(3)	25,000.	0.			GENERAL SUPPORT
ACCION INTERNATIONAL 56 ROLAND STREET BOSTON, MA 02129	13-2535763	501(C)(3)	5,810.	0.			GENERAL SUPPORT
ACORN INSTITUTE - NATIONAL OFFICE 739 8TH ST. SE WASHINGTON, DC 20003	72-1488419	501(C)(3)	10,000.	0.			GRASSROOTS DEMOCRACY PROJECT
ACWORTH UNITED METHODIST CHURCH 4340 COLLINS CIRCLE ACWORTH, GA 30101	58-1540352	501(C)(3)	15,000.	0.			GENERAL SUPPORT
AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC. - 125 BROAD ST 18TH FL - NEW YORK, NY 10004	13-6213516	501(C)(3)	10,850.	0.			GENERAL SUPPORT
AMERICAN JEWISH WORLD SERVICE, INC. - 45 W. 36TH ST 10TH FL - NEW YORK, NY 10018	22-2584370	501(C)(3)	23,310.	0.			GENERAL SUPPORT

**2** Enter total number of section 501(c)(3) and government organizations ..... **152.**

**3** Enter total number of other organizations .....

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.  
**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FUNDING GRANT TO SUPPORT FEASIBILITY STUDY ON LOW COST DIABETIC EYE SCREENING CAMERA.	2	146,429.	0.		
EVALUATE SOCIAL IMPACT PHILANTHROPIC INVESTMENT OPTIONS	1	30,000.	0.		
PARTICIPATION GRANT TO ATTEND THE NATIONAL RURAL ASSEMBLY, JUNE 16-18, 2008	3	1,715.	0.		
PARTICIPATION GRANT TO ATTEND THE GRASSROOTS & GROUNDWORKS CONFERENCE, MAY 28-30, 2008	7	4,569.	0.		

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

SCHEDULE I, PART I, LINE 1: DOMESTIC GRANTMAKING DONE THROUGH THE DONOR ADVISED FUND PROGRAM SERVICE IS LIMITED TO CHARITABLE ORGANIZATIONS THAT ARE TAX-EXEMPT UNDER IRS CODE SECTION 501(C)(3) AND ARE PUBLIC CHARITIES UNDER CODE SECTION 509(A). DUE DILIGENCE IS PERFORMED PRIOR TO ANY GRANT DISTRIBUTION TO VERIFY THE ELIGIBILITY STATUS OF THE RECIPIENT ORGANIZATION. AS NEEDED, EXPENDITURE RESPONSIBILITY IS EXERCISED TO ENSURE THAT GRANTS ARE BEING USED FOR INTENDED CHARITABLE PURPOSES. FOR GRANTMAKING OUTSIDE OF THE DONOR ADVISED FUND PROGRAM, ORGANIZATIONS SEEKING FUNDS FOR RURAL DEVELOPMENT SUBMIT PROPOSALS ONE YEAR IN ADVANCE

**SCHEDULE I-1**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)  
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OMB No. 1545-0047  
2008

Open to Public  
Inspection

Name of the organization

Employer identification number  
52-1591398

**CALVERT SOCIAL INVESTMENT FOUNDATION**

Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMURT USA 6810 TILDEN LANE ROCKVILLE, MD 20852	23-7184834	501(C)(3)	50,000.	0.			GENERAL SUPPORT
ANACOSTIA COMMUNITY OUTREACH CENTER - 2443 ANGLER PLACE, SE - WASHINGTON, DC 20020	52-1729564	501(C)(3)	150,000.	0.			GENERAL SUPPORT AND FOR ONGOING ACTIVITIES RELATED TO ORGANIZATIONAL TRANSITION
AURORA THEATRE COMPANY 2081 ADDISON STREET BERKELEY, CA 94704	94-3168663	501(C)(3)	7,000.	0.			GENERAL SUPPORT
BLACK MESA WATER COALITION P.O. BOX 613 FLAGSTAFF, AZ 86002	68-0535413	501(C)(3)	6,400.	0.			GENERAL SUPPORT
BREAST CANCER RESEARCH FOUNDATION 60 E. 56TH ST., 8TH FLOOR NEW YORK, NY 10022	13-3727250	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CALVARY BIBLE CHURCH 1757 HOURET COURT MILLPITAS, CA 95035	47-0910948	501(C)(3)	17,000.	0.			GENERAL SUPPORT
CARE-COOP FOR ASSIST& RELIEF EVERYWHERE - GIFT CENTER P.O. BOX 1870 - MERRIFIELD, VA 22116	13-1685039	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CARTER CENTER ONE COPENHILL ATLANTA, GA 30307	58-1454716	501(C)(3)	6,150.	0.			GENERAL SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations

