

**Form 990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**  
Open to Public Inspection

**A** For the **2019** calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization CALVIN UNIVERSITY Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3201 BURTON STREET SE City or town, state or province, country, and ZIP or foreign postal code GRAND RAPIDS, MI 49546 <b>F</b> Name and address of principal officer: MICHAEL K LE ROY 3201 BURTON STREET SE, GRAND RAPIS, MI 4954	<b>D</b> Employer identification number 38-3071514 <b>E</b> Telephone number 616-526-6000 <b>G</b> Gross receipts \$ 228,099,124. <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates 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) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ WWW.CALVIN.EDU		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: 1991
		<b>M</b> State of legal domicile: MI

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: TO EQUIP STUDENTS TO THINK DEEPLY, TO ACT JUSTLY, AND TO LIVE WHOLEHEARTEDLY AS CHRIST'S AGENTS		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	31
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	31
	<b>5</b>	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	3496
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	200
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	1,442,311.
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	170,004.
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>
<b>9</b>		Program service revenue (Part VIII, line 2g)	26,062,284.	58,679,507.
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	149,806,850.	143,945,810.
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,044,448.	6,923,627.
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-19,599.	0.
<b>12</b>			185,893,983.	209,548,944.
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	56,873,574.	60,215,744.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	71,506,784.	69,044,484.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	37,877.	30,000.
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,096,997.		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	47,684,172.	44,899,396.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	176,102,407.	174,189,624.
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	9,791,576.	35,359,320.
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	488,669,511.	532,359,793.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	138,262,443.	153,699,184.
	<b>22</b>		350,407,068.	378,660,609.

**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.

<b>Sign Here</b>	Signature of officer JAMES ENGLISH, VP-ADMINISTRATION AND FINANCE Type or print name and title	Date			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name DORI J. EGGETT	Preparer's signature DORI J. EGGETT	Date 04/26/21	Check if self-employed <input type="checkbox"/>	PTIN P00645252
	Firm's name ▶ PLANTE & MORAN, PLLC Firm's address ▶ 750 TRADE CENTRE WAY, STE. 300 PORTAGE, MI 49002	Firm's EIN ▶ 38-1357951	Phone no. (269) 567-4500		

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE MISSION OF CALVIN UNIVERSITY IS TO EQUIP STUDENTS TO THINK DEEPLY, TO ACT JUSTLY, AND TO LIVE WHOLEHEARTEDLY AS CHRIST'S AGENTS OF RENEWAL IN THE WORLD.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] 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 [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 139,450,613. including grants of \$ 59,166,584. ) (Revenue \$ 125,210,786. ) CALVIN UNIVERSITY IS A COMPREHENSIVE LIBERAL ARTS UNIVERSITY IN THE REFORMED TRADITION OF HISTORIC CHRISTIANITY SEEKING TO BE AGENTS OF RENEWAL IN THE ACADEMY, CHURCH, AND SOCIETY. THE UNIVERSITY OFFERS 124 BACCALAUREATE AND THREE MASTER'S DEGREE PROGRAMS. IT MAINTAINS A CORE CURRICULUM INCLUDING REQUIRED COURSES IN MATHEMATICS, BIBLICAL OR THEOLOGICAL FOUNDATIONS, THE ARTS AND SCIENCES, LITERATURE, AND MORE. STUDENTS PARTICIPATE IN OFF-CAMPUS PROGRAMS AROUND THE WORLD DURING INTERIM TERMS (JANUARY/MAY) AND SEMESTER PROGRAMS. THE UNIVERSITY ALSO PROVIDES A CHRISTIAN LIBERAL ARTS EDUCATION TO INMATES AT THE RICHARD A. HANDLON CORRECTIONAL FACILITY IN IONIA, MI. THIS FIVE-YEAR PROGRAM RESULTS IN A BACHELOR OF ARTS DEGREE IN FAITH AND COMMUNITY LEADERSHIP. CALVIN UNIVERSITY IS CONSISTENTLY RANKED AMONG THE BEST COLLEGES OF THE

4b (Code: ) (Expenses \$ 17,998,367. including grants of \$ ) (Revenue \$ 15,501,706. ) CALVIN UNIVERSITY'S STUDENT SERVICES AND ACTIVITIES ARE INTENDED TO ENHANCE STUDENTS' SPIRITUAL, SOCIAL, EMOTIONAL, AND PHYSICAL WELL-BEING. THE UNIVERSITY'S STUDENT SERVICES AND ACTIVITIES INCLUDE AREAS SUCH AS REGULAR WORSHIP AND BIBLICAL LEARNING OPPORTUNITIES, A HEALTH SERVICES CLINIC, EMOTIONAL WELLNESS SUPPORT, STUDENT ORGANIZATIONS, CAMPUS TRADITIONS, SPORTS AND RECREATION, DIVERSITY AND INCLUSION INITIATIVES, SERVICE-LEARNING, DEDICATED CAMPUS SAFETY DEPARTMENT, SUSTAINABILITY EFFORTS, NUMEROUS SCHOLARSHIP OPPORTUNITIES, AND OTHER FINANCIAL AID.

4c (Code: ) (Expenses \$ 3,687,985. including grants of \$ ) (Revenue \$ 1,163,795. ) CALVIN UNIVERSITY PROVIDES ACADEMIC SUPPORT SERVICES FOR THE PRIMARY MISSIONS OF INSTRUCTION, RESEARCH, AND PUBLIC SERVICE. ACADEMIC SUPPORT SERVICES INCLUDE AREAS SUCH AS LIBRARIES, TECHNOLOGY SUPPORT, ACADEMIC TUTORING AND COACHING, WRITING ASSISTANCE, ON-CAMPUS MUSEUMS/GALLERIES, AND OTHER SERVICES THAT DIRECTLY ASSIST INSTRUCTIONAL ACTIVITIES.

4d Other program services (Describe on Schedule O.) (Expenses \$ 5,943,261. including grants of \$ 1,049,160. ) (Revenue \$ 1,041,241. )

4e Total program service expenses 167,080,226.

**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 <i>Schedule B, Schedule of Contributors</i> ?	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, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <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, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school 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 United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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

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

**Note:** All Form 990 filers are required to complete Schedule O

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

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<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	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (31), 1b (31), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records RUTH WITTE - 616-526-6130

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR MICHAEL LE ROY PRESIDENT	40.00			X			400,997.	0.	50,149.	
(2) DR CHERYL BRANDSEN PROVOST	40.00				X		183,595.	0.	35,768.	
(3) KENNETH ERFFMEYER VP OF ADVANCEMENT	40.00				X		169,766.	0.	41,642.	
(4) SALLY VANDER PLOEG VP OF ADMINISTRATION	40.00			X			181,946.	0.	26,371.	
(5) DR SARAH VISSER VP OF STUDENT LIFE	40.00					X	146,844.	0.	34,575.	
(6) DR LAURA CHAMPION DIRECTOR OF HEALTH SERVICE	40.00					X	147,410.	0.	31,379.	
(7) TODD HUBERS VP OF PEOPLE, STRATEGY, TECH	40.00					X	140,600.	0.	34,880.	
(8) LAUREN JENSEN VP OF ENROLLMENT	40.00					X	134,165.	0.	39,179.	
(9) AMBER WARNERS PROFESSOR, VOLLEYBALL COACH	40.00					X	130,548.	0.	31,508.	
(10) BRUCE LOS VICE CHAIR	1.00	X		X			0.	0.	0.	
(11) CRAIG LUBBEN CHAIR	4.00	X		X			0.	0.	0.	
(12) JANICE BUIKEMA SECRETARY	4.00	X		X			0.	0.	0.	
(13) MARY BONNEMA VICE CHAIR - PART YEAR	4.00	X		X			0.	0.	0.	
(14) DAVID COK BOARD MEMBER	1.00	X					0.	0.	0.	
(15) FERNANDO DELROSARIO BOARD MEMBER	1.00	X					0.	0.	0.	
(16) MARY TUUK BOARD MEMBER	1.00	X					0.	0.	0.	
(17) JEFFREY DENOYER BOARD MEMBER	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ALICIA SINCLAIR BOARD MEMBER	1.00	X						0.	0.	0.
(19) TIMOTHY GOUDZWAARD BOARD MEMBER	1.00	X						0.	0.	0.
(20) CHRISTOPHER GRIER BOARD MEMBER	1.00	X						0.	0.	0.
(20) ALLAN HOEKSTRA BOARD MEMBER	1.00	X						0.	0.	0.
(21) WENDY HOFMAN BOARD MEMBER	1.00	X						0.	0.	0.
(22) MARJORIE HOOGEBOOM BOARD MEMBER	1.00	X						0.	0.	0.
(23) LAMBERT KAMP BOARD MEMBER	1.00	X						0.	0.	0.
(24) ALICE KLAMER BOARD MEMBER	1.00	X						0.	0.	0.
(25) JONATHAN KUYERS BOARD MEMBER	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								1,635,871.	0.	325,451.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,635,871.	0.	325,451.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 22

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

(A) Name and business address	(B) Description of services	(C) Compensation
INCLINE ALCHEMY INC 575 DOUBLE EAGLE, SUITE 220, RENO, NV 89521	SOFTWARE	2,013,671.
GMB ARCHITECTURE & ENGINEERING, 225 S MAIN ST, SUITE 200, ROYAL OAK, MI 48067	ARCHITECTURE & ENGINEERING	774,621.
ELZINGA & VOLKERS, INC 86 E 6TH ST., HOLLAND, MI 49423	CONSTRUCTION	712,261.
MIDWEST COLLABORATIVE FOR LIBRARY SERVICES 6810 S CEDAR ST, LANSING, MI 48911	LIBRARY	586,894.
WORKDAY, 6110 STONERIDGE MALL ROAD, PLEASANTON, CA 94588	SOFTWARE	488,710.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 30

