

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2020** calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C 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	D Employer identification number 38-3071514 E Telephone number 616-526-6000
F Name and address of principal officer: MICHAEL K LE ROY 3201 BURTON STREET SE, GRAND RAPIDS, MI 4954		G Gross receipts \$ 221,057,665. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I 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		
J Website: ▶ WWW.CALVIN.EDU		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1991 M State of legal domicile: MI

Part I Summary

	1	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		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	31
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	31
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	2818
	6	Total number of volunteers (estimate if necessary)	6	36
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	397,998.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	81,062.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
9		Program service revenue (Part VIII, line 2g)	58,679,507.	29,882,207.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	143,945,810.	132,534,041.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,923,627.	4,580,138.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	-7,546.
12			209,548,944.	166,988,840.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	60,215,744.	58,019,075.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	69,044,484.	58,081,237.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	30,000.	163,683.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,684,255.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	44,899,396.	36,998,578.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	174,189,624.	153,262,573.
	19	Revenue less expenses. Subtract line 18 from line 12	35,359,320.	13,726,267.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	532,359,793.	586,373,912.
	22	Net assets or fund balances. Subtract line 21 from line 20	153,699,184.	135,337,030.
	22		378,660,609.	451,036,882.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer _____ Date _____ TIM FENNEMA, VP-ADMINISTRATION AND FINANCE Type or print name and title															
Paid Preparer Use Only	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Print/Type preparer's name DORI J. EGGETT</td> <td style="width:30%;">Preparer's signature DORI J. EGGETT</td> <td style="width:10%;">Date 04/29/22</td> <td style="width:10%;">Check if self-employed <input type="checkbox"/></td> <td style="width:20%;">PTIN P00645252</td> </tr> <tr> <td colspan="2">Firm's name ▶ PLANTE & MORAN, PLLC</td> <td colspan="3">Firm's EIN ▶ 38-1357951</td> </tr> <tr> <td colspan="2">Firm's address ▶ 750 TRADE CENTRE WAY, STE. 300 PORTAGE, MI 49002</td> <td colspan="3">Phone no. (269) 567-4500</td> </tr> </table>	Print/Type preparer's name DORI J. EGGETT	Preparer's signature DORI J. EGGETT	Date 04/29/22	Check if self-employed <input type="checkbox"/>	PTIN P00645252	Firm's name ▶ PLANTE & MORAN, PLLC		Firm's EIN ▶ 38-1357951			Firm's address ▶ 750 TRADE CENTRE WAY, STE. 300 PORTAGE, MI 49002		Phone no. (269) 567-4500		
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Firm's address ▶ 750 TRADE CENTRE WAY, STE. 300 PORTAGE, MI 49002		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 \$ 123,066,605. including grants of \$ 57,310,542.) (Revenue \$ 115,789,838.) 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 \$ 15,137,809. including grants of \$) (Revenue \$ 15,477,019.) 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 \$ 1,837,828. including grants of \$) (Revenue \$ 622,203.) 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 \$ 6,672,662. including grants of \$ 708,533.) (Revenue \$ 467,675.)

4e Total program service expenses 146,714,904.

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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <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
22 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	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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 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
26 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
27 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
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c 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
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 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	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 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
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 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
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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>		
36 Section 501(c)(3) organizations. 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
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 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
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c 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, business income, foreign accounts, 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 Enter the number of voting members of the governing body at the end of the tax year (31); 1b Enter the number of voting members included on line 1a, above, who are independent (31); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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 Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

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. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
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 3201 BURTON STREET SE, GRAND RAPIDS, MI 49546

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 LEROY PRESIDENT	40.00 0.00			X				377,627.	0.	39,020.
(2) DR CHERYL BRANDSEN PROVOST	40.00 0.00				X			182,930.	0.	28,439.
(3) JAMES ENGLISH VP OF FINANCE AND ADMINISTRATION	40.00 0.00				X			199,908.	0.	6,836.
(4) KENNETH ERFFMEYER VP FOR ADVANCEMENT	40.00 0.00			X				172,984.	0.	32,486.
(6) REV JOHN WITVLIET DIRECTOR OF INSTITUTE OF CHRISTIAN W	40.00 0.00					X		115,054.	0.	60,798.
(7) DR LAURA CHAMPION DIRECTOR OF HEALTH SERVICE	40.00 0.00					X		159,728.	0.	25,247.
(7) LAUREN JENSEN VP FOR ENROLLMENT	40.00 0.00					X		142,252.	0.	30,574.
(8) DR SARAH VISSER VP FOR STUDENT LIFE	40.00 0.00					X		145,976.	0.	25,799.
(9) TODD HUBERS VP FOR PEOPLE, STRATEGY, AND TECHNOL	40.00 0.00					X		139,397.	0.	27,396.
(10) JANICE BUIKEMA SECRETARY	4.00 0.00	X		X				0.	0.	0.
(11) MARY TUUK KURAS VICE CHAIR	4.00 0.00	X		X				0.	0.	0.
(12) BRUCE LOS CHAIR	4.00 0.00	X		X				0.	0.	0.
(13) WILLIAM BOER BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(14) EDWARD COLEMAN BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(15) NATHAN DEJONG MCCARRON BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(16) FERNANDO DELROSARIO BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(17) JEFFREY DENOYER BOARD MEMBER	1.00 0.00	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) JEFFREY DENOYER BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(19) ANDREW ELLIOT BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(20) TIMOTHY GOUDZWAARD BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(21) CHRISTOPHER GRIER BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(22) WENDY HOFMAN BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(23) MARJORIE HOOGEBOOM BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(24) TIMOTHY HOWERZYL BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(25) BENJAMIN IPEMA BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(26) LAMBERT KAMP BOARD MEMBER	1.00 0.00	X						0.	0.	0.
1b Subtotal								1,635,856.	0.	276,595.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,635,856.	0.	276,595.