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CENTER FOR VICTIMS OF TORTURE 717 EAST RIVER ROAD MINNEAPOLIS, MN 55455	36-3383933	501(C)(3)	11,000.	0.			GENERAL SUPPORT
CENTRAL ASIA INSTITUTE P.O. BOX 7209 BOZEMAN, MT 59771	51-0376237	501(C)(3)	65,250.	0.			OVERSEAS EDUCATION PROJECT SUPPORT, US OPERATIONS AND PROJECTS IN PAKISTAN & AFGHANISTAN
CENTRAL PARK CONSERVANCY 14 EAST 60TH ST NEW YORK, NY 10022	13-3022855	501(C)(3)	50,000.	0.			TREE TRUST
CHILDRENS DEFENSE FUND 25 E STREET, NW WASHINGTON, DC 20001	52-0895822	501(C)(3)	13,000.	0.			GENERAL SUPPORT
CHURCH OF GAIA-COUNCIL OF SIX DIRECTIONS - 8 PIONEER ROAD - SILVER CITY, NM 88061	84-1181340	501(C)(3)	5,350.	0.			GENERAL SUPPORT
CIRCLE FOUNDATION 7409 FAIRFAX ROAD BETHESDA, MD 20814	52-1760808	501(C)(3)	655,000.	0.			GENERAL SUPPORT
CODMAN ACADEMY CHARTER PUBLIC SCHOOL FOUNDATION - 637 WASHINGTON ST - DORCHESTER, MA 02124	04-3559945	501(C)(3)	9,000.	0.			GENERAL SUPPORT AND EVERY STEP COUNTS
COMPASSION AND CHOICES 4100 E. MISSISSIPPI AVE GLENDALE, CO 80246	84-1328829	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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CONNECTICUT FARMLAND TRUST 77 BUCKINGHAM ST HARTFORD, CT 06106	32-0007171	501(C)(3)	6,000.	0.			GENERAL SUPPORT
CONNECTICUT FOOD BANK, INC. P.O. BOX 8686 NEW HAVEN, CT 06531	06-1063025	501(C)(3)	21,207.	0.			GENERAL SUPPORT
CONNECTICUT INSTITUTE FOR THE BLIND-OAK HILL FUND - 120 HOLCOMB ST - HARTFORD, CT 06112	06-0669111	501(C)(3)	50,000.	0.			GENERAL SUPPORT
CONSERVATION ALLIANCE P.O. BOX 1275 BEND, OR 97709	94-3100867	501(C)(3)	7,500.	0.			THE CONSERVATION ALLIANCES LEGACY FUND
CO-OP AMERICA FOUNDATION, INC. 1612 K STREET, NW, SUITE 600 WASHINGTON, DC 20006	52-1660746	501(C)(3)	6,800.	0.			GENERAL SUPPORT
CORPORATE ACCOUNTABILITY INTERNATIONAL - 10 MILK ST, SUITE 610 - BOSTON, MA 02108	41-1322686	501(C)(3)	10,250.	0.			GENERAL SUPPORT
CREATING ECONOMIC OPPORTUNITIES FOR WOMEN - 405 14TH ST, SUITE 712 - OAKLAND, CA 94612	55-0836010	501(C)(3)	20,000.	0.			GENERAL SUPPORT
DOCTORS WITHOUT BORDERS P.O. BOX 5030 HAGERSTOWN, MD 21741	13-3433452	501(C)(3)	15,550.	0.			GENERAL SUPPORT

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EARS-EFFECTIVE ALTERNATIVE RECONCILIATION SERVICES - 3319 ROCHAMBEAU AVE - BRONX, NY 10467	13-3514684	501(C)(3)	60,000.	0.			GENERAL SUPPORT
EAST BAY CHURCH OF RELIGIOUS SCIENCE - 4130 TELEGRAPH AVE - OAKLAND, CA 94609	94-2220113	501(C)(3)	50,000.	0.			GENERAL SUPPORT
FEEDING AMERICA 35 E. WAACKER DR., SUITE 2000 CHICAGO, IL 60601	36-3673599	501(C)(3)	6,350.	0.			GENERAL SUPPORT
FERNBANK MUSEUM OF NATURAL HISTORY 767 CLIFTON ROAD NE ATLANTA, GA 30307	58-6028607	501(C)(3)	10,000.	0.			FOR FERNBANK FOREST
FIDELITY CHARITABLE GIFT FUND P.O. BOX 770001 CINCINNATI, OH 45277	11-0303001	501(C)(3)	9,383.	0.			GENERAL SUPPORT
FINCA INTERNATIONAL, INC. 1101 14TH STREET, NW 11TH FLOOR WASHINGTON, DC 20005	13-3240109	501(C)(3)	14,560.	0.			GENERAL SUPPORT
FLAGSTAFF CENTER FOR COMPASSIONATE COMMUNICATION - 1621 N WEST STREET - FLAGSTAFF, AZ 86004	86-0929483	501(C)(3)	7,600.	0.			GENERAL SUPPORT AND MONTHLY RENT
FLORIDA HOSPITAL SEVENTH-DAY ADVENTIST CHURCH - 2800 N. ORANGE AVENUE - ORLANDO, FL 11111	59-3039337	501(C)(3)	75,000.	0.			GENERAL SUPPORT

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**Part I** CALVERT SOCIAL INVESTMENT FOUNDATION

Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

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FOREST GUARDIANS 312 MONTEZUMA AVE #A SANTA FE, NM 87501	85-0406306	501(C)(3)	25,000.	0.			GENERAL SUPPORT
FORESTETHICS ONE HAIGHT STREET, SUITE B SAN FRANCISCO, CA 94102	94-3331587	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FRIENDS OF ARAVIND C/O DR. FRED C MUNSON 9981 BETHEL C MANCHESTER, MI 48158	38-3532410	501(C)(3)	38,375.	0.			GENERAL SUPPORT
FULLA LIFELINE INTERNATIONAL 3901 GALLOWS RD ANNANDALE, VA 22003	54-1996160	501(C)(3)	12,000.	0.			ADMINISTRATIVE EXPENSES IN THE US AND OPERATING EXPENSES AT THE CHILDRENS HOUSE IN SUDAN
FULL CIRCLE FUND 2601 MISSION ST SUITE 901 SAN FRANCISCO, CA 94110	94-3378350	501(C)(3)	6,000.	0.			GENERAL SUPPORT
FUND FOR PUBLIC SCHOOLS 52 CHAMBERS ST, ROOM 305 NEW YORK, NY 10007	11-2656137	501(C)(3)	23,000.	0.			VANGUARD HIGH SCHOOL AND THE BAND PROGRAM AT P.S. 29
GEORGIA FORESTWATCH, INC 15 TOWER ROAD ELLIJAY, GA 30540	58-2188475	501(C)(3)	10,000.	0.			GENERAL SUPPORT
GILDA'S CLUB SEATTLE 1400 BROADWAY SEATTLE, WA 98122	91-1742315	501(C)(3)	15,000.	0.			GENERAL SUPPORT