SEE PART VII, SECTION A CONTINUATION SHEETS



<b>Part VII</b> Section A. <b>Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b> (continued)										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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			
(26) THOMAS WYBENGA BOARD MEMBER	1.00	X						0.	0.	0.
(27) RICHARD MAST BOARD MEMBER	1.00	X						0.	0.	0.
(28) RHONDA ROORDA BOARD MEMBER	1.00	X						0.	0.	0.
(29) SCOTT SPOELHOF BOARD MEMBER	1.00	X						0.	0.	0.
(30) CARL TRIEMSTRA BOARD MEMBER	1.00	X						0.	0.	0.
(31) STEVEN TRIEZENBERG BOARD MEMBER	1.00	X						0.	0.	0.
(32) ANDREA KARSTEN BOARD MEMBER	1.00	X						0.	0.	0.
(33) RAY VANDERKOOI BOARD MEMBER	1.00	X						0.	0.	0.
(34) RACHEL VANDERVEEN BOARD MEMBER	1.00	X						0.	0.	0.
(35) ANDREW ELLIOT BOARD MEMBER	1.00	X						0.	0.	0.
(36) TIMOTHY HOWERZYL BOARD MEMBER	1.00	X						0.	0.	0.
(37) BENJAMIN IPEMA BOARD MEMBER	1.00	X						0.	0.	0.
(38) WILLIAM BOER BOARD MEMBER	1.00	X						0.	0.	0.
(39) WILLEMINA ZWART BOARD MEMBER	1.00	X						0.	0.	0.
(40) LOIS MILLER BOARD MEMBER	1.00	X						0.	0.	0.
(42) MARSHA VANDERGAAST BOARD MEMBER - PART YEAR	1.00	X						0.	0.	0.
(43) MICHAEL KOETJE BOARD MEMBER - PART YEAR	1.00	X						0.	0.	0.
(44) THOMAS GEELHOED BOARD MEMBER - PART YEAR	1.00	X						0.	0.	0.
(45) MICHAEL DENBLEYKER BOARD MEMBER - PART YEAR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	4,464,521.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	54,214,986.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 2,303,167.				
	<b>h Total.</b> Add lines 1a-1f .....		58,679,507.				
<b>Program Service Revenue</b>	<b>2 a</b> TUITION	<b>Business Code</b>					
		611310	118,942,141.	118,942,141.			
	<b>b</b> SALES & SERVICE AUXILI	721000	16,529,988.	15,501,706.	1,028,282.		
	<b>c</b> ANCILLARY SERVICES	611710	8,473,681.	8,473,681.			
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....		143,945,810.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		4,304,786.		414,029.	3,890,757.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
				21,169,021.			
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	18,550,180.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	2,618,841.				
<b>d</b> Net gain or (loss) .....		2,618,841.			2,618,841.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....		209,548,944.	142,917,528.	1,442,311.	6,509,598.		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	816,813.	816,813.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	57,900,209.	57,900,209.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	1,498,722.	1,498,722.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	1,090,236.	219,364.	659,463.	211,409.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	49,311,392.	46,644,601.	1,160,911.	1,505,880.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,100,487.	2,918,640.	82,553.	99,294.
<b>9</b> Other employee benefits .....	12,008,582.	11,185,301.	418,716.	404,565.
<b>10</b> Payroll taxes .....	3,533,787.	3,273,716.	133,773.	126,298.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	247,030.		247,030.	
<b>c</b> Accounting .....	95,550.		95,550.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17	30,000.			30,000.
<b>f</b> Investment management fees .....	290,930.		290,930.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	2,289,388.	2,267,691.		21,697.
<b>12</b> Advertising and promotion .....	520,205.	484,703.	4,416.	31,086.
<b>13</b> Office expenses .....	4,723,356.	4,399,558.	44,024.	279,774.
<b>14</b> Information technology .....	1,388,139.	1,293,672.	48,176.	46,291.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	12,822,132.	12,764,288.	24,870.	32,974.
<b>17</b> Travel .....	3,872,206.	3,655,259.	75,376.	141,571.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	1,074,848.	947,170.	44,514.	83,164.
<b>20</b> Interest .....	30,174.	30,174.		
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	6,705,279.	6,695,359.	4,676.	5,244.
<b>23</b> Insurance .....	408,087.	86,613.	321,474.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> FOOD CONTRACT	6,344,681.	6,296,131.	43,400.	5,150.
<b>b</b> CONTRACTED GOODS & SRVC	2,338,964.	2,230,058.	108,906.	
<b>c</b> BOOKS AND PERIODICALS	990,281.	990,281.		
<b>d</b> _____				
<b>e</b> All other expenses _____	758,146.	481,903.	203,643.	72,600.
<b>25</b> Total functional expenses. Add lines 1 through 24e	174,189,624.	167,080,226.	4,012,401.	3,096,997.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	12,430,474.	<b>1</b>	23,175,311.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	10,295,768.	<b>3</b>	30,673,194.
	<b>4</b> Accounts receivable, net .....	6,041,793.	<b>4</b>	7,008,840.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	3,002,005.	<b>9</b>	2,002,713.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 314,622,126.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 110,887,688.	204,588,443.	<b>10c</b> 203,734,438.
	<b>11</b> Investments - publicly traded securities .....	178,333,441.	<b>11</b>	194,577,162.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	69,806,326.	<b>12</b>	68,073,369.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	2,582,030.	<b>13</b>	1,556,833.
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,589,231.	<b>15</b>	1,557,933.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	488,669,511.	<b>16</b>	532,359,793.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	11,425,164.	<b>17</b>	11,337,909.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	5,429,282.	<b>19</b>	16,738,423.
	<b>20</b> Tax-exempt bond liabilities .....	75,540,000.	<b>20</b>	74,220,000.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	45,867,997.	<b>25</b>	51,402,852.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	138,262,443.	<b>26</b>	153,699,184.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	161,329,228.	<b>27</b>	152,960,474.
	<b>28</b> Net assets with donor restrictions .....	189,077,840.	<b>28</b>	225,700,135.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	350,407,068.	<b>32</b>	378,660,609.
<b>33</b> Total liabilities and net assets/fund balances .....	488,669,511.	<b>33</b>	532,359,793.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	209,548,944.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	174,189,624.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	35,359,320.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	350,407,068.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	532,490.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	1,737.
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-7,640,006.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	378,660,609.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

Form **990** (2019)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization <p style="text-align:center">CALVIN UNIVERSITY</p>	Employer identification number <p style="text-align:center">38-3071514</p>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	25,854,459.	27,461,899.	32,864,285.	26,062,284.	58,679,507.	170,922,434.
<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 through 3 .....	25,854,459.	27,461,899.	32,864,285.	26,062,284.	58,679,507.	170,922,434.
<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) .....						51,987,963.
<b>6 Public support.</b> Subtract line 5 from line 4.						118,934,471.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	25,854,459.	27,461,899.	32,864,285.	26,062,284.	58,679,507.	170,922,434.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	2,858,630.	3,579,431.	3,685,127.	4,977,788.	3,890,757.	18,991,733.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	33,592.	309,248.	306,543.	247,378.	227,672.	1,124,433.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						191,038,600.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	728,902,417.
<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 <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	62.26 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	73.90 %
<b>16a 33 1/3% support test - 2019.</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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2018.</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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2018.</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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**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 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** 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 - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2019

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

**Part VI**

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

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**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**Name of the organization** CALVIN UNIVERSITY **Employer identification number** 38-3071514

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	1
b Total acreage restricted by conservation easements .....	12.00
c Number of conservation easements on a certified historic structure included in (a) .....	0
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	0

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ 0

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make 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 program
  - e  Other INSTRUCTIONAL
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | 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, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on 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	181,886,574.	165,994,574.	151,800,197.	135,689,238.	131,501,813.
b Contributions	25,608,656.	8,986,000.	8,654,880.	6,845,716.	8,848,495.
c Net investment earnings, gains, and losses	4,709,653.	12,736,000.	11,281,498.	14,755,261.	373,630.
d Grants or scholarships	3,057,000.	2,882,100.	2,673,801.	2,516,400.	2,535,900.
e Other expenditures for facilities and programs	3,135,200.	2,936,900.	3,053,100.	2,960,018.	2,667,600.
f Administrative expenses	11,300.	11,000.	15,100.	13,600.	13,200.
g End of year balance	206,001,383.	181,886,574.	165,994,574.	151,800,197.	135,689,238.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  11.68 %
  - b Permanent endowment  72.63 %
  - c Term endowment  15.69 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   | X   |    |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> |     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,857,110.		5,857,110.
b Buildings		242,893,106.	60,915,764.	181,977,342.
c Leasehold improvements				
d Equipment		65,871,910.	49,971,924.	15,899,986.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				203,734,438.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) HEDGE FUNDS	15,765,788.	COST
(B) US EQUITY	8,861,022.	COST
(C) NON US EQUITY	13,917,293.	COST
(D) PRIVATE EQUITY	29,529,266.	COST
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	68,073,369.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) POSTRETIREMENT HEALTH BENEFITS	13,853,198.
(3) TUITION GIFT CERTIFICATES	4,198,792.
(4) ANNUITY AND TRUST OBLIGATIONS	6,079,141.
(5) INVESTMENT IN DERIVATIVE INSTRUMENTS	24,855,176.
(6) REFUNDABLE FEDERAL PERKINS LOAN ADVANCES	2,428,343.
(7) OTHER DEBT	298,225.
(8) UNAMORTIZED DEBT ISSUANCE COSTS	-310,023.
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	51,402,852.

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



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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	111,518,549.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	532,490.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-57,797,730.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-57,265,240.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	168,783,789.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	290,930.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	40,474,225.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	40,765,155.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	209,548,944.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	116,100,964.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	116,100,964.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	290,930.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	57,797,730.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	58,088,660.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	174,189,624.

**Part XIII Supplemental Information.**

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

PART II, LINE 9:

NOT REPORTED BECAUSE AMOUNT IS IMMATERIAL

PART III, LINE 1A:

THERE ARE NO FOOTNOTES IN THE AUDITED FINANCIAL STATEMENTS WHICH SPEAK TO

UNRECORDED WORKS OF ART, HISTORICAL TREASURES, OR SIMILAR ASSETS

PART III, LINE 4:

THE COLLECTIONS AT CALVIN UNIVERSITY ARE MADE AVAILABLE TO STUDENTS,

FACULTY, RESEARCHERS, AND THE GENERAL PUBLIC TO SUPPORT INSTRUCTION,

RESEARCH, AND PUBLIC SERVICE. THE H. HENRY MEETER CENTER FOR CALVIN

STUDIES IS A SPECIAL LIBRARY COLLECTION CONSISTING OF 6,000 SECONDARY

**Part XIII** Supplemental Information (continued)

SOURCES AND 500 16TH CENTURY EUROPEAN HISTORY AND THEOLOGY. HERITAGE HALL

HAS 12,000 FEET OF MANUSCRIPT RECORDS WHICH DOCUMENTS THE HISTORY OF THE

DUTCH IN NORTH AMERICA SINCE THE 1840'S. THE CENTER ART GALLERY MAINTAINS

A PERMANENT COLLECTION OF NEARLY 18,000 WORKS OF ART THAT DATE FROM THE

1500'S TO THE PRESENT. MOST OF THE EARLY WORKS ARE OF EUROPEAN ORIGIN,

WITH SOME NON-WESTERN REPRESENTATION FROM ASIA AND AFRICA, WHILE THE MORE

RECENT WORKS ARE PRIMARILY AMERICAN, WITH AN EMPHASIS ON REGIONAL ARTISTS

AND COLLEGE ALUMNI, FACULTY, AND STUDENTS. THE DICE MINERAL MUSEUM IS A

WORLD CLASS COLLECTION OF RARE MINERALS COLLECTED BY A CALVIN ALUMNUS AND

CONTRIBUTED TO CALVIN UNIVERSITY. AMONG THE 300 PIECES ARE EXAMPLES OF

GOLD, FOSSILS, METEORITES, GEMSTONES, AND MINERALS USED IN THE PRODUCTION

OF JEWELRY.

## PART V, LINE 4:

ENDOWMENT FUNDS ARE USED TO CARRY OUT THE MISSION OF THE UNIVERSITY. THE

MAJORITY OF SPENDABLE FUNDS ARE USED FOR FINANCIAL AID. SIGNIFICANT FUNDS

ARE ALSO DEDICATED TO THE INSTRUCTIONAL, RESEARCH, AND PUBLIC SERVICE

EFFORTS OF THE UNIVERSITY. TO A LESSER DEGREE, ENDOWMENTS ARE USED TO

SUPPORT ACADEMIC SCHOLARSHIP, STUDENT SERVICES, AND THE PHYSICAL PLANT.

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

FINANCIAL AID	-57,797,730.
---------------	--------------

## PART XI, LINE 4B - OTHER ADJUSTMENTS:

NON-OPERATING INVESTMENT INCOME	-1,709,515.
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NON-OPERATING PRIVATE GIFTS AND GRANTS	42,183,740.
--	-------------

TOTAL TO SCHEDULE D, PART XI, LINE 4B	40,474,225.
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**Part XIII** Supplemental Information *(continued)*

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FINANCIAL AID 57,797,730.

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

**Schools**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Name of the organization

CALVIN UNIVERSITY

Employer identification number

38-3071514

**Part I**

	YES	NO
<b>1</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....	X	
<b>2</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
<b>3</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II .....	X	
<u>ADVERTISEMENTS IN LOCAL NEWSPAPERS ANNOUNCING REGISTRATION</u> <u>DATES AND UNIVERSITY PROGRAM OFFERINGS INCLUDE A SUMMARY</u> <u>STATEMENT OF THE NON-DISCRIMINATION POLICY.</u>		
<b>4</b> Does the organization maintain the following?		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? .....	X	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	X	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	X	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? .....	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		
<b>5</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? .....		X
<b>b</b> Admissions policies? .....		X
<b>c</b> Employment of faculty or administrative staff? .....		X
<b>d</b> Scholarships or other financial assistance? .....		X
<b>e</b> Educational policies? .....		X
<b>f</b> Use of facilities? .....		X
<b>g</b> Athletic programs? .....		X
<b>h</b> Other extracurricular activities? .....		X
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
<b>6a</b> Does the organization receive any financial aid or assistance from a governmental agency? .....	X	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? .....		X
If you answered "Yes" on either line 6a or line 6b, explain on Part II.		
<b>7</b> Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II .....	X	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.