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 18

	Yes	No
3 Did the organization list any former 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	1,692,306.
GMB ARCHITECTURE & ENGINEERING, 225 S MAIN ST, SUITE 200, ROYAL OAK, MI 48067	ARCHITECTURE & ENGINEERING	1,056,255.
GDK CONSTRUCTION CO., 12 WEST 8TH STREET, SUITE 250, HOLLAND, MI 49423	CONSTRUCTION	875,351.
WORKDAY, 6110 STONERIDGE MALL ROAD, PLEASANTON, CA 94588	SOFTWARE	854,158.
MIDWEST COLLABORATIVE FOR LIBRARY SERVICES 6810 S CEDAR ST, LANSING, MI 48911	LIBRARY	538,690.

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 27

SEE PART VII, SECTION A CONTINUATION SHEETS

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 (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			
(27) ANDREA KARSTEN BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(28) ALICE KLAMER BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(29) JONATHAN KUYERS BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(30) RICHARD MAST BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(31) LOIS MILLER BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(32) RHONDA ROORDA BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(33) PERRIN RYNDERS BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(34) ALICIA SINCLAIR BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(35) SCOTT SPOELHOF BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(36) CARL TRIEMSTRA BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(37) STEVEN TRIEZENBERG BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(38) RAY VANDERKOOI BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(39) RACHEL VANDERVEEN BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(40) THOMAS WYBENGA BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(41) WILLEMINA ZWART BOARD MEMBER	1.00 0.00	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	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	108,397.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	7,712,583.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	22,061,227.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 3,690,511.				
	h Total. Add lines 1a-1f		29,882,207.				
Program Service Revenue	2 a TUITION	Business Code	611310	112,623,275.	112,623,275.		
	b SALES & SRVC AUXILIARY		721000	15,654,325.	15,477,019.	177,306.	
	c ANCILLARY SERVICES		611710	4,256,441.	4,256,441.		
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			132,534,041.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			4,576,076.		220,692.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	54,008,091.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	54,004,029.				
	c Gain or (loss)	7c	4,062.				
d Net gain or (loss)			4,062.		4,062.		
8 a Gross income from fundraising events (not including \$ 108,397. of contributions reported on line 1c). See Part IV, line 18	8a		57,250.				
		b Less: direct expenses	8b	64,796.			
		c Net income or (loss) from fundraising events			-7,546.		-7,546.
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b				
		c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			166,988,840.	132,356,735.	397,998.	4,351,900.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	634,148.	634,148.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	57,293,117.	57,293,117.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	91,810.	91,810.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	970,665.	201,878.	573,661.	195,126.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	44,001,123.	41,485,409.	1,131,317.	1,384,397.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	10,119,613.	9,189,324.	465,276.	465,013.
10 Payroll taxes	2,989,836.	2,701,196.	146,353.	142,287.
11 Fees for services (nonemployees):				
a Management				
b Legal	151,855.		151,855.	
c Accounting	84,282.		84,282.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	163,683.			163,683.
f Investment management fees	334,152.		334,152.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	2,867,031.	2,608,473.	227,961.	30,597.
12 Advertising and promotion	501,714.	498,255.	37.	3,422.
13 Office expenses	4,901,636.	4,634,686.	158,419.	108,531.
14 Information technology	1,687,511.	1,566,085.	62,815.	58,611.
15 Royalties				
16 Occupancy	10,311,892.	10,284,802.	7,121.	19,969.
17 Travel	457,452.	428,626.	9,456.	19,370.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	426,363.	359,887.	55,779.	10,697.
20 Interest	102,677.	102,677.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,762,260.	6,752,257.	4,715.	5,288.
23 Insurance	390,230.	83,487.	306,743.	
24 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.)				
a FOOD CONTRACT	4,868,644.	4,863,454.	3,853.	1,337.
b CONTRACTED GOODS & SRVC	1,097,943.	1,078,913.	19,030.	
c BOOKS AND PERIODICALS	957,774.	957,233.	541.	
d _____				
e All other expenses _____	1,095,162.	899,187.	120,048.	75,927.
25 Total functional expenses. Add lines 1 through 24e	153,262,573.	146,714,904.	3,863,414.	2,684,255.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	23,175,311.	1	10,173,589.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	30,673,194.	3	18,764,443.
	4 Accounts receivable, net	7,008,840.	4	1,432,158.
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,002,713.	9	1,931,366.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 321,982,231.		
	b Less: accumulated depreciation	10b 117,648,446.	203,734,438.	10c 204,333,785.
	11 Investments - publicly traded securities	194,577,162.	11	238,119,700.
	12 Investments - other securities. See Part IV, line 11	68,073,369.	12	108,399,128.
	13 Investments - program-related. See Part IV, line 11	1,556,833.	13	1,698,981.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,557,933.	15	1,520,762.
16 Total assets. Add lines 1 through 15 (must equal line 33)	532,359,793.	16	586,373,912.	
Liabilities	17 Accounts payable and accrued expenses	11,337,909.	17	10,794,411.
	18 Grants payable		18	
	19 Deferred revenue	16,738,423.	19	13,186,210.
	20 Tax-exempt bond liabilities	74,220,000.	20	73,421,766.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	12,814,824.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	51,402,852.	25	25,119,819.
	26 Total liabilities. Add lines 17 through 25	153,699,184.	26	135,337,030.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	152,960,474.	27	177,216,839.
	28 Net assets with donor restrictions	225,700,135.	28	273,820,043.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	378,660,609.	32	451,036,882.
33 Total liabilities and net assets/fund balances	532,359,793.	33	586,373,912.	