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GLOBAL GREENGRANTS FUND 2840 WILDERNESS PLACE, SUITE A BOULDER, CO 80301	84-1612422	501(C)(3)	25,000.	0.			GENERAL SUPPORT
GLOBAL RESOURCE ALLIANCE 963 OSO RD OJAI, CA 93023	04-3677200	501(C)(3)	70,000.	0.			RURAL WATER DEVELOPMENT PROJECT
GRACE UNITED METHODIST CHURCH 555 RUSSELL AVENUE WYCKOFF, NJ 07446	22-6033193	501(C)(3)	8,000.	0.			GENERAL SUPPORT, UNIFIED BUDGET AND RENEWAL OF GRACE
HAND IN HAND PARENTING P.O. BOX 1279 PALO ALTO, CA 94302	77-0234719	501(C)(3)	7,000.	0.			GENERAL SUPPORT
HOUSE OF RUTH 5 THOMAS CIRCLE NW WASHINGTON, DC 20005	52-1054102	501(C)(3)	8,500.	0.			GENERAL SUPPORT
HOUSTON FOOD BANK 3811 EASTEX FREEWAY HOUSTON, TX 77026	74-2181456	501(C)(3)	10,000.	0.			GENERAL SUPPORT
INTERNATIONAL MINISTRIES, ABC-USA P.O. BOX 851 VALLEY FORGE, PA 19482	22-2714023	501(C)(3)	13,000.	0.			SCHOLARSHIP FUND AND SUPPORT OF INTERNATIONAL MINISTRIES
INTERNATIONAL RESCUE COMMITTEE, INC - 122 E 42ND ST 12 - NEW YORK, NY 10168	13-5660870	501(C)(3)	7,925.	0.			GENERAL SUPPORT

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**Part I** CALVERT SOCIAL INVESTMENT FOUNDATION

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INTERVARSITY CHRISTIAN FELLOWSHIP USA - 6400 SCHROEDER ROAD P.O. BOX 7895 - MADISON, WI 53707	36-2171714	501(C)(3)	17,000.	0.			MINISTRY AT HARVARD UNIVERSITY, MINISTRY AT UMASS AMHERST, NT WRIGHT MISSION AND FOLLOWING
ITHACA MONTHLY MEETING, RELIGIOUS SOCIETY OF FRIENDS - 52 GRAY ROAD - ITHACA, NY 14850	56-2466067	501(C)(3)	6,000.	0.			GENERAL SUPPORT
JAZZ SCHOOL 2087 ADDISON STREET BERKELEY, CA 94704	43-1983168	501(C)(3)	40,000.	0.			GENERAL SUPPORT
JOHNS CREEK UNITED METHODIST CHURCH - 11180 MEDLOCK BRIDGE ROAD - DULUTH, GA 30097	36-2167731	501(C)(3)	7,200.	0.			GENERAL SUPPORT
JUSTICE THROUGH MUSIC 8100 BEECH TREE ROAD BETHESDA, MD 20817	27-0051467	501(C)(3)	10,000.	0.			GENERAL SUPPORT
KUUMBWA JAZZ SOCIETY 320-2 CEDAR STREET SANTA CRUZ, CA 95060	51-0159252	501(C)(3)	10,350.	0.			GENERAL SUPPORT
LOUIS D. BROWN PEACE INSTITUTE 1452 DORCHESTER AVENUE 2ND FLOOR DORCHESTER, MA 02122	23-7125970	501(C)(3)	20,000.	0.			GENERAL SUPPORT
MAINE FARMLAND TRUST 97 MAIN STREET BELFAST, ME 04915	01-0528014	501(C)(3)	50,000.	0.			GENERAL SUPPORT

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**CALVERT SOCIAL INVESTMENT FOUNDATION**