Schedule E (Form 990 or 990-EZ) 2019

**Part II Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable.

Also provide any other additional information.

SCHEDULE E, PART I, LINE 6

CALVIN UNIVERSITY RECEIVES GRANTS AND FINANCIAL AID FROM VARIOUS

FEDERAL AND STATE AGENCIES WHICH ARE USED IN THE DEVELOPMENT OF THE

UNIVERSITY'S EXEMPT PURPOSE OF PROVIDING QUALITY EDUCATION.

ON MARCH 11, 2020, THE WORLD HEALTH ORGANIZATION DECLARED THE OUTBREAK

OF A RESPIRATORY DISEASE CAUSED BY A NEW CORONAVIRUS A PANDEMIC, NOW

KNOWN AS COVID-19. IN RESPONSE TO THE COVID-19 PANDEMIC, GOVERNMENTS

HAVE TAKEN PREVENTIVE OR PROTECTIVE ACTIONS, SUCH AS TEMPORARY CLOSURES

OF NONESSENTIAL BUSINESSES AND SHELTER-IN-PLACE GUIDELINES FOR

INDIVIDUALS. AS A RESULT, THE GLOBAL ECONOMY HAS BEEN NEGATIVELY

AFFECTED, AND THE UNIVERSITY'S OPERATIONS WERE ALSO IMPACTED. DUE TO

THE SHELTER-IN-PLACE GUIDELINES DURING APRIL 2020, THE UNIVERSITY

SHIFTED TO A REMOTE ONLINE LEARNING ENVIRONMENT AND SENT STUDENTS HOME.

THE UNIVERSITY ISSUED ROOM AND BOARD REFUNDS TO STUDENTS AND OFFERED

TUITION CREDITS TO STUDENTS, WHICH RESULTED IN LOST REVENUE FOR THE

UNIVERSITY FOR THE YEAR ENDED JUNE 30, 2020. ADDITIONALLY, ON-CAMPUS

CONFERENCES AND EVENTS WERE CANCELED DUE TO THE SHELTER-IN-PLACE ORDER,

RESULTING IN A LOSS OF AUXILIARY REVENUE. TO OFFSET THE FINANCIAL

IMPACT TO STUDENTS AND THE LOSSES INCURRED BY THE UNIVERSITY DUE TO THE

DISRUPTION CAUSED BY COVID-19, THE UNIVERSITY RECEIVED GRANTS AND OTHER

RELIEF PRIMARILY FROM THE CORONAVIRUS AID, RELIEF, AND ECONOMIC

SECURITY (CARES) ACT. THE UNIVERSITY WAS ALLOCATED HIGHER EDUCATION

EMERGENCY RELIEF FUND (HEERF) GRANTS TOTALING \$2,637,948, OF WHICH 50

PERCENT WAS REQUIRED TO BE GIVEN DIRECTLY TO STUDENTS. FOR THE YEAR

ENDED JUNE 30, 2020, THE UNIVERSITY RECOGNIZED HEERF GRANT REVENUE

TOTALING \$2,637,948. THE UNIVERSITY ALSO IMPLEMENTED COST-CONTAINMENT

MEASURES, INCLUDING THE FURLOUGH OF CERTAIN EMPLOYEES. THE SEVERITY OF

**Part II Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable.

Also provide any other additional information.

THE CONTINUED IMPACT DUE TO COVID-19 ON THE UNIVERSITY'S FINANCIAL  
 CONDITION, RESULTS OF OPERATIONS, OR CASH FLOWS WILL DEPEND ON A NUMBER  
 OF FACTORS, INCLUDING, BUT NOT LIMITED TO, THE DURATION AND SEVERITY OF  
 THE PANDEMIC AND THE EXTENT AND SEVERITY OF THE IMPACT ON THE  
 UNIVERSITY'S COMMUNITY, ALL OF WHICH ARE UNCERTAIN AND CANNOT BE  
 PREDICTED.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

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

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

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

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	INSTITUTIONAL ACADEMIC AID	EDUCATION SERVICES	225,100.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	3	3	INSTITUTIONAL ACADEMIC AID	EDUCATION SERVICES	723,925.
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	0	0	INSTITUTIONAL ACADEMIC AID	EDUCATION SERVICES	10,175.
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES,	0	1	INSTITUTIONAL ACADEMIC AID	EDUCATION SERVICES	174,925.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0	INSTITUTIONAL ACADEMIC AID	EDUCATION SERVICES	132,250.
<b>3 a Subtotal</b> .....	3	4			1,266,375.
<b>b Total from continuation sheets to Part I</b> .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	3	4			1,266,375.

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PUBLIC SERVICE	1,000.	WIRE TRANSFER	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	PUBLIC SERVICE	37,715.	CHECK	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PUBLIC SERVICE	193,632.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **29**

3 Enter total number of other organizations or entities ..... **0**



**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
INSTITUTIONAL ACADEMIC AID	INSTITUTIONAL ACADEMIC AID	26	225,100.	CHARGES AGAINST TUITION	0.		
INSTITUTIONAL ACADEMIC AID	INSTITUTIONAL ACADEMIC AID	117	723,925.	CHARGES AGAINST TUITION	0.		
INSTITUTIONAL ACADEMIC AID	INSTITUTIONAL ACADEMIC AID	2	10,175.	CHARGES AGAINST TUITION	0.		
INSTITUTIONAL ACADEMIC AID	INSTITUTIONAL ACADEMIC AID	19	174,925.	CHARGES AGAINST TUITION	0.		
INSTITUTIONAL ACADEMIC AID	INSTITUTIONAL ACADEMIC AID	15	132,250.	CHARGES AGAINST TUITION	0.		

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

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

PART I, LINE 2:

THE METHODS USED TO MONITOR FUNDS INCORPORATE THE FOLLOWING CORE

CONCEPTS: A) EXPECTATIONS ARE DOCUMENTED, B) A BUDGET IS ESTABLISHED, C)

WRITTEN REPORTS ARE REQUIRED, D) THE UNIVERSITY BUDGET OFFICER REVIEWS

REPORTS AND MONITORS THE RELATED BUDGET, E) THE UNIVERSITY BUDGET OFFICER

CONTACTS OVERSEAS ORGANIZATIONS TO VERIFY THAT THE RECIPIENT IS ENGAGED

AS PLANNED. METHOD 2: IN CASE OF STUDENT FINANCIAL AID, ACADEMIC PROGRESS

IS MONITORED.

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2019**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization <b>CALVIN UNIVERSITY</b>	Employer identification number <b>38-3071514</b>
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**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
MARTS & LUNDY INC - 1200 WALL STREET WEST, LUNDHURST, NJ	CAMPAIGN CONSULTING		X	0.	12,000.	-12,000.
MONEY FOR MINISTRY - PO BOX 35, LOWELL, MI 49331	PLANNED GIVING CONSULTING		X	0.	18,000.	-18,000.
<b>Total</b> .....					30,000.	-30,000.

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

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

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

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue .....			
	2	Cash prizes .....			
Direct Expenses	3	Noncash 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. Subtract line 7 from line 1, column (d) .....				

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

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

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

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

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

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

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

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: MARTS & LUNDY INC

(I) ADDRESS OF FUNDRAISER: 1200 WALL STREET WEST, LUNDHURST, NJ 07071

**Part IV** Supplemental Information *(continued)*

Lined area for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization **CALVIN UNIVERSITY** Employer identification number **38-3071514**

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

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
AFRICAN RESOURCE CENTER OF WEST MICHIGAN - 950 28TH ST SE, STE 105E - GRAND RAPIDS, MI 49508	46-4969773		7,500.	0.			WORSHIP RENEWAL PROJECT
ASBURY THEOLOGICAL SEMINARY 204 N LEXINGTON AVE WILMORE, KY 40390	61-0445823		7,500.	0.			WORSHIP RENEWAL PROJECT
AU SABLE INSTITUTE 3770 LAKE DR SE MANCERLONA, MI 49659	38-1713340		7,500.	0.			WORSHIP RENEWAL PROJECT
AZUSA PACIFIC UNIVERSITY 901 EAST ALOSTA AVE, PO BOX 7000 AZUSA, CA 91702	95-1744369		9,000.	0.			WORSHIP RENEWAL PROJECT
BAYLOR UNIVERSITY SCHOOL OF 1 BEAR PL UNIT 97056 WACO, TX 76798	74-1159753		8,256.	0.			WORSHIP RENEWAL PROJECT
BELOVED COMMUNITY CHURCH 710 NORTH FRED SHUTTLESWORTH C CINCINNATI, OH 45229	45-2665185		7,500.	0.			WORSHIP RENEWAL PROJECT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 100.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) (2019)



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

(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
BOSTON UNIVERSITY SCHOOL OF ONE SILBER WAY BOSTON, MA 00215	04-2103547		9,000.	0.			WORSHIP RENEWAL PROJECT
BRIDGE MINISTRIES FOR DISABILITIES 12356 NORTHUP WAY, STE 103 BELLEVUE, WA 98005	91-1383241		9,000.	0.			WORSHIP RENEWAL PROJECT
CALVARY CHRISTIAN REFORMED CHURCH 400 BEELINE RD HOLLAND, MI 49424	38-6150386		5,815.	0.			WORSHIP RENEWAL PROJECT
CANDLER SCHOOL OF THEOLOGY 208 BISHOPS HALL STE 10 ATLANTA, GA 30322	58-0566256		8,138.	0.			WORSHIP RENEWAL PROJECT
CAPITAL DISTRICT OF THE NORTH CAROLINA - 700 WATERFIELD RIDGE PLACE - GARNER, NC 27529	56-1417970		6,350.	0.			WORSHIP RENEWAL PROJECT
CENTRAL CHRISTIAN CHURCH 219 EAST SHORT ST LEXINGTON, MA 40507	47-4023820		7,500.	0.			WORSHIP RENEWAL PROJECT
CHRIST CHURCH MAPLEWOOD 2200 BELLEVUE AVE, CHRIST CHURCH MA MAPLEWOOD, MO 63143	43-0699787		7,500.	0.			WORSHIP RENEWAL PROJECT
CITY CHAPEL 556 LAFAYETTE AVE SE, 2 GRAND RAPIDS, MI 49503	82-2207773		7,500.	0.			WORSHIP RENEWAL PROJECT
CITY CHURCH PHILADELPHIA PO BOX 30902 PHILADELPHIA, PA 19104	33-1133391		7,500.	0.			WORSHIP RENEWAL PROJECT

Schedule I (Form 990)

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

(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
COLLEGE OF SAINT SCHOLASTICA 1200 KENWOOD AVE DULUTH, MN 55811	41-0698301		5,250.	0.			WORSHIP RENEWAL PROJECT
COLUMBIA THEOLOGICAL SEMINARY J B CAMPBELL LIBRARY, PO BOX 520 DECATUR, GA 30031	58-0566165		9,000.	0.			WORSHIP RENEWAL PROJECT
CONCORDIA UNIVERSITY 275 SYNDICATE ST N ST PAUL, MN 55106	41-0696906		9,000.	0.			WORSHIP RENEWAL PROJECT
CONVERGENCE: A CREATIVE COMMUNITY 1801 N QUAKER LANE ALEXANDRIA, VA 22302	54-0545201		7,390.	0.			WORSHIP RENEWAL PROJECT
CORNERSTONE UNIVERSITY 1001 E BELTLINE AVE NE GRAND RAPIDS, MI 49525	38-1443369		9,000.	0.			WORSHIP RENEWAL PROJECT
DALLAS INTERNATIONAL UNIVERSITY CEWA - 7500 W CAMP WISDOM RD - DALLAS, TX 75236	75-2760831		7,500.	0.			WORSHIP RENEWAL PROJECT
DETROIT CATHOLIC PASTORAL ALLIANCE 9200 GRATIOT AVE DETROIT, MI 48213	38-2938993		9,000.	0.			WORSHIP RENEWAL PROJECT
DOMINICAN HOUSE OF STUDIES 487 MICHIGAN AVE NE WASHINGTON, DC 20017	53-6016922		9,000.	0.			WORSHIP RENEWAL PROJECT
DURHAMCARES, INC 1 BEAR PL UNIT 97056 WACO, TX 76798	74-1159753		8,991.	0.			WORSHIP RENEWAL PROJECT