Form 990 (2020)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	166,988,840.
2	Total expenses (must equal Part IX, column (A), line 25)	2	153,262,573.
3	Revenue less expenses. Subtract line 2 from line 1	3	13,726,267.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	378,660,609.
5	Net unrealized gains (losses) on investments	5	49,849,629.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	8,800,377.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	451,036,882.

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
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2020)

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 for instructions and the latest information.

OMB No. 1545-0047

2020

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		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	27,461,899.	32,864,285.	26,062,284.	58,679,507.	29,882,207.	174,950,182.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	27,461,899.	32,864,285.	26,062,284.	58,679,507.	29,882,207.	174,950,182.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						64,749,887.
6 Public support. Subtract line 5 from line 4.						110,200,295.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	27,461,899.	32,864,285.	26,062,284.	58,679,507.	29,882,207.	174,950,182.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,579,431.	3,685,127.	4,977,788.	3,890,757.	4,355,384.	20,488,487.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	309,248.	306,543.	247,378.	227,672.	136,448.	1,227,289.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					57,250.	57,250.
11 Total support. Add lines 7 through 10						196,723,208.
12 Gross receipts from related activities, etc. (see instructions)					12	716,320,880.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	56.02 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	62.26 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 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

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <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>		
2 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>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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>		
c 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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 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>		
7 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>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c 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>		
10a 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 line 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>		
2 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>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 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>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 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?		
2 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>		
3 By reason of the relationship described in line 2, above, 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>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a 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>	Yes	No
b Did the activities described in line 2a, above, 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>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a 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>If "Yes" or "No" provide details in Part VI.</i>		
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>		
2a		
2b		
3a		
3b		

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	Adjusted Net Income (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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	Distributable Amount. 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).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

CALVIN UNIVERSITY

Employer identification number

38-3071514

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization CALVIN UNIVERSITY	Employer identification number 38-3071514
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 1,861,273.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 2,131,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 11,505,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 736,032.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 691,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CALVIN UNIVERSITY	Employer identification number 38-3071514
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

Name of organization CALVIN UNIVERSITY	Employer identification number 38-3071514
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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 for instructions and the latest information.**

OMB No. 1545-0047

2020
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	2a 1
b Total acreage restricted by conservation easements	2b 12.00
c Number of conservation easements on a certified historic structure included in (a)	2c 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	2d 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?

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)?

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) 2020

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	206,001,383.	181,886,574.	165,994,574.	151,800,197.	135,689,238.
b Contributions	9,099,396.	25,608,656.	8,986,000.	8,654,880.	6,845,716.
c Net investment earnings, gains, and losses	49,034,394.	4,709,653.	12,736,000.	11,281,498.	14,755,261.
d Grants or scholarships	3,443,732.	3,057,000.	2,882,100.	2,673,801.	2,516,400.
e Other expenditures for facilities and programs	3,719,668.	3,135,200.	2,936,900.	3,053,100.	2,960,018.
f Administrative expenses	6,600.	11,300.	11,000.	15,100.	13,600.
g End of year balance	256,965,173.	206,001,383.	181,886,574.	165,994,574.	151,800,197.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 11.2100 %
 - b Permanent endowment 61.6400 %
 - c Term endowment 27.1500 %
- 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"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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		243,698,981.	64,404,002.	179,294,979.
c Leasehold improvements				
d Equipment		72,426,140.	53,244,444.	19,181,696.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				204,333,785.

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	22,926,339.	COST
(B) NON US EQUITY	16,700,847.	COST
(C) PRIVATE EQUITY	42,747,598.	COST
(D) US EQUITY	10,364,548.	COST
(E) OTHER FIXED INCOME	12,891,316.	END-OF-YEAR MARKET VALUE
(F) SERVICES	2,768,480.	COST
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	108,399,128.	

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)		
Total. (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)	
Total. (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	12,622,917.
(3) TUITION GIFT CERTIFICATES	4,048,974.
(4) ANNUITY AND TRUST OBLIGATIONS	7,738,477.
(5) REFUNDABLE FEDERAL PERKINS LOAN ADVANCES	1,443,192.
(6) UNAMORTIZED DEBT ISSUANCE COSTS	-733,741.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	25,119,819.

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.

1	Total revenue, gains, and other support per audited financial statements	1	103,798,920.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	49,849,629.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-57,322,311.
e	Add lines 2a through 2d	2e	-7,472,682.
3	Subtract line 2e from line 1	3	111,271,602.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	334,151.
b	Other (Describe in Part XIII.)	4b	55,383,087.
c	Add lines 4a and 4b	4c	55,717,238.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	166,988,840.

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.

1	Total expenses and losses per audited financial statements	1	95,606,110.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	95,606,110.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	334,152.
b	Other (Describe in Part XIII.)	4b	57,322,311.
c	Add lines 4a and 4b	4c	57,656,463.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	153,262,573.