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MAINE INITIATIVES P.O. BOX 2248 AUGUSTA, ME 04338	01-0484310	501(C)(3)	30,000.	0.			GENERAL SUPPORT, HARVEST FUND, FELDER FUND
MARY, QUEEN OF PEACE 1121 228TH AVE, SE SAMMAMISH, WA 98075	91-1581183	501(C)(3)	10,000.	0.			GENERAL SUPPORT
MASSACHUSETTS FOUNDATION FOR THE HUMANITIES - 66 BRIDGE STREET - NORTHAMPTON, MA 01060	22-2504778	501(C)(3)	6,000.	0.			CLEMENTE PROGRAM
MEDIATORS FOUNDATION 2525 ARAPAHOE AVE, SUITE B4 BOULDER, CO 80302	04-3002588	501(C)(3)	10,000.	0.			TRANSPARTISAN CENTER
MERCY CORPS 3030 SW FIRST AVE PORTLAND, OR 97201	91-1148123	501(C)(3)	8,013.	0.			GENERAL SUPPORT
METHODIST CONFERENCE HOME, INC. 46 SUMMER STREET ROCKLAND, ME 04841	01-0275875	501(C)(3)	7,500.	0.			KNOX CO MEALS ON WHEELS PROGRAM
MY SISTERS PLACE P.O. BOX 29596 WASHINGTON, DC 20017	52-1263256	501(C)(3)	5,500.	0.			GENERAL SUPPORT
NATIONAL TRUST FOR HISTORICAL PRESERVATIONS - 1785 MASSACHUSETTS AVENUE, NW - WASHINGTON, DC 20036	53-0210807	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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NATURAL CAPITAL INSTITUTE - INTERRA - 3 GATE FIVE ROAD, SUITE A - SAUSALITO, CA 94965	38-3705448	501(C)(3)	10,000.	0.			GENERAL SUPPORT
NATURAL RESOURCES DEFENSE COUNCIL P.O. BOX 1830 MERRIFIELD, VA 22116	13-2654926	501(C)(3)	6,525.	0.			GENERAL SUPPORT AND COASTAL PRESERVATION
NEIGHBOR TO NEIGHBOR MASSACHUSETTS 8 BEACON ST, 4TH FLOOR BOSTON, MA 02108	04-3507716	501(C)(3)	13,000.	0.			GENERAL SUPPORT AND THE STUDENT IMMIGRATION MOVEMENT
NEIGHBORHOOD FARMERS MARKET ALLIANCE - 4519 1/2 UNIVERSITY WAY NE, #202 - SEATTLE, WA 98105	91-1589972	501(C)(3)	6,600.	0.			FOR CCFM DOUBLE YOUR DOLLARS PROGRAM
NESKAYA, INC P.O. BOX 634 FRANCONIA, NH 03580	74-3043760	501(C)(3)	39,924.	0.			GENERAL SUPPORT
NEW HOPE FOR WOMEN P.O. BOX A ROCKLAND, ME 04841	01-0377246	501(C)(3)	100,000.	0.			GENERAL SUPPORT
NEW ISRAEL FUND 1101 14TH STREET, NW 6TH FLOOR WASHINGTON, DC 20005	94-2607722	501(C)(3)	24,095.	0.			GENERAL SUPPORT, BTSELEM AND HOTLINE FOR MIGRANT WORKERS
NEWTON COMMUNITY SERVICE CENTERS, INC - 492 WALTHAM STREET - NEWTON, MA 02465	04-2232418	501(C)(3)	8,000.	0.			GENERAL SUPPORT

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NEWTON SCHOOLS FOUNDATION 100 WALNUT STREET NEWTON, MA 02460	23-7065010	501(C)(3)	10,000.	0.			GENERAL SUPPORT
OAK GROVE MONTESSORI SCHOOL 132 PLEASANT VALLEY ROAD MANSFIELD, CT 06259	06-1045034	501(C)(3)	18,450.	0.			GENERAL SUPPORT, ART PROGRAM GRAND AND AUCTION EXPENSES
OBERLIN COLLEGE STEWARDSHIP OFFICE, 50 W. LORAIN ST OBERLIN, OH 44074	34-0714363	501(C)(3)	5,270.	0.			GENERAL SUPPORT AND BONNER CENTER FOR SERVICE AND LEARNING
ORGANIC CONSUMERS ASSOCIATION 6771 SOUTH SILVER HILL DRIVE FINLAND, MN 55603	41-1908341	501(C)(3)	50,500.	0.			GENERAL SUPPORT
OXFAM-AMERICA INC 226 CAUSEWAY ST, 5TH FLOOR BOSTON, MA 02114	23-7069110	501(C)(3)	13,500.	0.			GENERAL SUPPORT
PAN-MASSACHUSETTS CHALLENGE 77 FOURTH AVENUE NEEDHAM, MA 02494	04-2746912	501(C)(3)	5,500.	0.			GENERAL SUPPORTQ
PARTNERS IN HEALTH A NONPROFIT CORPORATION - 641 HUNTINGTON AVE, 1ST FLOOR - BOSTON, MA 02115	04-3567502	501(C)(3)	6,750.	0.			FOR THE SI A LA VIDA PROGRAM
PEOPLE FOR THE ETHICAL TREATMENT OF ANIMALS, INC - 501 FRONT ST - NORFOLK, VA 23510	31-1621126	501(C)(3)	7,000.	0.			GENERAL SUPPORT

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PLANNED PARENTHOOD FEDERATION OF AMERICA - 434 WEST 33RD ST - NEW YORK, NY 10001	13-1644147	501(C)(3)	5,250.	0.			GENERAL SUPPORT
PROJECT VOTE 739 8TH ST. SE, SUITE 202 WASHINGTON, DC 20003	72-1268719	501(C)(3)	7,485.	0.			VOTER REGISTRATION AND PARTICIPATION
PROJECT ZAWADI, INC 253 DUKE ST ST. PAUL, MN 55102	06-1629249	501(C)(3)	10,000.	0.			GENERAL SUPPORT
PROSPECT SIERRA SCHOOL 2060 TAPSCOTT AVENUE EL CERRITO, CA 94530	94-2940144	501(C)(3)	9,000.	0.			GENERAL SUPPORT AND CAPITAL CAMPAIGN
RESIST, INC 259 ELM STREET SOMERVILLE, MA 02144	04-2433182	501(C)(3)	5,500.	0.			GENERAL SUPPORT
RIVERSIDE LAND CONSERVANCY 4075 MISSION INN AVENUE RIVERSIDE, CA 92501	33-0294311	501(C)(3)	6,000.	0.			GENERAL SUPPORT
ROMANIAN CHILDRENS RELIEF 11 LATTISQUAMA ROAD SOUTHBOROUGH, MA 01772	22-3087622	501(C)(3)	13,000.	0.			GENERAL SUPPORT
ROOM TO READ 111 SUTTER ST, 16TH FLOOR SAN FRANCISCO, CA 94104	91-2003533	501(C)(3)	7,000.	0.			FOR VIETNAM LIBRARY PROJECT

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

**SCHEDULE I-1**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)  
 Attach to Form 990 to list additional information for  
 Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047  
2008