Schedule I (Form 990)

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

(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
DURHAMCARES, INC 112B BROADWAY ST DURHAM, NC 27701	26-2689130		9,000.	0.			WORSHIP RENEWAL PROJECT
EASTERN CHRISTIAN SCHOOL ASSOCIATION - 50 OAKWOOD AVE - NORTH HALEDON, NJ 07481	22-1511329		7,500.	0.			WORSHIP RENEWAL PROJECT
EKKLESIA MSU 1515 SOUTH NATIONAL, #217 SPRINGFIELD, MO 65804	51-0155226		9,000.	0.			WORSHIP RENEWAL PROJECT
FAITH UNITED METHODIST CHURCH - 261 W CHAPEL RIDGE RD PITTSBURGH, PA 15238	25-1544985		6,000.	0.			WORSHIP RENEWAL PROJECT
FIRST BAPTIST CHURCH ASHLAND 800 THOMPSON ST ASHLAND, VA 23005	54-0846060		9,000.	0.			WORSHIP RENEWAL PROJECT
FIRST BAPTIST CHURCH ON FIFTH 501 WEST FIFTH ST WINSTON SALEM, NC 27101	56-0599227		7,500.	0.			WORSHIP RENEWAL PROJECT
FIRST CHRISTIAN CHURCH OF ORANGE 1130 E WALNUT ORANGE, CA 92867	95-2005833		7,250.	0.			WORSHIP RENEWAL PROJECT
FIRST CHURCH IN WINDSOR 107 PALISADO AVE WINDSOR, CT 06095	06-6010148		7,500.	0.			WORSHIP RENEWAL PROJECT
FIRST COMMUNITY A.M.E. CHURCH 500 JAMES AVE SE GRAND RAPIDS, MI 49503	38-1853622		7,500.	0.			WORSHIP RENEWAL PROJECT

Schedule I (Form 990)

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

(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
FIRST CONGREGATIONAL CHURCH OF WEBSTER GROVES - 10 WEST LOCKWOOD AVE - SAINT LOUIS, MO 63119	43-0652633		7,425.	0.			WORSHIP RENEWAL PROJECT
FIRST MISSIONARY BAPTIST CHURCH 3509 BLUE SPRING RD HUNTSVILLE, AL 35810	63-0779009		6,000.	0.			WORSHIP RENEWAL PROJECT
FIRST PRESBYTERIAN CHURCH OF BELLINGHAM - 1031 N GARDEN ST - BELLINGHAM, WA 98225	91-0620634		7,500.	0.			WORSHIP RENEWAL PROJECT
FISHER ST CHURCH OF GOD IN 125 FISHER ST JONESBORO, AR 72401	27-0446188		8,510.	0.			WORSHIP RENEWAL PROJECT
FREEDOM OUTREACH INTERNATIONAL: PO BOX 5438 CLEVELAND, TN 37320	45-3996962		7,600.	0.			WORSHIP RENEWAL PROJECT
FULLER THEOLOGICAL SEMINARY 135 NORTH OAKLAND AVE PASADENA, CA 91182	95-1699394		17,841.	0.			WORSHIP RENEWAL PROJECT
GOOD SHEPHERD UNITED CHURCH OF CHRIST - 1050 NW MAYNARD RD - CARY, NC 27513	56-1644949		5,843.	0.			WORSHIP RENEWAL PROJECT
GRACE BAPTIST CHURCH 4200 DOVER RD RICHMOND, VA 23221	54-0557502		7,500.	0.			WORSHIP RENEWAL PROJECT
GUSTAVUS ADOLPHUS COLLEGE 800 WEST COLLEGE AVE SAINT PETER, MN 56082	41-0695524		5,570.	0.			WORSHIP RENEWAL PROJECT

Schedule I (Form 990)

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

(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
HARVEY BROWNE MEMORIAL 311 BROWNS LN LOUISVILLE, KY 40207	61-0529829		9,000.	0.			WORSHIP RENEWAL PROJECT
HERALD PRESS 616 WALNUT AVE SCOTTTDALE, AZ 15683	54-0575805		9,000.	0.			WORSHIP RENEWAL PROJECT
HOLY CROSS LUTHERAN CHURCH 2650 MIAMI ST ST LOUIS, MO 63118	43-0653326		7,500.	0.			WORSHIP RENEWAL PROJECT
HOPE COLLEGE 168 E 13TH ST HOLLAND, MI 49422	38-1381271		17,892.	0.			WORSHIP RENEWAL PROJECT
HOWARD MEMORIAL PRESBYTERIAN CHURCH - 303 E SAINT JAMES - TARBORO, NC 27886	56-0564546		7,009.	0.			WORSHIP RENEWAL PROJECT
HUMBLE WALK LUTHERAN CHURCH PO BOX 16363 SAINT PAUL, MN 55116	30-0538345		7,500.	0.			WORSHIP RENEWAL PROJECT
IMMANUEL CONGREGATIONAL CHURCH 10 WOODLAND ST HARTFORD, CT 06105	60-0647019		7,000.	0.			WORSHIP RENEWAL PROJECT
INDIANA WESLEYAN UNIVERSITY 4201 S WASHINGTON ST MARION, IN 46953	35-0885591		9,000.	0.			WORSHIP RENEWAL PROJECT
LAKESHORE AVE BAPTIST CHURCH 3534 LAKESHORE AVE PIEDMONT, CA 94610	91-1156832		7,025.	0.			WORSHIP RENEWAL PROJECT

Schedule I (Form 990)

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

(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
LEE HARDYS TEACHER-SCHOLAR VI 1325 HOPE SE GRAND RAPIDS, MI 49506	38-3071514		5,523.	0.			WORSHIP RENEWAL PROJECT
LEE UNIVERSITY 1120 NORTH OCOEE ST CLEVELAND, TN 37311	62-0502739		7,567.	0.			WORSHIP RENEWAL PROJECT
LEXINGTON CHRISTIAN ACADEMY 48 BARTLETT AVE LEXINGTON, MA 02420	04-2134815		7,500.	0.			WORSHIP RENEWAL PROJECT
LIGHT OF HOPE PRESBYTERIAN CHURCH 1507 HURT RD MARIETTA, GA 30008	23-6393377		7,483.	0.			WORSHIP RENEWAL PROJECT
MCCORMICK THEOLOGICAL SEMINARY 5555 SOUTH WOODLAWN AVE CHICAGO, IL 60637	36-2167802		9,000.	0.			WORSHIP RENEWAL PROJECT
MERCER UNIVERSITY 1400 COLEMAN AVE MACON, GA 31207	58-0566167		9,000.	0.			WORSHIP RENEWAL PROJECT
MILILANI PRESBYTERIAN CHURCH 95-410 KUAHELANI MILILANI, HI 96783	99-0143281		5,590.	0.			WORSHIP RENEWAL PROJECT
MONUMENT OF FAITH CHURCH BOX 827, 900 SIMMONS ST DURHAM, NC 27702	20-0565398		7,500.	0.			WORSHIP RENEWAL PROJECT
MOUNT AERY BAPTIST CHURCH 73 FRANK ST BRIDGEPORT, CT 06604	06-6049640		6,000.	0.			WORSHIP RENEWAL PROJECT

Schedule I (Form 990)

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

(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
NATIONAL ASSOCIATION OF THE 410 CAMPGROUND RD, PO BOX 357 WEST MIDDLESEX, PA 16159	25-1286110		9,000.	0.			WORSHIP RENEWAL PROJECT
NEW BRUNSWICK THEOLOGICAL SEMINARY 35 SEMINARY PL NEW BRUNSWICK, NJ 08901	22-1994554		7,500.	0.			WORSHIP RENEWAL PROJECT
NEW HOPE COVENANT CHURCH 2626 E 16TH ST OAKLAND, CA 94601	91-2010056		7,500.	0.			WORSHIP RENEWAL PROJECT
NEW HOPE PRESBYTERIAN CHURCH 1426 E SEDONA DR ORANGE, CA 92866	61-1862040		7,500.	0.			WORSHIP RENEWAL PROJECT
NORTH DECATUR PRESBYTERIAN CHURCH 611 MEDLOCK RD DECATUR, GA 30033	58-0836137		7,500.	0.			WORSHIP RENEWAL PROJECT
PARK AVE CHRISTIAN CHURCH 1010 PARK AVE NEW YORK, NY 10128	13-1624143		7,500.	0.			WORSHIP RENEWAL PROJECT
PENN STATE UNIVERSITY 408 OLD MAIN UNIVERSITY PARK, PA 16802	24-6000376		8,927.	0.			WORSHIP RENEWAL PROJECT
RAINIER BEACH PRESBYTERIAN CHURCH 9656 WATERS AVE SOUTH SEATTLE, WA 98118	91-0723030		7,375.	0.			WORSHIP RENEWAL PROJECT
RALEIGH MENNONITE CHURCH 1116 N BLOUNT ST, PO BOX 2554 RALEIGH, NC 27611	56-1557290		7,298.	0.			WORSHIP RENEWAL PROJECT

Schedule I (Form 990)

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

(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
REDEEMED CHRISTIAN CHURCH OF GOD 697 13TH AVE NE MINNEAPOLIS, MN 55413	41-1986334		6,775.	0.			WORSHIP RENEWAL PROJECT
ROOT AND BRANCH CHURCH PO BOX 18084 CHICAGO, IL 60618	46-2820558		7,050.	0.			WORSHIP RENEWAL PROJECT
SAINT THOMAS MORE CATHOLIC COMMUNITY - 1079 SUMMIT AVE - ST. PAUL, MN 55105	41-0694738		6,874.	0.			WORSHIP RENEWAL PROJECT
SEABURY RESOURCES FOR AGING 6031 KANSAS AVE NW WASHINGTON, DC 20011	53-0204693		9,000.	0.			WORSHIP RENEWAL PROJECT
SEATTLE PACIFIC UNIVERSITY 3307 3RD AVE W, STE 207 SEATTLE, WA 98119	91-0565553		8,250.	0.			WORSHIP RENEWAL PROJECT
SERENITY THE PRINCE OF PEACE CHURCH - 3412 E PROSPECT ST - INDIANAPOLIS, IN 46203	81-2565589		7,500.	0.			WORSHIP RENEWAL PROJECT
SIDEBAR STORIES 120 BUTTONWOOD ST MOUNT HOLLY, NJ 08060	47-4085247		9,000.	0.			WORSHIP RENEWAL PROJECT
SOUTH CONGREGATIONAL CHURCH 565 MAIN ST CENTERVILLE, MA 02632	04-2491755		6,325.	0.			WORSHIP RENEWAL PROJECT
ST AMBROSE ANGLICAN CHURCH 3307 3RD AVE W, WILLETT/ENGLISH SEATTLE, WA 98119	83-2094703		7,212.	0.			WORSHIP RENEWAL PROJECT

Schedule I (Form 990)