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 COLLEGE ARE MADE AVAILABLE TO STUDENTS, FACULTY,

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

PUBLIC SERVICE. THE H. HENRY MEETER CENTER FOR CALVIN STUDIES IS A SPECIAL

LIBRARY COLLECTION CONSISTING OF 6,000 SECONDARY SOURCES AND 500 16TH

Part XIII Supplemental Information (continued)

CENTURY EUROPEAN HISTORY AND THEOLOGY. HERITAGE HALL HAS 12,000 FEET OF
 MANUSCRIPT RECORDS WHICH DOCUMENTS THE HISTORY OF THE DUTCH IN NORTH
 AMERICA SINCE THE 1840'S. THE CENTER ART GALLERY MAINTAINS A PERMANENT
 COLLECTION OF NEARLY 18,000 WORKS OF ART THAT DATE FROM THE 1500'S TO THE
 PRESENT. MOST OF THE EARLY WORKS ARE OF EUROPEAN ORIGIN, WITH SOME
 NON-WESTERN REPRESENTATION FROM ASIA AND AFRICA, WHILE THE MORE RECENT
 WORKS ARE PRIMARILY AMERICAN, WITH AN EMPHASIS ON REGIONAL ARTISTS AND
 COLLEGE ALUMNI, FACULTY, AND STUDENTS. THE DICE MINERAL MUSEUM IS A WORLD
 CLASS COLLECTION OF RARE MINERALS COLLECTED BY A CALVIN ALUMNUS AND
 CONTRIBUTED TO CALVIN COLLEGE. AMONG THE 300 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	-57,322,311.
---------------	--------------

PART XI, LINE 4B - OTHER ADJUSTMENTS:

NON-OPERATING INVESTMENT INCOME	41,954,484.
NON-OPERATING PRIVATE GIFTS AND GRANTS	13,428,603.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	55,383,087.

Part XIII Supplemental Information *(continued)*

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FINANCIAL AID 57,322,311.

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

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

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

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

CALVIN UNIVERSITY

Employer identification number

38-3071514

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
3 Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or 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>		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? ...	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d 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.		
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities?		X
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
6a Does the organization receive any financial aid or assistance from a governmental agency?	X	
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.		
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	X	

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

Schedule E (Form 990 or 990-EZ) 2020

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. THE

UNIVERSITY SHIFTED TO A REMOTE ONLINE LEARNING ENVIRONMENT, SENT

STUDENTS HOME DURING 2020, DELAYED TUITION RATE INCREASES, AND

POSTPONED EVENTS, WHICH RESULTED IN LOST REVENUE FOR THE UNIVERSITY FOR

THE YEARS ENDED JUNE 30, 2020 AND 2021. ADDITIONALLY, THE UNIVERSITY

INCURRED SIGNIFICANT COSTS RELATED TO THE PANDEMIC, INCLUDING TESTING

OF EMPLOYEES AND STUDENTS, QUARANTINE AND ISOLATION EXPENSES, AND

ADDITIONAL SUPPLIES USED TO MITIGATE THE SPREAD OF COVID-19. 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 FEDERAL GOVERNMENT

STIMULUS PACKAGES THAT WERE PASSED. FROM THESE STIMULUS PACKAGES, THE

UNIVERSITY WAS ALLOCATED HIGHER EDUCATION EMERGENCY RELIEF FUND (HEERF)

GRANTS. DURING THE YEAR ENDED JUNE 30, 2020, THE UNIVERSITY WAS

ALLOCATED HIGHER EDUCATION EMERGENCY RELIEF FUND GRANTS TOTALING

\$2,639,029 OF WHICH 50 PERCENT WAS REQUIRED TO BE GIVEN DIRECTLY TO

STUDENTS. THE UNIVERSITY RECOGNIZED HEERF GRANT REVENUE TOTALING

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.

\$2,639,029 DURING THE YEAR ENDED JUNE 30, 2020. DURING THE YEAR ENDED

JUNE 30, 2021, THE UNIVERSITY WAS ALLOCATED ADDITIONAL HEERF GRANTS

TOTALING \$3,829,529 AND \$6,813,000 IN TWO SUBSEQUENT AWARDS, OF WHICH

\$4,727,000 IS REQUIRED TO BE GIVEN DIRECTLY TO STUDENTS. OF THE HEERF

GRANTS ALLOCATED TO THE UNIVERSITY DURING 2021, THE UNIVERSITY

RECOGNIZED HEERF GRANT REVENUE TOTALING \$3,755,514.

**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 for instructions and the latest information.

OMB No. 1545-0047

2020

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	INSTITITUTIONAL ACADEMIC AID	EDUCATION SERVICES	10,375.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	3	3	INSTITITUTIONAL ACADEMIC AID	EDUCATION SERVICES	7,050.
3 a Subtotal	0	3			17,425.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	3			17,425.

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)
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	PUBLIC SERVICE	52,965.	CHECK	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PUBLIC SERVICE	21,420.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **10**

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	1	10,375.	CHARGES AGAINST TUITION	0.		
INSTITUTIONAL ACADEMIC AID	INSTITUTIONAL ACADEMIC AID	1	7,050.	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.

Multiple horizontal lines for supplemental information.

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.

2020

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 for instructions and the latest information.**

Name of the organization

CALVIN UNIVERSITY

Employer identification number

38-3071514

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

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

- a Mail solicitations
- 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			
MONEY FOR MINISTRY - PO BOX 35, LOWELL, MI 49331	PLANNED GIVING CONSULTING		X	0.	13,507.	-13,507.
RUFFALO NOEL LEVITZ - PO BOX 718, DES MOINES, IA 50303	DIGITAL ENGAGEMENT FEE		X	0.	150,027.	-150,027.
Total					163,534.	-163,534.