Open to Public  
Inspection

Name of the organization

Employer identification number  
52-1591398

**CALVERT SOCIAL INVESTMENT FOUNDATION**

Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROOT CAPITAL 675 MASSACHUSETTS AVE, 8TH FLOOR CAMBRIDGE, MA 02139	04-3478123	501(C)(3)	50,000.	0.			GENERAL SUPPORT
ROVA ARTS ELIZABETH ENGLAND, 333 12TH STREET SAN FRANCISCO, CA 94103	94-3015358	501(C)(3)	21,000.	0.			GENERAL SUPPORT AND THE MOCRACY PROJECT
RUGMARK FOUNDATION 2001 S STREET NW, SUITE 430 WASHINGTON, DC 20009	52-2042014	501(C)(3)	50,000.	0.			GENERAL SUPPORT
SAINT LUKES SCHOOL 1755 CLAY STREET SAN FRANCISCO, CA 94109	94-1196210	501(C)(3)	7,500.	0.			GENERAL SUPPORT
SCHWAB CHARITABLE FUND 101 MONTGOMERY ST SAN FRANCISCO, CA 94104	31-1640316	501(C)(3)	9,363.	0.			GENERAL SUPPORT
SEACOLOGY 1623 SOLANO AVE BERKELEY, CA 94707	87-0495235	501(C)(3)	11,750.	0.			GENERAL SUPPORT
SERVICE OF THE EMERGENCY AID RESOURCE CENTER FOR THE HOMELESS (SEARCH) - 2505 FANNIN ST - HOUSTON, TX 77002	76-0260403	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVE MONTGOMERY, AL 36101	63-0598743	501(C)(3)	6,600.	0.			GENERAL SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations

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**CALVERT SOCIAL INVESTMENT FOUNDATION**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. FRANCIS OF ASSISSI CHURCH 1114 THIRD ST SE ROCHESTER, MN 55904	53-0196617	501(C)(3)	14,400.	0.			GENERAL SUPPORT
ST. STEPHEN AND THE INCARNATION 1525 NEWTON STREET, NW WASHINGTON, DC 20010	53-0220713	501(C)(3)	7,500.	0.			GENERAL SUPPORT
ST. MARY OF THE ANGELS CATHOLIC CHURCH - 377 WALNUT AVENUE - ROXBURY, MA 02119	04-3071454	501(C)(3)	9,900.	0.			GENERAL SUPPORT AND FATHER DAVE LEGACY FUND
ST. WILLIAM CATHOLIC CHURCH 1226 W. OAK STREET LOUISVILLE, KY 40210	61-0447247	501(C)(3)	8,500.	0.			GENERAL SUPPORT AND FOR THE SVDP CONFERENCE
SUNSET PRESBYTERIAN CHURCH 14986 NW CORNELL RD. PORTLAND, OR 97229	93-6014978	501(C)(3)	8,950.	0.			GENERAL SUPPORT, MISSIONS, HELPING HAND AND COUNSELING PROGRAMS
SUSTAINABLE HARVEST INTERNATIONAL 81 NEWBURY NECK ROAD SURRY, ME 04684	04-3370577	501(C)(3)	7,500.	0.			GENERAL SUPPORT
THE CONSERVATION FUND 1655 NORTH FORT MYER DRIVE, SUITE 1 ARLINGTON, VA 22209	52-1388917	501(C)(3)	10,250.	0.			GENERAL SUPPORT AND PROJECTS IN SOUTHEAST
THE HUNGER PROJECT 5 UNION SQUARE WEST NEW YORK, NY 10003	94-2443282	501(C)(3)	15,000.	0.			GENERAL SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations

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832241 12-17-08

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

Schedule I-1 (Form 990) 2008

Open to Public  
Inspection

Name of the organization

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**CALVERT SOCIAL INVESTMENT FOUNDATION**

**Part II Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE NATURE CONSERVANCY 1313 W. PEACHTREE ST, SUITE 410 ATLANTA, GA 30076	53-0242652	501(C)(3)	13,276.	0.			GENERAL SUPPORT AND GEORGIA PROJECTS
THE REVERENCE PROJECT/ETINA 9101 HOOPER AVE LOS ANGELES, CA 90002	95-4658841	501(C)(3)	30,000.	0.			GENERAL SUPPORT
THE SIERRA CLUB FOUNDATION 85 SECOND ST, SUITE 750 SAN FRANCISCO, CA 94105	94-6069890	501(C)(3)	23,210.	0.			GENERAL SUPPORT, FOR ENVIRONMENTAL JUSTICE INITIATIVES IN LOW-INCOME COMMUNITIES AND PROJECTS
THE THEATER OFFENSIVE 29 ELM STREET #2 CAMBRIDGE, MA 02139	04-3039900	501(C)(3)	7,500.	0.			GENERAL SUPPORT
THE TIDES FOUNDATION P.O. BOX 29903 SAN FRANCISCO, CA 94129	51-0198509	501(C)(3)	26,750.	0.			GENERAL SUPPORT
THE TRUST FOR PUBLIC LAND 116 NEW MONTGOMERY STREET 4TH FLOOR SAN FRANCISCO, CA 94105	23-7222333	501(C)(3)	10,000.	0.			GEORGIA PROJECTS
THE WOMENS FOUNDATION OF CALIFORNIA - 340 PINE ST. #302 - SAN FRANCISCO, CA 94104	94-2752421	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THOREAU UNITARIAN UNIVERSALIST CONGREGATION OF FORT BEND COUNTY - 3945 GREENBRIAR #D & #E - STAFFORD, TX 77477	05-3670286	501(C)(3)	10,000.	0.			GENERAL SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations

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**CALVERT SOCIAL INVESTMENT FOUNDATION**