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

(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
ST ELIZABETH'S EPISCOPAL CHURCH 1188 HAMP MILL RD DAHLONEGA, GA 30533	58-1819724		5,575.	0.			WORSHIP RENEWAL PROJECT
ST JOHN'S ABBEY ST JOHN'S ABBEY, PO BOX 7500 COLLEGEVILLE, MN 56321	41-0693973		9,000.	0.			WORSHIP RENEWAL PROJECT
ST MARY'S EPISCOPAL CHURCH 14 CUSHING AVE DORCHESTER, MA 02125	04-6006459		6,600.	0.			WORSHIP RENEWAL PROJECT
ST PHILOTHEA GREEK ORTHODOX CHURCH 3761 MARS HILL RD WATKINSVILLE, GA 30677	91-2188052		7,500.	0.			WORSHIP RENEWAL PROJECT
THMC 1440 N SPRING ST LOS ANGELES, CA 90012	73-1683088		9,000.	0.			WORSHIP RENEWAL PROJECT
TRINITY BAPTIST CHURCH 2521 RICHLAND ST COLUMBIA, SC 29204	57-0915365		7,500.	0.			WORSHIP RENEWAL PROJECT
TRINITY CHRISTIAN COLLEGE 6601 W COLLEGE DR PALOS HEIGHTS, IL 60463	36-2387148		7,100.	0.			WORSHIP RENEWAL PROJECT
TRINITY CHURCH OF NORTHBOROUGH 23 MAIN ST NORTHBOROUGH, MA 01532	04-2277212		6,435.	0.			WORSHIP RENEWAL PROJECT
TRINITY EVANGELICAL DIVINITY SCHOOL - 2065 HALF DAY RD - DEERFIELD, IL 60015	36-2801013		9,000.	0.			WORSHIP RENEWAL PROJECT

Schedule I (Form 990)

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

(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
TRINITY UNITED METHODIST CHURCH 1145 NE BASCOM NORRIS DR LAKE CITY, FL 32055	59-3758972		9,000.	0.			WORSHIP RENEWAL PROJECT
TUALATIN PRESBYTERIAN CHURCH 9230 SW SILETZ DR TUALATIN, OR 97062	93-0967181		7,500.	0.			WORSHIP RENEWAL PROJECT
UNION CONGREGATIONAL UNITED CHURCH 716 S MADISON ST GREEN BAY, WI 54301	39-0812537		8,975.	0.			WORSHIP RENEWAL PROJECT
UNION PRESBYTERIAN SEMINARY 3401 BROOK RD RICHMOND, VA 23227	54-0506428		18,000.	0.			WORSHIP RENEWAL PROJECT
UNIVERSITY OF MARY HARDIN - 900 COLLEGE ST BELTON, TX 76513	74-1161940		6,925.	0.			WORSHIP RENEWAL PROJECT
UNIVERSITY OF WEST GEORGIA OFFICE OF RESEARCH &, SPONSORED PRO CARROLLTON, CA 30118	58-6002055		8,780.	0.			WORSHIP RENEWAL PROJECT
VANDERBILT UNIVERSITY PMB 406310, 2301 VANDERBILT PLACE NASHVILLE, TN 37240	62-0476822		8,806.	0.			WORSHIP RENEWAL PROJECT
WAKE FOREST BAPTIST CHURCH PO BOX 7326 WINSTON SALEM, NC 27109	56-6015011		6,913.	0.			WORSHIP RENEWAL PROJECT
WARTBURG THEOLOGICAL SEMINARY 333 WARTBURG PLACE DUBUQUE, IA 52001	42-0681105		7,500.	0.			WORSHIP RENEWAL PROJECT

Schedule I (Form 990)

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

(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
WEST CENTRAL EPISCOPAL MISSION 1832 W DEAN AVE SPOKANE, WA 99201	46-4579817		7,500.	0.			WORSHIP RENEWAL PROJECT
WESTERN THEOLOGICAL SEMINARY 101 E 13TH ST HOLLAND, MI 49423	38-2009204		16,300.	0.			WORSHIP RENEWAL PROJECT
WHEAT ST BAPTIST CHURCH 359 AUBURN AVE NE ATLANTA, GA 30312	58-1473897		7,500.	0.			WORSHIP RENEWAL PROJECT
WINDOW ROCK CHRISTIAN REFORMED CHURCH - BOX 665 - WINDOW ROCK, AZ 86515	86-0323668		7,500.	0.			WORSHIP RENEWAL PROJECT

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
INSTITUTIONAL ACADEMIC AID	3307	56,623,102.	0.		FINANCIAL AID MADE AVAILABLE TO STUDENTS AS ASSISTANCE TO PURSUE ACADEMIC STUDIES

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE METHOD USED TO MONITOR FUNDS INCORPORATE THE FOLLOWING CORE CONCEPTS:

A) EXPECTATIONS ARE DOCUMENTED, B) A BUDGET IS ESTABLISHED, C) WRITTEN

REPORTS ARE REQUIRED, D) THE UNIVERSITY BUDGET OFFICER REVIEWS REPORTS AND

MONITORS THE RELATED BUDGET, E) THE UNIVERSITY BUDGET OFFICER CONTACTS

OVERSEAS ORGANIZATIONS TO VERIFY THAT THE RECIPIENT IS ENGAGED AS PLANNED.

METHOD 2: IN CASE OF STUDENT FINANCIAL AID, ACADEMIC PROGRESS IS MONITORED.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2019**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

CALVIN UNIVERSITY

Employer identification number

38-3071514

**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 on 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 checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                                | <input type="checkbox"/> Payments for business use of personal residence            |
| <input checked="" 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 (such as maid, chauffeur, chef)          |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

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

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

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

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

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

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

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

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	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
<b>9</b>		

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DR MICHAEL LE ROY PRESIDENT	(i)	350,646.	0.	50,351.	22,400.	27,749.	451,146.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DR CHERYL BRANDSEN PROVOST	(i)	183,199.	0.	396.	15,221.	20,547.	219,363.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KENNETH ERFFMEYER VP OF ADVANCEMENT	(i)	169,508.	0.	258.	13,893.	27,749.	211,408.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SALLY VANDER PLOEG VP OF ADMINISTRATION	(i)	181,688.	0.	258.	14,933.	11,438.	208,317.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DR SARAH VISSER VP OF STUDENT LIFE	(i)	146,784.	0.	60.	12,040.	22,535.	181,419.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DR LAURA CHAMPION DIRECTOR OF HEALTH SERVICE	(i)	147,272.	0.	138.	12,265.	19,114.	178,789.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) TODD HUBERS VP OF PEOPLE, STRATEGY, TECH	(i)	140,342.	0.	258.	11,913.	22,967.	175,480.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) LAUREN JENSEN VP OF ENROLLMENT	(i)	134,117.	0.	48.	11,430.	27,749.	173,344.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) AMBER WARNERS PROFESSOR, VOLLEYBALL COACH	(i)	130,410.	0.	138.	6,709.	24,799.	162,056.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

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**Supplemental Information on Tax-Exempt Bonds**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**  
▶ **Attach to Form 990.** ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization **CALVIN UNIVERSITY** Employer identification number **38-3071514**

<b>Part I Bond Issues</b>											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> MICHIGAN FINANCE AUTHORITY SERIES 2016A	80-0596186	000000000	07/14/16	39,000,000.	SEE PART VI		X		X		X
<b>B</b> MICHIGAN FINANCE AUTHORITY SERIES 2016B	80-0596186	000000000	07/14/16	39,000,000.	SEE PART VI		X		X		X
<b>C</b>											
<b>D</b>											

<b>Part II Proceeds</b>										
	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>			
<b>1</b> Amount of bonds retired	1,890,000.		1,890,000.							
<b>2</b> Amount of bonds legally defeased										
<b>3</b> Total proceeds of issue	39,000,000.		39,000,000.							
<b>4</b> Gross proceeds in reserve funds										
<b>5</b> Capitalized interest from proceeds										
<b>6</b> Proceeds in refunding escrows										
<b>7</b> Issuance costs from proceeds	271,547.		271,547.							
<b>8</b> Credit enhancement from proceeds										
<b>9</b> Working capital expenditures from proceeds										
<b>10</b> Capital expenditures from proceeds										
<b>11</b> Other spent proceeds	39,000,000.		39,000,000.							
<b>12</b> Other unspent proceeds										
<b>13</b> Year of substantial completion										
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X							
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X						
<b>16</b> Has the final allocation of proceeds been made?	X		X							
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X							

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



**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		X		X				
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....		X		X				
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....	X		X					
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X				
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		X		X				
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? .....								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		.00 %		.00 %		%		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....		.00 %		.00 %		%		%
<b>6</b> Total of lines 4 and 5 .....		.00 %		.00 %		%		%
<b>7</b> Does the bond issue meet the private security or payment test? .....		X		X				
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....		X		X				

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X		X				
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet? .....	X		X					
<b>b</b> Exception to rebate? .....	X		X					
<b>c</b> No rebate due? .....	X		X					
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....	X		X					

<b>Part IV Arbitrage</b> (continued)								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		X		X				
<b>b</b> Name of provider .....								
<b>c</b> Term of hedge .....								
<b>d</b> Was the hedge superintegrated? .....								
<b>e</b> Was the hedge terminated? .....								
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X		X				
<b>b</b> Name of provider .....								
<b>c</b> Term of GIC .....								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....								
<b>6</b> Were any gross proceeds invested beyond an available temporary period? .....		X		X				
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? .....		X		X				

<b>Part V Procedures To Undertake Corrective Action</b>								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? .....	X		X					

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions

SCHEDULE K, PART I

SCHEDULE K, PART I, COLUMN F-07/14/2016 78,000,000 MICHIGAN FINANCE

AUTHORITY - THE BONDS ISSUED ON JULY 14, 2016 (THE "2016 BONDS") WERE ISSUED TO CURRENTLY REFUND (A) THE OUTSTANDING PRINCIPAL AMOUNT OF THE MICHIGAN FINANCE AUTHORITY ("MFA") HIGHER EDUCATION FACILITIES MULTI-MODAL LIMITED OBLIGATION REVENUE REFUNDING BONDS (CALVIN COLLEGE PROJECT), SERIES 2012A, DATED JUNE 18, 2012 (THE "2012A BONDS") AND (B) THE OUTSTANDING PRINCIPAL AMOUNT OF THE MFA HIGHER EDUCATION FACILITIES MULTI-MODAL LIMITED OBLIGATION REVENUE REFUNDING BONDS (CALVIN COLLEGE PROJECT), SERIES 2012B, DATED JUNE 18, 2012 (THE "2012B BONDS"). THE 2012A BONDS WERE ISSUED TO CURRENTLY REFUND THE OUTSTANDING PRINCIPAL AMOUNT OF THE MICHIGAN HIGHER EDUCATION FACILITIES AUTHORITY ("MHEFA") VARIABLE RATE DEMAND LIMITED OBLIGATION REVENUE REFUNDING BONDS (CALVIN COLLEGE PROJECT), SERIES 2007A, DATED SEPTEMBER 6, 2007 (THE "2007A BONDS"), AND THE 2012B BONDS WERE ISSUED TO CURRENTLY REFUND THE OUTSTANDING PRINCIPAL AMOUNT OF THE MHEFA VARIABLE RATE DEMAND LIMITED OBLIGATION REVENUE BONDS (CALVIN COLLEGE PROJECT), SERIES 2007B, DATED SEPTEMBER 6, 2007 (THE "2007B BONDS"). THE 2007A BONDS WERE ISSUED TO ADVANCE REFUND (I) THE MHEFA LIMITED OBLIGATION REVENUE BONDS (CALVIN COLLEGE PROJECT), SERIES 2000, DATED DECEMBER 20, 2000 (THE "2000

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions *(continued)*

BONDS") AND (II) THE MHEFA LIMITED OBLIGATION REVENUE BONDS (CALVIN COLLEGE PROJECT), SERIES 1998, DATED MARCH 24, 1998 (THE "1998 BONDS"). THE 2007B BONDS WERE ISSUED TO FINANCE OR REIMBURSE A PORTION OF THE COSTS OF THE ACQUISITION, CONSTRUCTION, INSTALLATION, RENOVATION, REPAIR, FURNISHING AND EQUIPPING OF EDUCATIONAL FACILITIES LOCATED ON CALVIN COLLEGE'S CAMPUS AT 3201 BURTON STREET, S.E., GRAND RAPIDS, MICHIGAN (THE "CAMPUS"). THE 2000 BONDS WERE ISSUED TO FINANCE THE ACQUISITION, CONSTRUCTION, INSTALLATION, RENOVATION, REPAIR, FURNISHING AND EQUIPPING OF EDUCATIONAL FACILITIES LOCATED ON THE CAMPUS. THE 1998 BONDS WERE ISSUED TO FINANCE THE ACQUISITION, CONSTRUCTION, INSTALLATION, RENOVATION, REPAIR, FURNISHING AND EQUIPPING OF EDUCATIONAL FACILITIES LOCATED ON THE CAMPUS.