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 2020 (event type)	CALVIN ATHLETICS GOLF OUTING 2021 (event type)	NONE (total number)	
Revenue	1	Gross receipts	69,000.	96,647.	165,647.
	2	Less: Contributions	44,500.	63,897.	108,397.
	3	Gross income (line 1 minus line 2)	24,500.	32,750.	57,250.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	9,407.	3,400.	12,807.
	6	Rent/facility costs			
	7	Food and beverages	17,970.	31,610.	49,580.
	8	Entertainment			
	9	Other direct expenses	839.	1,570.	2,409.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			64,796.
11	Net income summary. Subtract line 10 from line 3, column (d)			-7,546.	

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.

PART II FUNDRAISING EVENTS:

DUE TO THE COVID-19 PANDEMIC, THE 2020 CALVIN ATHLETICS GOLF OUTING WAS

HELD LATE CAUSING TWO GOLF OUTINGS TO OCCUR IN THE FISCAL YEAR ENDING

6/30/21

**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 for the latest information.**

OMB No. 1545-0047

2020

**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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
HOPE COLLEGE 141 E. 12TH STREET HOLLAND, MI 49423	38-1381271	501(C)(3)	32,122.	0.			WORSHIP RENEWAL PROJECT
FULLER THEOLOGICAL SEMINARY 135 NORTH OAKLAND AVE PASADENA, CA 91182	95-1699394	501(C)(3)	17,973.	0.			WORSHIP RENEWAL PROJECT
CRISTO REY JESUIT HIGH SCHOOL 2924 4TH AVE SOUTH MINNEAPOLIS, MN 55408-0268	20-4548714	501(C)(3)	14,000.	0.			WORSHIP RENEWAL PROJECT
COLUMBIA THEOLOGICAL SEMINARY, INC. - PO BOX 520 - DECATUR, GA 30031	58-0566165	501(C)(3)	9,000.	0.			WORSHIP RENEWAL PROJECT
UNION PRESBYTERIAN SEMINARY 3401 BROOK ROAD RICHMOND, VA 23227	54-0506428	501(C)(3)	9,000.	0.			WORSHIP RENEWAL PROJECT
UNIVERSITY OF DALLAS 1845 E. NORTHGATE DR IRVING, TX 75062	75-0926755	501(C)(3)	9,000.	0.			WORSHIP RENEWAL PROJECT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 74.