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TIDES CENTER P.O. BOX 29907 BLDG 1014 SAN FRANCISCO, CA 94129	94-3213100	501(C)(3)	60,000.	0.			TPW ENERGY COLLABORATIVE AND PEACEFUL TOMORROWS/TIDES CENTER, FOR THE WOMENS BIOETHICS
TRUE NATURE SOCIETY 35070 HIGHWAY 33 CUYAMA, CA 93252	38-3692928	501(C)(3)	16,667.	0.			FOR QUAD SPRINGS LEARNING OASIS
TRUSTEESHIP INSTITUTE 61 BAKER ROAD SHUTESBURY, MA 01072	23-7321582	501(C)(3)	12,011.	0.			GENERAL SUPPORT
TSNE 89 SOUTH STREET, SUITE 700 BOSTON, MA 02111	04-2261109	501(C)(3)	15,000.	0.			GENERAL SUPPORT
UNITARIAN UNIVERSALIST CHURCH OF BERKELEY - 1 LAWSON ROAD - KENSINGTON, CA 94707	94-1279813	501(C)(3)	5,100.	0.			GENERAL SUPPORT
UNITED FOR A FAIR ECONOMY INC 29 WINTER STREET BOSTON, MA 02108	04-3286118	501(C)(3)	7,250.	0.			GENERAL SUPPORT
UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE NEW YORK, NY 10038	13-1760110	501(C)(3)	5,860.	0.			GENERAL SUPPORT, AFGHAN CHILDREN'S FUND AND ZIMBABWE RELIEF
UNITED WAY OF CHITTENDEN COUNTY, INC - 95 ST. PAUL STREET, SUITE 200 - BURLINGTON, VT 05401	03-0217229	501(C)(3)	20,000.	0.			GENERAL SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations

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**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)  
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**CALVERT SOCIAL INVESTMENT FOUNDATION**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITY SCHOOL OF CHRISTIANITY 1901 NW BLUE PARKWAY LESS SUMMIT, MO 64065	44-0546000	501(C)(3)	6,000.	0.			GENERAL SUPPORT AND SILENT UNITY MINISTRY
UNIVERSITY OF DELAWARE-COLLEGE OF MARINE/EARTH STUDIES - JACK GALLAGHER 700 PILOTTOWN ROAD - LEWES, DE 19958	51-6000297	501(C)(3)	25,000.	0.			TO BE USED FOR THE DEVELOPMENT OF SEASHORE MALLOW AS AN OIL CROP
UNIVERSITY OF MICHIGAN - ROSS SCHOOL OF BUSINESS - 701 TAPPAN ST 3700 WYLY HALL ATTN: DEVELOPMENT & ALUMNI RELATIONS - ANN ARBOR, MI	38-6006309	501(C)(3)	20,000.	0.			NONPROFIT INTERNSHIP FUND OF THE CLASS OF 2008 CLASS GIFT AND IN SUPPORT OF NIGUS
UNIVERSITY OF WASHINGTON - DEPT OF MECHANICAL ENGINEERING - BOX 352600 - SEATTLE, WA 98195	94-3079432	501(C)(3)	61,500.	0.			DR. HUNTER HOFFMAN AND THE VR THERAPY PROGRAM AND COMPUTER SCIENCE AND ENGINEERING ANNUAL FUND
UPPER CHATTAHOOCHEE RIVERKEEPER 3 PURITAN MILL 916 JOSEPH LOWERY BL ATLANTA, GA 30318	58-2095413	501(C)(3)	20,000.	0.			GENERAL SUPPORT
UPPER VALLEY WALDORF SCHOOL 80 BLUSS ROAD P.O. BOX 709 QUECHEE, VT 05059	03-0312346	501(C)(3)	26,500.	0.			TUITION ASSISTANCE FUND AND TRACY NERI FUND
USACTION EDUCATION FUND 1825 K. STREET, NW ROOM 210 WASHINGTON, DC 20006	52-2214307	501(C)(3)	7,500.	0.			VOTER REGISTRATION AND MOBILIZATION
VILLAGE HARMONY 5748 HOLLISTER ROAD MARSHFIELD, VT 05658	03-0352863	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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832241 12-17-08

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Schedule I-1 (Form 990) 2008

**SCHEDULE I-1**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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**CALVERT SOCIAL INVESTMENT FOUNDATION**

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMENS EMPOWERMENT NETWORK P.O. BOX 7652 OLYMPIA, WA 98507	77-0566997	501(C)(3)	7,000.	0.			FOR THE RADIO PROJECT INVOLVING YOUTH AND OTHERS IN MULUKUKU
WORKING WONDERS CHILDREN'S MUSEUM 520 SW POWERHOUSE DR #624 BEND, OR 97702	93-1331174	501(C)(3)	11,700.	0.			GENERAL SUPPORT
WORLD VISION INTERNATIONAL 34834 WEYERHAUSER WAY S FEDERAL WAY, WA 98063	95-1922279	501(C)(3)	5,470.	0.			GENERAL SUPPORT AND FOR DISASTER RELIEF
YOUNG LIFE P.O. BOX 520 COLORADO SPRINGS, CO 80901	84-0385934	501(C)(3)	10,000.	0.			FOR THE MINISTRY IN CAMBRIDGE, MASSACHUSETTS
YOUTH FOR ENVIRONMENTAL SANITY 420 BRONCO ROAD SOQUEL, CA 95073	77-0467495	501(C)(3)	60,000.	0.			GENERAL SUPPORT
YOUTH UPRISING 8711 MACARTHUR BLVD OAKLAND, CA 94605	20-3321544	501(C)(3)	20,000.	0.			GENERAL SUPPORT AND KIDS FIRST COALITION
AGRICULTURE & LAND BASED TRAINING ASSOCIATION - C/O BRETT MALONE P.O. BOX 6264 - SALINAS, CA 93912	77-0566055	501(C)(3)	71,180.	0.			TO RESTRUCTURE THE RURAL ECONOMY THROUGH EMPLOYMENT AND BUSINESS OWNERSHIP OPPORTUNITIES
ALBA-GRANT P.O. BOX 6424 SALINAS, CA 93912	77-0566055	501(C)(3)	51,010.	0.			TO ENCOURAGE & SUPPORT SMALL & MICRO-BUSINESS AS AN ALTERNATIVE OR ADJUNCT TO SEASONAL FARM WORK