SCHEDULE K, PART III, LINE 1

COMPLETED FOR THE PORTION OF THE 2016 BONDS ALLOCATED TO REFUND THE 2012B BONDS WHICH REFUNDED THE 2007B BONDS (I.E. BONDS ISSUED ON OR AFTER JANUARY 1, 2003). PART III IS NOT COMPLETED FOR THE PORTION OF THE 2016 BONDS ALLOCATED TO REFUND THE SERIES 2012A BONDS WHICH REFUNDED THE SERIES 2007A BONDS WHICH REFUNDED THE 2000 BONDS AND THE 1998 BONDS (I.E. BONDS ISSUED PRIOR TO JANUARY 1, 2003).

SCHEDULE K, PART III, LINE 3A

THERE IS A FOOD SERVICE CONTRACT THAT QUALIFIES FOR A SAFE HARBOR UNDER REV. PROC. 97-13.

SCHEDULE K, PART IV, LINE 2C

THE REBATE CALCULATION IS NOT REQUIRED AT THIS TIME. IT IS EXPECTED THAT THE SERIES 2016 BONDS WILL QUALIFY FOR A REBATE EXCEPTION.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **CALVIN UNIVERSITY** Employer identification number **38-3071514**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	2	52,900.	FAIR MARKET VALUE
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	89	1,772,972.	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	X	2	428,147.	FAIR MARKET VALUE
18 Collectibles	X	1	4,800.	FAIR MARKET VALUE
19 Food inventory	X	2	2,909.	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts	X	1	2,000.	FAIR MARKET VALUE
23 Scientific specimens	X	1	35,100.	FAIR MARKET VALUE
24 Archeological artifacts				
25 Other ( SUPPLIES AND )	X	2	1,979.	COST
26 Other ( GIFT CERTIFIC )	X	1	106.	COST
27 Other ( )				
28 Other ( )				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't 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 nonstandard 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

SCHEDULE M, LINE 33:

THE UNIVERSITY DOES NOT CAPITALIZE COLLECTIONS, INCLUDING ARTWORK AND COLLECTIBLES AS ELECTED UNDER SFAS 116 AND THEREFORE, NO REVENUE IS REPORTED IN COLUMN (C) OF LINE 18.

PART 1, COLUMN (B) LISTS THE NUMBER OF CONTRIBUTIONS.

THE UNIVERSITY USES A THIRD PARTY TO SELL STOCK GIFTS.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

CALVIN UNIVERSITY

Employer identification number

38-3071514

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

OF RENEWAL IN THE WORLD. CALVIN UNIVERSITY IS A CHRISTIAN ACADEMIC

COMMUNITY DEDICATED TO RIGOROUS INTELLECTUAL INQUIRY. STUDENTS STUDY

THE LIBERAL ARTS AND A BROAD RANGE OF MAJORS. A CALVIN EDUCATION

PREPARES STUDENTS TO ANSWER GOD'S CALL TO LIVE AND SERVE IN GOD'S WORLD

AS AGENTS OF RENEWAL.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

REGIONAL UNIVERSITIES MIDWEST BY THE U.S. NEWS & WORLD REPORT. THE

CURRENT STUDENT TO FACULTY RATIO IS 13:1. 99.5% OF THE 2018 CALVIN

UNIVERSITY GRADUATES ARE EITHER EMPLOYED OR IN GRADUATE SCHOOL.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER UNIVERSITY EXPENSES INCLUDE, BUT ARE NOT LIMITED TO AUXILIARY

SERVICES, RESEARCH, MAINTENANCE OF GROUNDS AND BUILDINGS, AND PUBLIC

SERVICES.

EXPENSES \$ 5,943,261. INCL GRANTS OF \$ 1,049,160. REVENUE \$ 1,041,241.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF THE IRS FORM 990 AND RELATED ATTACHMENTS ARE PROVIDED TO EACH

MEMBER OF THE AUDIT COMMITTEE FOR REVIEW, COMMENT, AND REVISION PRIOR TO

ELECTRONIC FILING. THE REVIEW IS APPROVED BY THE AUDIT COMMITTEE MEETING

WHICH IS THEN REPORTED TO THE FULL BOARD.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY, ALL BOARD MEMBERS AND ALL AD HOC INVESTMENT COMMITTEE MEMBERS ARE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

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

REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT AND DISCLOSE ANY  
 CONFLICTS OF INTEREST. THESE ARE SUBMITTED TO THE PRESIDENT'S OFFICE AND A  
 SUMMARY OF IDENTIFIED CONFLICTS IS PRESENTED TO THE AUDIT COMMITTEE  
 ANNUALLY IN ITS FEBRUARY MEETING FOR THEIR REVIEW.

FORM 990, PART VI, SECTION B, LINE 15:  
 THE BOARD OF TRUSTEES ANNUALLY APPOINTS A COMMITTEE TO REVIEW THE  
 PRESIDENT'S SALARY BY COMPARISON TO A SET OF THIRTY PEER INSTITUTIONS. THIS  
 COMMITTEE THEN MAKES A RECOMMENDATION TO THE EXECUTIVE COMMITTEE OF THE  
 BOARD FOR IMPLEMENTATION. THE OTHER OFFICERS' SALARIES ARE REVIEWED WITH  
 THE PRESIDENT IN LIGHT OF BENCHMARKED SALARIES FROM THE SAME SET OF THIRTY  
 PEER INSTITUTIONS. SALARY CHANGES ARE MADE IN RESPONSE TO THOSE BENCHMARKS  
 OF COMPENSATION FOR COMPARABLE POSITIONS AT PEER INSTITUTIONS. BENCHMARKED  
 SALARY INFORMATION IS GATHERED FROM THE UNIVERSITY AND UNIVERSITY  
 PROFESSIONAL ASSOCIATION FOR HUMAN RESOURCES (CUPA-HR) ON-DEMAND SERVICE  
 SURVEY

FORM 990, PART VI, SECTION C, LINE 19:  
 CALVIN UNIVERSITY AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE POSTED ON  
 THE UNIVERSITY'S WEBSITE. OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON  
 REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGES IN THE VALUE OF SPLIT INTEREST AGREEMENTS	-890,370.
ADJUSTMENT TO PRIOR SERVICE COST AND ACTUARIAL LIABILITY	
FOR RETIREE HEALTH	66,102.
CHANGES IN THE VALUE OF INTEREST RATE SWAP AGREEMENTS	-6,815,738.
TOTAL TO FORM 990, PART XI, LINE 9	-7,640,006.

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

FORM 990, PART XII, LINE 2C:

THE AUDIT PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization **CALVIN UNIVERSITY** Employer identification number **38-3071514**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CALVIN COLLEGE REHABILITATION SERVICES - 47-4318183, 1310 EAST BELTLINE AVE SE, GRAND RAPIDS, MI 49506	MEDICAL SERVICES TO THE PUBLIC	MICHIGAN	501 (C) 3	LINE 9	CALVIN UNIVERSITY	X	

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

Schedule R (Form 990) 2019

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CALVIN COLLEGE REHABILITATION SERVICES	B	581,108.	FAIR MARKET VALUE
(2) CALVIN COLLEGE REHABILITATION SERVICES	O	105,884.	FAIR MARKET VALUE
(3)			
(4)			
(5)			
(6)			

**Part VI** **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

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



**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

**2019**

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection for  
501(c)(3) Organizations Only

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3)  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p>	<p><b>Print or Type</b></p>	<p>Name of organization ( <input checked="" type="checkbox"/> Check box if name changed and see instructions.)  <b>CALVIN UNIVERSITY</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>3201 BURTON STREET SE</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>GRAND RAPIDS, MI 49546</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.)  <b>38-3071514</b></p> <p><b>E</b> Unrelated business activity code (See instructions.)  <b>722320</b></p>
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**C** Book value of all assets at end of year 532,359,793.

**F** Group exemption number (See instructions.) ▶

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Enter the number of the organization's unrelated trades or businesses. ▶ 2 Describe the only (or first) unrelated trade or business here ▶ CONFERENCE CENTER, PARTNERSHIP INCOME. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ..... ▶  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ RUTH WITTE Telephone number ▶ 616-526-6130

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances			
<b>c</b> Balance	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4a</b> Capital gain net income (attach Schedule D)	<b>4a</b> 90,321.		90,321.
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b> 323,708.	STMT 1	323,708.
<b>6</b> Rent income (Schedule C)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b> Advertising income (Schedule J)	<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> 414,029.		414,029.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
 (Deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>		
<b>15</b> Salaries and wages	<b>15</b>		
<b>16</b> Repairs and maintenance	<b>16</b>		
<b>17</b> Bad debts	<b>17</b>		
<b>18</b> Interest (attach schedule) (see instructions)	<b>18</b>		
<b>19</b> Taxes and licenses	<b>19</b>		
<b>20</b> Depreciation (attach Form 4562)	<b>20</b>		
<b>21</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>21a</b>		
<b>22</b> Depletion	<b>22</b>		
<b>23</b> Contributions to deferred compensation plans	<b>23</b>		
<b>24</b> Employee benefit programs	<b>24</b>		
<b>25</b> Excess exempt expenses (Schedule I)	<b>25</b>		
<b>26</b> Excess readership costs (Schedule J)	<b>26</b>		
<b>27</b> Other deductions (attach schedule)	<b>27</b>	SEE STATEMENT 2	186,357.
<b>28 Total deductions.</b> Add lines 14 through 27	<b>28</b>		186,357.
<b>29</b> Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	<b>29</b>		227,672.
<b>30</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>30</b>		0.
<b>31</b> Unrelated business taxable income. Subtract line 30 from line 29	<b>31</b>		227,672.

**Part III Total Unrelated Business Taxable Income**

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	227,672.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules) STMT 3 STMT 4	34	56,668.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	171,004.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	171,004.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	<b>Unrelated business taxable income.</b> Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	170,004.

**Part IV Tax Computation**

40	<b>Organizations Taxable as Corporations.</b> Multiply line 39 by 21% (0.21)	40	35,701.
41	<b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	<b>Proxy tax.</b> See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	<b>Tax on Noncompliant Facility Income.</b> See instructions	44	
45	<b>Total.</b> Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	35,701.

**Part V Tax and Payments**

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	<b>Total credits.</b> Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	35,701.
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	48	
49	<b>Total tax.</b> Add lines 47 and 48 (see instructions)	49	35,701.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51a	Payments: A 2018 overpayment credited to 2019	51a	
b	2019 estimated tax payments	51b	51,760.
c	Tax deposited with Form 8868	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	51g	
52	<b>Total payments.</b> Add lines 51a through 51g	52	51,760.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53	
54	<b>Tax due.</b> If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	<b>Overpayment.</b> If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	16,059.
56	Enter the amount of line 55 you want: <b>Credited to 2020 estimated tax</b> 16,059. <b>Refunded</b>	56	0.

**Part VI Statements Regarding Certain Activities and Other Information** (see instructions)

57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here <b>GHANA</b>	Yes	No
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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 taxpayer) is based on all information of which preparer has any knowledge.  
 VP - ADMINISTRATION AND FINANCE

**Sign Here**  
 Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_ Title: \_\_\_\_\_  
 May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	DORI J. EGGETT	DORI J. EGGETT	04/26/21		P00645252
	Firm's name <b>PLANTE &amp; MORAN, PLLC</b>	Firm's EIN <b>38-1357951</b>			
	750 TRADE CENTRE WAY, STE. 300				
	Firm's address <b>PORTAGE, MI 49002</b>		Phone no. (269) 567-4500		

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ▶ N/A

1 Inventory at beginning of year .....	1		6 Inventory at end of year .....	6	
2 Purchases .....	2		7 <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 .....	7	
3 Cost of labor .....	3				
4a Additional section 263A costs (attach schedule) .....	4a				
b Other costs (attach schedule) .....	4b		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? .....		Yes No
5 <b>Total.</b> Add lines 1 through 4b .....	5				

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) .....