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) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
UNITED MINISTRIES IN HIGHER EDUCATION/EKKLESIA MSU - 626 E GRAND ST - SPRINGFIELD, MO 65807	51-0155226	501(C)(3)	9,000.	0.			WORSHIP RENEWAL PROJECT
TRINITY EVANGELICAL DIVINITY SCHOOL - 2065 HALF DAY ROAD - DEERFIELD, IL 60015	36-2216176	501(C)(3)	9,000.	0.			WORSHIP RENEWAL PROJECT
TRINITY UNITED METHODIST CHURCH, LAKE CITY, FL - 1145 NE BASCOM NORRIS DR. - LAKE CITY, FL 32055	59-3758972	501(C)(3)	9,000.	0.			WORSHIP RENEWAL PROJECT
LEE UNIVERSITY 1120 N. OCOEE ST. CLEVELAND, TN 37311	62-0502739	501(C)(3)	9,000.	0.			WORSHIP RENEWAL PROJECT
NATIONAL ASSOCIATION OF THE CHURCH OF GOD - 410 CAMPGROUND RD BOX 357 - WEST MIDDLESEX, PA 16159	25-1286110	501(C)(3)	9,000.	0.			WORSHIP RENEWAL PROJECT
ANABAPTIST MENNONITE BIBLICAL SEMINARY - 3003 BENHAM AVENUE - ELKHART, IN 46517	35-1902148	501(C)(3)	9,000.	0.			WORSHIP RENEWAL PROJECT
AZUSA PACIFIC UNIVERSITY 901 E. ALOSTA AVE PO BOX 7000 AZUSA, CA 91702-2701	95-1744369	501(C)(3)	9,000.	0.			WORSHIP RENEWAL PROJECT
BOSTON UNIVERSITY 745 COMMONWEALTH AVENUE BOSTON, MA 02215	04-2103547	501(C)(3)	9,000.	0.			WORSHIP RENEWAL PROJECT
UNIVERSITY OF WISCONSIN MILWAUKEE 1852 VAN HISE HALL, 1220 LINDEN DRI MADISON, WI 53706	39-6006492	501(C)(3)	9,000.	0.			WORSHIP RENEWAL PROJECT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
CONCORDIA UNIVERSITY, ST. PAUL 1282 CONCORDIA AVE ST PAUL, MN 55104	41-0696906	501(C)(3)	9,000.	0.			WORSHIP RENEWAL PROJECT
DALLAS INTERNATIONAL UNIVERSITY 7500 WEST CAMP WISDOM ROAD DALLAS, TX 75236	75-2760831	501(C)(3)	9,000.	0.			WORSHIP RENEWAL PROJECT
DORDT UNIVERSITY 498 4TH AVE NE SIOUX CENTER, IA 51250	75-2760832	501(C)(3)	9,000.	0.			WORSHIP RENEWAL PROJECT
SAINT MEINRAD ARCHABBEY 200 HILL DR. ST. MEINRAD, IN 47577	35-0868161	501(C)(3)	9,000.	0.			WORSHIP RENEWAL PROJECT
DURHAMCARES, INC. PO BOX 331 DURHAM, NC 27702	26-2689130	501(C)(3)	9,000.	0.			WORSHIP RENEWAL PROJECT
GOSHEN COLLEGE 1700 S. MAIN STREET GOSHEN, IN 46526	35-2158366	501(C)(3)	9,000.	0.			WORSHIP RENEWAL PROJECT
INDIANA WESLEYAN UNIVERSITY 4201 S. WASHINGTON ST. MARION, IN 46953	35-0885591	501(C)(3)	9,000.	0.			WORSHIP RENEWAL PROJECT
SEABURY RESOURCES FOR AGING 6031 KANSAS AVENUE NW WASHINGTON, DC 20011	53-0204693	501(C)(3)	9,000.	0.			WORSHIP RENEWAL PROJECT
WHEATON COLLEGE 501 E. COLLEGE AVE. WHEATON, IL 60187	36-2182171	501(C)(3)	9,000.	0.			WORSHIP RENEWAL PROJECT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
MCCORMICK THEOLOGICAL SEMINARY 5460 S. UNIVERSITY AVE. CHICAGO, IL 60615	36-2167802	501(C)(3)	9,000.	0.			WORSHIP RENEWAL PROJECT
MENNOMEDIA, INC. BOX 866 HARRISONBURG, VA 22803	54-0575805	501(C)(3)	9,000.	0.			WORSHIP RENEWAL PROJECT
MERCER UNIVERSITY 1501 MERCER UNIVERSITY DR. MACON, GA 31207	58-0566167	501(C)(3)	9,000.	0.			WORSHIP RENEWAL PROJECT
GARRETT-EVANGELICAL THEOLOGICAL SEMINARY - 2121 SHERIDAN RD - EVANSTON, IL 60201	36-2167085	501(C)(3)	8,893.	0.			WORSHIP RENEWAL PROJECT
WESTERN THEOLOGICAL SEMINARY 101 E. 13TH ST. HOLLAND, MI 49423	38-2009204	501(C)(3)	8,850.	0.			WORSHIP RENEWAL PROJECT
UNIVERSITY OF WEST GEORGIA 1601 MAPLE STREET, MANDEVILLE HALL CARROLLTON, GA 30118	58-6002055	501(C)(3)	8,786.	0.			WORSHIP RENEWAL PROJECT
DUKE UNIVERSITY 401 CHAPEL DRIVE DUKE BOX #90974 DURHAM, NC 27708-0974	56-0532129	501(C)(3)	8,668.	0.			WORSHIP RENEWAL PROJECT
EMORY UNIVERSITY 1531 DICKEY DRIVE ATLANTA, GA 30322	58-0566256	501(C)(3)	8,138.	0.			WORSHIP RENEWAL PROJECT
PRINCETON THEOLOGICAL SEMINARY 64 MERCER STREET PRINCETON, NJ 08542-0803	21-0635010	501(C)(3)	7,500.	0.			WORSHIP RENEWAL PROJECT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
SIDEBAR STORIES 120 BUTTWOOD ST. MOUNT HOLLY, NJ 08060	47-4085247	501(C)(3)	7,500.	0.			WORSHIP RENEWAL PROJECT
TRINITY CHURCH OF WENATCHEE PO BOX 2598 WENATCHEE, WA 98807	27-1446356	501(C)(3)	7,500.	0.			WORSHIP RENEWAL PROJECT
PROSKUNEO MINISTRIES, INC. 3526 CLOUDLAND DR. STONE MOUNTAIN, GA 30083	21-0635011	501(C)(3)	7,500.	0.			WORSHIP RENEWAL PROJECT
SOUTH MERIDIAN CHURCH OF GOD 2402 MERIDIAN ST ANDERSON, IN 46016	35-6000366	501(C)(3)	7,500.	0.			WORSHIP RENEWAL PROJECT
HOLY CROSS EV LUTHERAN CHURCH- ST. LOUIS, MO - 2650 MIAMI ST - ST LOUIS, MO 63118	43-0653326	501(C)(3)	7,500.	0.			WORSHIP RENEWAL PROJECT
NEW HOPE PRESBYTERIAN CHURCH 191 N. ORANGE ST. ORANGE, CA 92866	61-1862040	501(C)(3)	7,500.	0.			WORSHIP RENEWAL PROJECT
VOLUNTEERS OF AMERICA NORTHERN ROCKIES - 1876 S SHERIDAN AVE - SHERIDAN, WY 82801	83-0280532	501(C)(3)	7,500.	0.			WORSHIP RENEWAL PROJECT
GRACE BAPTIST CHURCH - RICHMOND, VA - 4200 DOVER ROAD - RICHMOND, VA 23221	54-0557502	501(C)(3)	7,500.	0.			WORSHIP RENEWAL PROJECT