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832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1**  
**(Form 990)**

Department of the Treasury  
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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY INVESTMENT NETWORK 2205 UP ABOVE LANE RALEIGH, NC 27614	58-2085326	501(C)(3)	21,135.	0.			STRENGTHENING RURAL ASSET-BASED ECONOMIES AND ECONOMIC STRATEGIES
EL PAJARO COMMUNITY DEVELOPMENT CORPORATION - 23 EAST BEACH STREET #209 - WATSONVILLE, CA 95076	94-2656048	501(C)(3)	80,000.	0.			TO ENCOURAGE AND SUPPORT SMALL AND MICRO-BUSINESSES AS AN ALTERNATIVE OR ADJUNCT TO
FAIRFIELD FIRST C/O BURT CHOJNOWSKI P.O. BOX 1176 FAIRFIELD, IA 52556	26-1909552	501(C)(3)	5,070.	0.			STRENGTHENING RURAL ASSET-BASED ECONOMIES AND ECONOMIC STRATEGIES
INDIAN LAND TENURE FOUNDATION 151. EAST COUNTY RD B2 LITTLE CANADA, MN 55417	41-2014273	501(C)(3)	150,636.	0.			STRENGTHENING RURAL ASSET-BASED ECONOMIES AND ECONOMIC STRATEGIES
MARKETUMBRELLA.ORG 200 BROADWAY STE 107 NEW ORLEANS, LA 70118	26-2477706	501(C)(3)	76,326.	0.			TO INCREASE ACCESS TO MARKETS AND OPPORTUNITIES FOR URBAN AND RURAL FARMERS THROUGHOUT THE
MISSISSIPPI ASSOCIATION OF COOPERATIVES - ATTN: KATRINA MCLIN 233 E. HAMILTON ST - JACKSON, MS 39202	64-0516373	501(C)(3)	100,362.	0.			TO INCREASE ACCESS TO MARKETS AND OPPORTUNITIES FOR URBAN AND RURAL FARMERS THROUGHOUT THE
NORTHEAST LOUISIANA DELTA CDC P.O. BOX 1149 TALLULAH, LA 71282	72-1298779	501(C)(3)	26,113.	0.			TO STRENGTHEN REGIONAL HEALTHCARE, EDUCATION AND ECONOMIC OPPORTUNITIES THROUGH CONVERTING A
PATHWAYS TO PROSPERITY C/O ANNA SARCIA P.O. BOX 1388 BELCOURT, ND 58316	45-0223074	501(C)(3)	8,804.	0.			STRENGTHENING RURAL ASSET-BASED ECONOMIES AND ECONOMIC STRATEGIES

2 Enter total number of Section 501(c)(3) and government organizations

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**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)  
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Name of the organization

**CALVERT SOCIAL INVESTMENT FOUNDATION**

Employer identification number  
52-1591398

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALVERT SOCIAL INVESTMENT FOUNDATION - 7315 WISCONSIN AVE, SUITE 1100W - BETHESDA, MD 20814	52-1591398	501(C)(3)	61,164.	0.			GENERAL SUPPORT
GRASSROOTS INTERNATIONAL 179 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02130	04-2791159	501(C)(3)	7,750.	0.			GENERAL SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations

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**Part IV** Supplemental Information

AND THOSE ARE APPROVED BY THE INVESTMENT COMMITTEE AND A BUDGET FOR THE PROJECT IS ESTABLISHED.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: INTERVARSITY CHRISTIAN FELLOWSHIP USA

(H) PURPOSE OF GRANT OR ASSISTANCE: MINISTRY AT HARVARD UNIVERSITY, MINISTRY AT UMASS AMHERST, NT WRIGHT MISSION AND FOLLOWING CHRIST CONFERENCE

NAME OF ORGANIZATION OR GOVERNMENT: THE SIERRA CLUB FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, FOR ENVIRONMENTAL JUSTICE INITIATIVES IN LOW-INCOME COMMUNITIES AND PROJECTS IN THE SOUTHEAST

NAME OF ORGANIZATION OR GOVERNMENT: TIDES CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TPW ENERGY COLLABORATIVE AND PEACEFUL TOMORROWS/TIDES CENTER, FOR THE WOMENS BIOETHICS PROJECT AND THE OPEN MIC PROJECT

NAME OF ORGANIZATION OR GOVERNMENT:

EL PAJARO COMMUNITY DEVELOPMENT CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ENCOURAGE AND SUPPORT SMALL AND MICRO-BUSINESSES AS AN ALTERNATIVE OR ADJUNCT TO SEASONAL FARM WORK

NAME OF ORGANIZATION OR GOVERNMENT: MARKETUMBRELLA.ORG

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INCREASE ACCESS TO MARKETS AND OPPORTUNITIES FOR URBAN AND RURAL FARMERS THROUGHOUT THE GULF COAST AND MID SOUTH REGIONS

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

MISSISSSIPPI ASSOCIATION OF COOPERATIVES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INCREASE ACCESS TO MARKETS AND OPPORTUNITIES FOR URBAN AND RURAL FARMERS THROUGHOUT THE GULF COAST AND MID SOUTH REGIONS

NAME OF ORGANIZATION OR GOVERNMENT: NORTHEAST LOUISIANA DELTA CDC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO STRENGTHEN REGIONAL HEALTHCARE, EDUCATION AND ECONOMIC OPPORTUNITIES THROUGH CONVERTING A FORMER JUVENILE PRISON IN TALLULAH INTO A SUCCESS CENTER

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2008**

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

CALVERT SOCIAL INVESTMENT FOUNDATION

Employer identification number

52-1591398

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use            |
| <input type="checkbox"/> Travel for companions                     | <input checked="" type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees              |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)            |

**b** If line 1a is 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

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                     | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes," to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X



**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions with Interested Persons**

▶ Attach to Form 990 or Form 990-EZ.  
▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, lines 38a or 40b.