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> .....		Enter here and on page 1, Part I, line 7, column (A). 0.		Enter here and on page 1, Part I, line 7, column (B). 0.
<b>Total dividends-received deductions</b> included in column 8 .....				0.



**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
<b>Totals</b>			0.	0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
<b>Totals</b>		0.		0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 25.
<b>Totals</b>		0.	0.			0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5))		0.	0.			0.

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....	0.	0.				0.
<b>Totals, Part II (lines 1-5)</b> .....	0.	0.				0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 .....			0.

Form 990-T (2019)

FORM 990-T

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 1

DESCRIPTION	NET INCOME OR (LOSS)
COMMONFUND GLOBAL DISTRESSED PARTNERS III, LP - ORDINARY BUSINESS INCOME (LO	-143.
MIDWEST MEZZANINE FUND IV, LP - ORDINARY BUSINESS INCOME (LOSS)	-250.
COMMONFUND GLOBAL DISTRESSED PARTNERS III (1), LP - ORDINARY BUSINESS INCOME	-2,139.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VI, LP - ORDINARY BUSINESS INCOME	-8,316.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VI, LP - NET RENTAL REAL ESTATE I	-174.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VI, LP - INTEREST INCOME	2,971.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VI, LP - OTHER INCOME (LOSS)	7,747.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VIII, LP - ORDINARY BUSINESS INCO	8,399.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VIII, LP - INTEREST INCOME	82.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VIII, LP - DIVIDEND INCOME	12.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VIII, LP - ROYALTIES	2.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VIII, LP - OTHER PORTFOLIO INCOME	593.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VIII, LP - OTHER INCOME (LOSS)	924.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VIII, LP - ORDINARY BUSINESS I	8,580.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VIII, LP - NET RENTAL REAL EST	2.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VIII, LP - OTHER NET RENTAL IN	1.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VIII, LP - INTEREST INCOME	8.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VIII, LP - ROYALTIES	80.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VIII, LP - OTHER INCOME (LOSS)	126.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VII, LP - ORDINARY BUSINESS IN	19.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VII, LP - NET RENTAL REAL ESTA	13.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VII, LP - OTHER NET RENTAL INC	13.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VII, LP - INTEREST INCOME	164.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VII, LP - DIVIDEND INCOME	1.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VII, LP - ROYALTIES	809.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VII, LP - OTHER INCOME (LOSS)	-501.

- ORDINARY BUSINESS INCOME (LOSS)	42,902.
- NET RENTAL REAL ESTATE INCOME	11.
- OTHER NET RENTAL INCOME (LOSS)	3.
- INTEREST INCOME	42.
- DIVIDEND INCOME	1.
- ROYALTIES	400.
- OTHER INCOME (LOSS)	628.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - ORDINARY BUSINESS INCOM	-107.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - NET RENTAL REAL ESTATE	3.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - INTEREST INCOME	618.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - DIVIDEND INCOME	132.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - ROYALTIES	1.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - OTHER PORTFOLIO INCOME	72.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP - OTHER INCOME (LOSS)	1,763.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VI, LP - ORDINARY BUSINESS INC	16,002.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VI, LP - NET RENTAL REAL ESTAT	3.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VI, LP - OTHER NET RENTAL INCO	36.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VI, LP - INTEREST INCOME	139.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VI, LP - ROYALTIES	322.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VI, LP - OTHER INCOME (LOSS)	37,338.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII (1), LP - ORDINARY BUSINESS I	-517.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII (1), LP - NET RENTAL REAL EST	14.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII (1), LP - INTEREST INCOME	3,004.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII (1), LP - DIVIDEND INCOME	647.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII (1), LP - ROYALTIES	5.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII (1), LP - OTHER PORTFOLIO INC	352.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII (1), LP - OTHER INCOME (LOSS)	8,575.
COMMONFUND CAPITAL INTERNATIONAL PARTNERS VI, LP - INTEREST INCOME	167.
COMMONFUND CAPITAL INTERNATIONAL PARTNERS VI, LP - DIVIDEND INCOME	26.
COMMONFUND CAPITAL INTERNATIONAL PARTNERS VI, LP - OTHER PORTFOLIO INCOME (L	3,117.
COMMONFUND CAPITAL INTERNATIONAL PARTNERS VI, LP - INTEREST INCOME	32.
COMMONFUND CAPITAL INTERNATIONAL PARTNERS VI, LP - DIVIDEND INCOME	5.

COMMONFUND CAPITAL INTERNATIONAL PARTNERS VI, LP - OTHER PORTFOLIO INCOME (L	601.
COMMONFUND CAPITAL VENTURE PARTNERS IX, LP - ORDINARY BUSINESS INCOME (LOSS)	919.
COMMONFUND CAPITAL VENTURE PARTNERS IX, LP - NET RENTAL REAL ESTATE INCOME	13.
COMMONFUND CAPITAL VENTURE PARTNERS VIII (1), LP - ORDINARY BUSINESS INCOME	1.
COMMONFUND CAPITAL VENTURE PARTNERS VI, LP - ORDINARY BUSINESS INCOME (LOSS)	65.
COMMONFUND CAPITAL VENTURE PARTNERS X, LP - ORDINARY BUSINESS INCOME (LOSS)	2,756.
COMMONFUND CAPITAL VENTURE PARTNERS X, LP - INTEREST INCOME	46.
COMMONFUND CAPITAL VENTURE PARTNERS X, LP - DIVIDEND INCOME	5.
ENDOWMENT PRIVATE EQUITY PARTNERS IV, LP - ORDINARY BUSINESS INCOME (LOSS)	-7.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS V, LP - ORDINARY BUSINESS INCOME	-689.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS V, LP - OTHER PORTFOLIO INCOME (L	1.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS IX, LP - ORDINARY BUSINESS INC	140,985.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS IX, LP - NET RENTAL REAL ESTAT	3.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS IX, LP - OTHER NET RENTAL INCO	332.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS IX, LP - INTEREST INCOME	137.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS IX, LP - DIVIDEND INCOME	6.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS IX, LP - ROYALTIES	624.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS IX, LP - OTHER INCOME (LOSS)	25,352.
OPPENHEIMER GLOBAL RESOURCE PRIVATE - ORDINARY BUSINESS INCOME (LOSS)	17,799.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	323,708.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
OTHER DEDUCTIONS FROM PARTNERSHIP K-1'S		173,395.
TAX PREPARATION		12,962.
TOTAL TO FORM 990-T, PAGE 1, LINE 27		186,357.

FORM 990-T

CONTRIBUTIONS

STATEMENT 3

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
AFRICAN RESOURCE CENTER OF WEST MICHIGAN	N/A	7,500.
ASBURY THEOLOGICAL SEMINARY	N/A	7,500.
AU SABLE INSTITUTE	N/A	7,500.
AZUSA PACIFIC UNIVERSITY	N/A	9,000.
BAYLOR UNIVERSITY	N/A	8,256.
BELOVED COMMUNITY CHURCH	N/A	7,500.
BOSTON UNIVERSITY	N/A	9,000.
BRIDGE MINISTRIES FOR DISABILITIES	N/A	9,000.
CALVARY CHRISTIAN REFORMED CHURCH	N/A	5,815.
CANDLER SCHOOL OF THEOLOGY	N/A	8,138.
CAPITAL DISTRICT OF THE NORTH CAROLINA	N/A	6,350.
CARY FIRST CHRISTIAN CHURCH	N/A	5,000.
CENTRAL CHRISTIAN CHURCH	N/A	7,500.
CHRIST CHURCH MAPLEWOOD	N/A	7,500.
CITY CHAPEL	N/A	7,500.
CITY CHURCH PHILADELPHIA	N/A	7,500.
COLLEGE OF SAINT SCHOLASTICA	N/A	5,250.
COLUMBIA THEOLOGICAL SEMINARY	N/A	9,000.
CONCORDIA UNIVERSITY	N/A	9,000.
CONVERGENCE: A CREATIVE COMMUNITY	N/A	7,390.
CORNERSTONE UNIVERSITY	N/A	9,000.
DALLAS INTERNATIONAL UNIVERSITY CEWA	N/A	7,500.
DETROIT CATHOLIC PASTORAL ALLIANCE	N/A	9,000.
DOMINICAN HOUSE OF STUDIES	N/A	9,000.
DURHAMCARES, INC	N/A	17,991.
EASTERN CHRISTIAN SCHOOL ASSOCIATION	N/A	7,500.
EKKLESIA MSU	N/A	9,000.
FAITH UNITED METHODIST CHURCH	N/A	6,000.
FIRST BAPTIST CHURCH ASHLAND	N/A	9,000.
FIRST BAPTIST CHURCH ON FIFTH	N/A	7,500.
FIRST CHRISTIAN CHURCH OF ORANGE	N/A	7,250.
FIRST CHURCH IN WINDSOR	N/A	7,500.
FIRST COMMUNITY A.M.E. CHURCH	N/A	7,500.
FIRST CONGREGATIONAL CHURCH OF WEBSTER GROVES	N/A	7,425.
FIRST MISSIONARY BAPTIST CHURCH	N/A	6,000.
FIRST PRESBYTERIAN CHURCH OF BELLINGHAM	N/A	7,500.
FISHER ST CHURCH OF GOD IN FREEDOM OUTREACH	N/A	8,510.
INTERNATIONAL: FULLER THEOLOGICAL SEMINARY	N/A	7,600.
		17,840.

GOOD SHEPHERD UNITED CHURCH OF CHRIST	N/A	5,843.
GRACE BAPTIST CHURCH	N/A	7,500.
GUSTAVUS ADOLPHUS COLLEGE	N/A	5,570.
HARVEY BROWNE MEMORIAL	N/A	9,000.
HERALD PRESS	N/A	9,000.
HOLY CROSS LUTHERAN CHURCH	N/A	7,500.
HOPE COLLEGE	N/A	17,892.
HOWARD MEMORIAL PRESBYTERIAN CHURCH	N/A	7,009.
HUMBLE WALK LUTHERAN CHURCH	N/A	7,500.
IMMANUEL CONGREGATIONAL CHURCH	N/A	7,000.
INDIANA WESLEYAN UNIVERSITY	N/A	9,000.
LAKESHORE AVE BAPTIST CHURCH	N/A	7,025.
LEE HARDYS TEACHER-SCHOLAR	N/A	5,523.
LEE UNIVERSITY	N/A	7,567.
LEXINGTON CHRISTIAN ACADEMY	N/A	7,500.
LIGHT OF HOPE PRESBYTERIAN CHURCH	N/A	7,483.
MCCORMICK THEOLOGICAL SEMINARY	N/A	9,000.
MERCER UNIVERSITY	N/A	9,000.
MILILANI PRESBYTERIAN CHURCH	N/A	5,590.
MONUMENT OF FAITH CHURCH	N/A	7,500.
MOUNT AERY BAPTIST CHURCH	N/A	6,000.
NATIONAL ASSOCIATION OF THE NEW BRUNSWICK THEOLOGICAL SEMINARY	N/A	7,500.
NEW HOPE COVENANT CHURCH	N/A	7,500.
NEW HOPE PRESBYTERIAN CHURCH	N/A	7,500.
NORTH DECATUR PRESBYTERIAN CHURCH	N/A	7,500.
PARK AVE CHRISTIAN CHURCH	N/A	7,500.
PENN STATE UNIVERSITY	N/A	8,927.
RAINIER BEACH PRESBYTERIAN CHURCH	N/A	7,375.
RALEIGH MENNONITE CHURCH	N/A	7,298.
REDEEMED CHRISTIAN CHURCH OF GOD	N/A	6,775.
ROOT AND BRANCH CHURCH	N/A	7,050.
SAINT THOMAS MORE CATHOLIC COMMUNITY	N/A	6,874.
SEABURY RESOURCES FOR AGING	N/A	9,000.
SEATTLE PACIFIC UNIVERSITY	N/A	8,250.
SERENITY THE PRINCE OF PEACE CHURCH	N/A	7,500.
SIDEBAR STORIES	N/A	9,000.
SOUTH CONGREGATIONAL CHURCH	N/A	6,325.
ST AMBROSE ANGLICAN CHURCH	N/A	7,212.
ST ELIZABETH'S EPISCOPAL CHURCH	N/A	5,575.
ST JOHN'S ABBEY	N/A	9,000.
ST JOHN'S EPISCOPAL CHURCH	N/A	5,000.
ST MARY'S EPISCOPAL CHURCH	N/A	6,600.
ST PHILOTHEA GREEK ORTHODOX CHURCH	N/A	7,500.
THMC	N/A	9,000.
TRINITY BAPTIST CHURCH	N/A	7,500.
TRINITY CHRISTIAN COLLEGE	N/A	7,100.