NOT SO CHURCHY, INC. 648 BROADWAY, SUITE 906 NEW YORK, NY 10012	82-2418096	501(C)(3)	7,500.	0.			WORSHIP RENEWAL PROJECT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
FORT WASHINGTON COLLEGIATE CHURCH 729 WEST 181ST ST NEW YORK, NY 10033	13-5564117	501(C)(3)	7,500.	0.			WORSHIP RENEWAL PROJECT
ALLEN CHAPEL AME CHURCH 35539 SCHOOLCRAFT RD LIVONIA, MI 48150	38-2842889	501(C)(3)	7,500.	0.			WORSHIP RENEWAL PROJECT
FIRST BAPTIST CHURCH OF WINSTON SALEM - 501 WEST FIFTH ST. - WINSTON-SALEM, NC 27101	56-0599227	501(C)(3)	7,500.	0.			WORSHIP RENEWAL PROJECT
AU SABLE INSTITUTE 7526 SUNSET TRAIL NE MANCERONA, MI 49659	38-1713340	501(C)(3)	7,500.	0.			WORSHIP RENEWAL PROJECT
ASBURY THEOLOGICAL SEMINARY 204 N LEXINGTON AVE WILMORE, KY 40390-1199	61-0445823	501(C)(3)	7,500.	0.			WORSHIP RENEWAL PROJECT
TUALATIN PRESBYTERIAN CHURCH 9230 SW SILETZ DRIVE TUALATIN, OR 97062	93-0967181	501(C)(3)	7,500.	0.			WORSHIP RENEWAL PROJECT
CITY CHAPEL 1254 ORVILLE ST SE GRAND RAPIDS, MI 49507	82-2207773	501(C)(3)	7,500.	0.			WORSHIP RENEWAL PROJECT
EDEN THEOLOGICAL SEMINARY 475 E. LOCKWOOD AVENUE ST. LOUIS, MO 63119	43-0654855	501(C)(3)	7,500.	0.			WORSHIP RENEWAL PROJECT
FIRST COMMUNITY AME CHURCH 500 JAMES AVE SE GRAND RAPIDS, MI 49503	38-1853622	501(C)(3)	7,500.	0.			WORSHIP RENEWAL PROJECT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 PRESBYTERIAN CHURCH OF BELLINGHAM - 1031 N GARDEN ST. - BELLINGHAM, WA 98225	91-0620634	501(C)(3)	7,500.	0.			WORSHIP RENEWAL PROJECT
FIRST PRESBYTERIAN CHURCH OF BROOKLYN - 124 HENRY ST - BROOKLYN, NY 11201	11-1630795	501(C)(3)	7,500.	0.			WORSHIP RENEWAL PROJECT
SERENITY THE PRINCE OF PEACE CHURCH - 3412 E. PROSPECT STREET - INDIANAPOLIS, IN 46203	81-2565589	501(C)(3)	7,500.	0.			WORSHIP RENEWAL PROJECT
FIRST CHURCH IN WINDSOR 107 PALISADO AVE. WINDSOR, CT 06095	06-6010148	501(C)(3)	7,500.	0.			WORSHIP RENEWAL PROJECT
CHRIST CHURCH UCC, MAPLEWOOD 2200 BELLEVUE AVE MAPLEWOOD, MO 63143	43-0699787	501(C)(3)	7,500.	0.			WORSHIP RENEWAL PROJECT
LIGHT OF HOPE PRESBYTERIAN CHURCH 1507 HURT RD SW MARIETTA, GA 30008	46-1788482	501(C)(3)	7,483.	0.			WORSHIP RENEWAL PROJECT
FIRST CONGREGATIONAL CHURCH OF WEBSTER GROVES - 10 WEST LOCKWOOD AVE. - WEBSTER GROVES, MO 63119	43-0652633	501(C)(3)	7,425.	0.			WORSHIP RENEWAL PROJECT
FIRST CHRISTIAN CHURCH OF ORANGE 1130 E WALNUT ORANGE, CA 92867	95-2005833	501(C)(3)	7,250.	0.			WORSHIP RENEWAL PROJECT
SHERBURNE UNITED CHURCH OF CHRIST 1 SOUTH MAIN STREET SHERBURNE, NY 13460	13-4332939	501(C)(3)	7,017.	0.			WORSHIP RENEWAL PROJECT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
MOUNT OLIVE LUTHERAN CHURCH 2830 18TH AVE NW ROCHESTER, MN 55901	41-1461244	501(C)(3)	7,000.	0.			WORSHIP RENEWAL PROJECT
WAKE FOREST BAPTIST CHURCH IN WINSTON-SALEM - PO BOX 7326 - WINSTON-SALEM, NC 27109	56-6015011	501(C)(3)	6,913.	0.			WORSHIP RENEWAL PROJECT
SAINT THOMAS MORE CATHOLIC COMMUNITY - 1079 SUMMIT AVENUE - SAINT PAUL, MN 55105	41-0694738	501(C)(3)	6,874.	0.			WORSHIP RENEWAL PROJECT
ARTISTS IN CHRISTIAN TESTIMONY INTL, INC. (CARDIPHONIA) - PO BOX 1649 - BRENTWOOD, TN 37024	95-3660821	501(C)(3)	6,450.	0.			WORSHIP RENEWAL PROJECT
TRINITY CHURCH OF NORTHBOROUGH 23 MAIN ST NORTHBOROUGH, MA 01532	04-2277212	501(C)(3)	6,435.	0.			WORSHIP RENEWAL PROJECT
RED MOUNTAIN COMMUNITY CHURCH 6101 EAST VIRGINIA STREET MESA, AZ 85215	86-0650019	501(C)(3)	6,000.	0.			WORSHIP RENEWAL PROJECT
FIRST MISSIONARY BAPTIST CHURCH, INC. - 3509 BLUE SPRING ROAD - HUNTSVILLE, AL 35810	63-0779009	501(C)(3)	6,000.	0.			WORSHIP RENEWAL PROJECT
NORTHWESTERN COLLEGE 101 7TH ST SW ORANGE CITY, IA 51041	42-0698196	501(C)(3)	6,000.	0.			WORSHIP RENEWAL PROJECT
GOOD SHEPHERD UNITED CHURCH OF CHRIST - 1050 NW MAYNARD RD. - CARY, NC 27513	56-1644949	501(C)(3)	5,843.	0.			WORSHIP RENEWAL PROJECT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
CLINTON COLLEGE 1029 CRAWFORD ROAD ROCK HILL, SC 29730	57-0387838	501(C)(3)	5,597.	0.			WORSHIP RENEWAL PROJECT
MILILANI PRESBYTERIAN CHURCH AND PRESCHOOL - 95-410 KUAHELANI AVENUE - MILILANI, HI 96789	99-0143281	501(C)(3)	5,590.	0.			WORSHIP RENEWAL PROJECT
ST. ELIZABETH'S EPISCOPAL CHURCH 1188 HAMP MILL RD. DAHLONEGA, GA 30533	58-1819724	501(C)(3)	5,575.	0.			WORSHIP RENEWAL PROJECT
GUSTAVUS ADOLPHUS COLLEGE 800 W. COLLEGE AVENUE SAINT PETER, MN 56082	41-0695524	501(C)(3)	5,570.	0.			WORSHIP RENEWAL PROJECT
THE BELLBROOK PRESBYTERIAN CHURCH 72 W. FRANKLIN ST. BELLBROOK, OH 45305	51-0149076	501(C)(3)	5,484.	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	3020	55,968,880.	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