OMB No. 1545-0047

**2008**  
Open To Public Inspection

Name of the organization **CALVERT SOCIAL INVESTMENT FOUNDATION** Employer identification number **52-1591398**

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).  
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ \_\_\_\_\_  
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**  
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

**Part IV Business Transactions Involving Interested Persons.**  
To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
CALVERT GROUP LTD (B. KRUM	DIRECTOR	24690911.	INVESTMENT		X
TRUSTEESHIP INSTITUTE (TER	DIRECTOR	20,885.	GRANT FROM		X

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

**SCHEDULE M  
(Form 990)**

**NonCash Contributions**

OMB No. 1545-0047

**2008**

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Department of the Treasury  
Internal Revenue Service

▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

Name of the organization **CALVERT SOCIAL INVESTMENT FOUNDATION** Employer identification number **52-1591398**

Part	Types of Property	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	204	2,114,603.	FAIR MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( )				
26	Other ( )				
27	Other ( )				
28	Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment **29** **1**

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

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

CALVERT SOCIAL INVESTMENT FOUNDATION

Employer identification number  
52-1591398

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DEVELOPMENT ORGANIZATIONS FOR THE BENEFIT OF UNDERSERVED COMMUNITIES  
AND INDIVIDUALS TO ACHIEVE A MORE EQUITABLE AND SUSTAINABLE SOCIETY.

FORM 990, PART VI, SECTION A, LINE 2: WAYNE SILBY AND JOHN GUFFEY,  
FOUNDERS OF CALVERT GROUP, AND BARBARA KRUMSIEK, CEO AND CHAIRMAN OF THE  
BOARD OF CALVERT GROUP, ARE MEMBERS OF THE CALVERT FOUNDATION'S BOARD OF  
DIRECTORS. BARBARA KRUMSIEK AND REGINALD STANLEY ARE BOTH OFFICERS AT THE  
CALVERT GROUP AND MEMBERS OF CALVERT FOUNDATION'S BOARD OF DIRECTORS. IN  
ADDITION, REGINALD STANLEY AND KATHERINE STEARNS ARE MEMBERS OF THE BOARD  
OF DIRECTORS OF THE SOCIAL INVESTMENT FORUM AS WELL AS THE BOARD OF  
DIRECTORS OF CALVERT FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 10: NOT PROVIDED.

FORM 990, PART VI, SECTION B, LINE 12C: CALVERT FOUNDATION ANNUALLY  
REVIEWS ALL CONFLICT OF INTEREST DISCLOSURE STATEMENTS.

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

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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Inspection

Name of the organization

CALVERT SOCIAL INVESTMENT FOUNDATION

Employer identification number  
52-1591398

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

FORM 990 PART XI LINE 2C

OVERSIGHT PROCESS

THERE HAS BEEN NO CHANGE TO THE OVERSIGHT PROCESS OF THE AUDITED FINANCIAL STATEMENTS OR IN THE PROCESS OF SELECTING AN INDEPENDENT ACCOUNTANT

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF INTERESTED PERSON:

CALVERT GROUP LTD (B. KRUMSIEK, R. STANLEY, W. SILBY, J. GUFFEY, T. MOLLNER

(D) DESCRIPTION OF TRANSACTION: INVESTMENT IN CALVERT FOUNDATION

COMMUNITY INVESTMENT NOTE

(A) NAME OF PERSON: TRUSTEESHIP INSTITUTE (TERRY MOLLNER)

(D) DESCRIPTION OF TRANSACTION: GRANT FROM A DONOR-ADVISED FUND AND A CONTRIBUTION PASSTHROUGH TO TRUSTEESHIP INSTITUTE

FORM 990

OTHER LIABILITIES  
SCHEDULE D, PART X

STATEMENT 1

DESCRIPTION	AMOUNT
CCI NOTES PAYABLE	158,118,460.
LOAN PAYABLE TO ACACIA MUTUAL LIFE INSURANCE COMPANY	200,000.
LOAN PAYABLE TO MACARTHUR FOUNDATION	3,500,000.
LOAN PAYABLE TO AMERITAS LIFE INSURANCE COMPANY	2,000,000.
LOAN PAYABLE TO COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION FUND	1,000,000.
LOAN PAYABLE TO US TRUST COMPANY	10,000.
LOAN PAYABLE TO WASHINGTON MUTUAL BANK. FA	3,000,000.
REFUNDABLE GRANT TO OPEN SOCIETY INSTITUTE	1,000,000.
LOAN PAYABLE TO THE ROCKEFELLER FOUNDATION	450,000.
LOAN PAYABLE TO THE STEPHEN CASE FOUNDATION	666,665.
LOAN PAYABLE TO NORTH WEST AREA FOUNDATION	500,000.
LOAN PAYABLE TO THE FORD FOUNDATION	750,000.
LOAN PAYABLE TO THE DOEN FOUNDATION	1,200,000.
LOAN PAYABLE TO THE FB HERON FOUNDATION	500,000.
LOAN PAYABLE TO CHARLES MACMARTIN	150,000.
TOTAL TO FORM 990, SCHEDULE D, PART X	173,045,125.