CALVIN UNIVERSITY

38-3071514

TRINITY CHURCH OF NORTHBOROUGH	N/A	6,435.
TRINITY EVANGELICAL DIVINITY SCHOOL	N/A	9,000.
TRINITY UNITED METHODIST CHURCH	N/A	9,000.
TUALATIN PRESBYTERIAN CHURCH	N/A	7,500.
UNION CONGREGATIONAL UNITED CHURCH	N/A	8,975.
UNION PRESBYTERIAN SEMINARY	N/A	18,000.
UNIVERSITY OF MARY HARDIN -	N/A	6,925.
UNIVERSITY OF WEST GEORGIA	N/A	8,786.
VANDERBILT UNIVERSITY	N/A	8,806.
WAKE FOREST BAPTIST CHURCH	N/A	6,913.
WARTBURG THEOLOGICAL SEMINARY	N/A	7,500.
WEST CENTRAL EPISCOPAL MISSION	N/A	7,500.
WESTERN THEOLOGICAL SEMINARY	N/A	16,300.
WHEAT ST BAPTIST CHURCH	N/A	7,500.
WINDOW ROCK CHRISTIAN REFORMED CHURCH	N/A	7,500.
INVESTMENT CONTRIBUTIONS	N/A	189.

TOTAL TO FORM 990-T, PAGE 2, LINE 34

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817,007.

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FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 4

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT		
QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT	515,933	
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS		
FOR TAX YEAR 2014		
FOR TAX YEAR 2015		
FOR TAX YEAR 2016		
FOR TAX YEAR 2017		
FOR TAX YEAR 2018		
<hr/>		
TOTAL CARRYOVER		
TOTAL CURRENT YEAR 10% CONTRIBUTIONS	301,074	
<hr/>		
TOTAL CONTRIBUTIONS AVAILABLE	817,007	
TAXABLE INCOME LIMITATION AS ADJUSTED	56,668	
<hr/>		
EXCESS CONTRIBUTIONS	760,339	
EXCESS 100% CONTRIBUTIONS	0	
TOTAL EXCESS CONTRIBUTIONS	760,339	
<hr/>		
ALLOWABLE CONTRIBUTIONS DEDUCTION		56,668
<hr/>		
TOTAL CONTRIBUTION DEDUCTION		56,668
<hr/> <hr/>		

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income from an  
Unrelated Trade or Business**

ENTITY

1

OMB No. 1545-0047

**2019**

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020.

▶ **Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.**

▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Open to Public Inspection for  
501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

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

Unrelated Business Activity Code (see instructions) ▶ 611600

Describe the unrelated trade or business ▶ CONFERENCE CENTER

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales	<u>1,028,282.</u>			
<b>b</b> Less returns and allowances				
<b>c Balance</b> ▶		<b>1c</b> <u>1,028,282.</u>		
<b>2</b> Cost of goods sold (Schedule A, line 7)		<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b> <u>1,028,282.</u>		<u>1,028,282.</u>
<b>4 a</b> Capital gain net income (attach Schedule D)		<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)		<b>5</b>		
<b>6</b> Rent income (Schedule C)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)		<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)		<b>10</b>		
<b>11</b> Advertising income (Schedule J)		<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule)		<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12		<b>13</b> <u>1,028,282.</u>		<u>1,028,282.</u>

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)		<b>14</b>	<u>17,587.</u>
<b>15</b> Salaries and wages		<b>15</b>	<u>10,275.</u>
<b>16</b> Repairs and maintenance		<b>16</b>	<u>104,039.</u>
<b>17</b> Bad debts		<b>17</b>	<u>12.</u>
<b>18</b> Interest (attach schedule) (see instructions)		<b>18</b>	
<b>19</b> Taxes and licenses		<b>19</b>	
<b>20</b> Depreciation (attach Form 4562)	<b>20</b> <u>155,829.</u>		
<b>21</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>21a</b>	<b>21b</b>	<u>155,829.</u>
<b>22</b> Depletion		<b>22</b>	
<b>23</b> Contributions to deferred compensation plans		<b>23</b>	
<b>24</b> Employee benefit programs		<b>24</b>	
<b>25</b> Excess exempt expenses (Schedule I)		<b>25</b>	
<b>26</b> Excess readership costs (Schedule J)		<b>26</b>	
<b>27</b> Other deductions (attach schedule)	<u>SEE STATEMENT 5</u>	<b>27</b>	<u>836,369.</u>
<b>28 Total deductions.</b> Add lines 14 through 27		<b>28</b>	<u>1,124,111.</u>
<b>29</b> Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		<b>29</b>	<u>-95,829.</u>
<b>30</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<u>STMT 6</u>	<b>30</b>	<u>0.</u>
<b>31</b> Unrelated business taxable income. Subtract line 30 from line 29		<b>31</b>	<u>-95,829.</u>

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

FORM 990-T (M)

OTHER DEDUCTIONS

STATEMENT 5

DESCRIPTION	AMOUNT
CONTRACTED LABOR	524,521.
GENERAL SUPPLIES	11,872.
PUBLISHING	416.
TELEPHONE	648.
FOOD	116,501.
CONTRACTED MANAGEMENT COSTS	112,230.
UTILITIES	41,132.
FEEES	966.
CONTRACTED SERVICES	24,911.
TAX PREPARATION	3,172.
TOTAL TO SCHEDULE M, PART II, LINE 27	836,369.

SCHEDULE M NET OPERATING LOSS DEDUCTION STATEMENT 6

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	33,729.		33,729.	33,729.
NOL CARRYOVER AVAILABLE THIS YEAR			33,729.	33,729.

<b>Schedule A - Cost of Goods Sold.</b> Enter method of inventory valuation <input type="checkbox"/> N/A			
1	Inventory at beginning of year .....	1	
2	Purchases .....	2	
3	Cost of labor .....	3	
4a	Additional section 263A costs (attach schedule) .....	4a	
b	Other costs (attach schedule) .....	4b	
5	<b>Total.</b> Add lines 1 through 4b .....	5	
6	Inventory at end of year .....	6	
7	<b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 .....	7	
8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? .....		Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.
(c) <b>Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) .....		(b) <b>Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) ...
		0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt- financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> .....		Enter here and on page 1, Part I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
		0.		0.
<b>Total dividends-received deductions</b> included in column 8 .....				0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) MICHAEL LE ROY	PRESIDENT	2.00 %	17,587.
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14			17,587.

Form 990-T (2019)

**Capital Gains and Losses**  
 ▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L,  
 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.  
 ▶ Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

**2019**

Name  <b>CALVIN UNIVERSITY</b>	Employer identification number  <b>38-3071514</b>
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Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ▶  Yes  No  
 If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses** (See instructions.)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				1,002.
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation) .....			<b>6</b>	( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....			<b>7</b>	1,002.

**Part II Long-Term Capital Gains and Losses** (See instructions.)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				88,367.
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....			<b>11</b>	952.
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>13</b>	
<b>14</b> Capital gain distributions .....			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....			<b>15</b>	89,319.

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....	<b>16</b>	1,002.
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....	<b>17</b>	89,319.
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns .....	<b>18</b>	90,321.

**Note:** If losses exceed gains, see *Capital Losses* in the instructions.

### Sales and Other Dispositions of Capital Assets

**Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.**  
**File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.**

Name(s) shown on return

CALVIN UNIVERSITY

**Social security number or taxpayer identification no.**

38-3071514

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.  
**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	COMMONFUND CAPITAL PRIVATE EQUITY PARTNE							2.
	COMMONFUND CAPITAL PRIVATE EQUITY PARTNE							22.
	COMMONFUND CAPITAL NATURAL RESOURCES PAR							100.
	COMMONFUND CAPITAL NATURAL RESOURCES PAR							374.
	COMMONFUND CAPITAL NATURAL RESOURCES PAR							501.
	COMMONFUND CAPITAL NATURAL RESOURCES PAR							1.
	COMMONFUND CAPITAL PRIVATE EQUITY PARTNE							2.
	COMMONFUND CAPITAL INTERNATIONAL PARTNER							<1.>
	COMMONFUND CAPITAL VENTURE PARTNERS X, L							<1.>
	COMMONFUND CAPITAL NATURAL RESOURCES PAR							2.

<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) <b>►</b>		<b>1,002.</b>
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**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.





**Sales of Business Property**  
 (Also Involuntary Conversions and Recapture Amounts  
 Under Sections 179 and 280F(b)(2))  
 Attach to your tax return.

▶ Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

CALVIN UNIVERSITY

Identifying number  
 38-3071514

1 Enter the gross proceeds from sales or exchanges reported to you for 2019 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 1

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year** (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	SEE STATEMENT 7						952.
3	Gain, if any, from Form 4684, line 39						3
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37						4
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5
6	Gain, if any, from line 32, from other than casualty or theft						6
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows						7 952.
<p><b>Partnerships and S corporations.</b> Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.</p> <p><b>Individuals, partners, S corporation shareholders, and all others.</b> If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.</p>							
8	Nonrecaptured net section 1231 losses from prior years. See instructions						8
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions						9 952.

**Part II Ordinary Gains and Losses** (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11	Loss, if any, from line 7						11 ( )
12	Gain, if any, from line 7 or amount from line 8, if applicable						12
13	Gain, if any, from line 31						13
14	Net gain or (loss) from Form 4684, lines 31 and 38a						14
15	Ordinary gain from installment sales from Form 6252, line 25 or 36						15
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824						16
17	Combine lines 10 through 16						17
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.						
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040 or Form 1040-SR), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions						18a
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040 or Form 1040-SR), Part I, line 4						18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255** (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)		
A					
B					
C					
D					
These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1 before completing.)	20			
21	Cost or other basis plus expense of sale	21			
22	Depreciation (or depletion) allowed or allowable	22			
23	Adjusted basis. Subtract line 22 from line 21	23			
24	Total gain. Subtract line 23 from line 20	24			
<b>25 If section 1245 property:</b>					
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the smaller of line 24 or 25a	25b			
<b>26 If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a	Additional depreciation after 1975. See instructions	26a			
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b			
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c			
d	Additional depreciation after 1969 and before 1976	26d			
e	Enter the smaller of line 26c or 26d	26e			
f	Section 291 amount (corporations only)	26f			
g	Add lines 26b, 26e, and 26f	26g			
<b>27 If section 1252 property:</b> Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a	Soil, water, and land clearing expenses	27a			
b	Line 27a multiplied by applicable percentage	27b			
c	Enter the smaller of line 24 or 27b	27c			
<b>28 If section 1254 property:</b>					
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a			
b	Enter the smaller of line 24 or 28a	28b			
<b>29 If section 1255 property:</b>					
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a			
b	Enter the smaller of line 24 or 29a. See instructions	29b			

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less** (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 7

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
COMMONFUND CAPITAL PRIVATE EQUITY PARTNE						58.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNE						1,662.
COMMONFUND CAPITAL NATURAL RESOURCES PAR						94.
COMMONFUND CAPITAL NATURAL RESOURCES PAR						-675.
COMMONFUND CAPITAL NATURAL RESOURCES PAR						470.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNE						42.
COMMONFUND CAPITAL NATURAL RESOURCES PAR						-407.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNE						201.
COMMONFUND CAPITAL VENTURE PARTNERS IX,						-7.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNE						530.
COMMONFUND CAPITAL NATURAL RESOURCES PAR						-1,016.
TOTAL TO 4797, PART I, LINE 2						952.