2020

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 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.

- First-class or charter travel
- Travel for companions
- Tax indemnification and gross-up payments
- Discretionary spending account
- Housing allowance or residence for personal use
- Payments for business use of personal residence
- Health or social club dues or initiation fees
- 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.

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- 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
1b	X	
2	X	
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2020

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 LEROY PRESIDENT	(i)	347,990.	0.	29,637.	14,566.	24,454.	416,647.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DR CHERYL BRANDSEN PROVOST	(i)	182,534.	0.	396.	7,711.	20,728.	211,369.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JAMES ENGLISH VP OF FINANCE AND ADMINISTRATION	(i)	199,818.	0.	90.	6,230.	606.	206,744.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KENNETH ERFFMEYER VP FOR ADVANCEMENT	(i)	172,726.	0.	258.	7,240.	25,246.	205,470.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) REV JOHN WITVLIET DIRECTOR OF INSTITUTE OF CHRISTIAN W	(i)	114,916.	0.	138.	5,794.	55,004.	175,852.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DR LAURA CHAMPION DIRECTOR OF HEALTH SERVICE	(i)	159,590.	0.	138.	6,180.	19,067.	184,975.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) LAUREN JENSEN VP FOR ENROLLMENT	(i)	142,198.	0.	54.	6,120.	24,454.	172,826.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DR SARAH VISSER VP FOR STUDENT LIFE	(i)	145,916.	0.	60.	6,100.	19,699.	171,775.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) TODD HUBERS VP FOR PEOPLE, STRATEGY, AND TECHNOL	(i)	139,139.	0.	258.	6,035.	21,361.	166,793.	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.

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 for instructions and the latest information.**

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

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A MICHIGAN FINANCE AUTHORITY REVENUE REFUNDING SERIES 2021	80-0596186	594479GL5	04/13/21	73,421,766.	REFUNDING BONDS		X		X		X
B											
C											
D											

Part II Proceeds										
	A		B		C		D			
1 Amount of bonds retired										
2 Amount of bonds legally defeased										
3 Total proceeds of issue		73,421,766.								
4 Gross proceeds in reserve funds										
5 Capitalized interest from proceeds										
6 Proceeds in refunding escrows										
7 Issuance costs from proceeds		591,766.								
8 Credit enhancement from proceeds										
9 Working capital expenditures from proceeds										
10 Capital expenditures from proceeds										
11 Other spent proceeds		72,830,000.								
12 Other unspent proceeds										
13 Year of substantial completion										
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
14 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									
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X								
16 Has the final allocation of proceeds been made?	X									
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X						
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government00 %		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government00 %		%		%		%
6 Total of lines 4 and 500 %		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV Arbitrage

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

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

	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							

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

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 2021 BONDS WILL QUALIFY FOR A REBATE EXCEPTION.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

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 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				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		10.	FAIR MARKET VALUE
5 Clothing and household goods				
6 Cars and other vehicles	X	1	3,134.	FAIR MARKET VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	139	2,903,859.	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	X	2	240,785.	FAIR MARKET VALUE
16 Real estate - Commercial				
17 Real estate - Other	X	2	542,128.	FAIR MARKET VALUE
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	1	595.	FAIR MARKET VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, 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 FASB ASC 958 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 for the latest information.

OMB No. 1545-0047

2020

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 \$ 6,672,662. INCLUDING GRANTS OF \$ 708,533. REVENUE \$ 467,675.

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) 2020

032211 11-20-20

Name of the organization CALVIN UNIVERSITY	Employer identification number 38-3071514
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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	387,919.
ADJUSTMENT TO PRIOR SERVICE COST AND ACTUARIAL LIABILITY	
FOR RETIREE HEALTH	1,230,282.
CHANGES IN THE VALUE OF INTEREST RATE SWAP AGREEMENTS	7,182,176.
TOTAL TO FORM 990, PART XI, LINE 9	8,800,377.

Name of the organization CALVIN UNIVERSITY	Employer identification number 38-3071514
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FORM 990, PART XII, LINE 2C:

THE AUDIT PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.