## Form 990

Use Only

### Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury > The organization may have to use a copy of this return to satisfy state reporting requirements ernal Revenue Service , 20 2009, and ending For the 2009 calendar year, or tax year beginning D Employer identification number C Name of organization Grameen America, Inc. B Check if applicable: Please use IRS 8497991 Doing Business As Address change label or print or Number and street (or P.O. box if mail is not delivered to street address) Room/suite Telephone number Name change type. 1460 BROADWAY, 14TH FLOOR 212 735-4063 See Initial return Specific City or town, state or country, and ZIP + 4 Terminated Instruc-NEW YORK, NY 10036 2.871.962 tions. G Gross receipts \$ Amended return F Name and address of principal officer: STEPHEN A. VOGEL H(a) Is this a group return for affiliates? Yes No Application pending 1460 BROADWAY, 14TH FLOOR, NEW YORK, NY 10036 H(b) Are all affiliates included? Yes No 1 4947(a)(1) or 501(c) ( 3 ) 
 (insert no.) Tax-exempt status: if "No." attach a list, (see instructions) Website: ▶ GRAMEENAMERICA.ORG H(c) Group exemption number ▶ 2007 M State of legal domicile: MA K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Part I Summary 1 Briefly describe the organization's mission or most significant activities: TO MAKE SMALL LOANS TO POOR INDIVIDUALS LIVING BELOW THE FEDERAL POVERTY LEVELS OF INCOME, AT REASONABLE INTEREST RATES LOWER THAN RATES AVAILABLE FROM OTHER SOURCES, TO STIMULATE ENTREPRENEURSHIP, DEVELOP Governance FINANCIAL, EDUCATIONAL, AND CREDIT ESTABLISHMENT (AND RELATED) SERVICES FOR THE POOR. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of voting members of the governing body (Part VI, line 1a). . . . 2 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 28 5 5 Total number of employees (Part V, line 2a). . . . . . 10 6 6 Total number of volunteers (estimate if necessary) 0 7a 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 0 b Net unrelated business taxable income from Form 990-T, line 34. Current Year \$2,745,036 \$354,707 8 Contributions and grants (Part VIII, line 1h) . \$12,740 \$123,232 9 Program service revenue (Part VIII, line 2g) . . . \$3.694 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) \$2,871,962 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . \$741.822 \$411,149 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) SO 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . b Total fundraising expenses (Part IX, column (D), line 25) ▶ ..... \$348,878 \$336,683 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . . . \$760,027 \$1,078,505 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). (\$392,580) \$1,793,457 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year or \$656,743 \$3,154,982 20 Total assets (Part X, line 16) . \$527,723 \$864,342 Total liabilities (Part X, line 26) \$2,290,640 \$129,020 22 Net assets or fund balances. Subtract line 21 from line 20 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 Date Signature of officer Here VIDAR JORGENSEN, PRESIDENT Type or print name and title Check if Preparer's identifying number Preparer's see instructions employed > signature 10/6/2010 Paid Preparer's Firm's name (or yours Bruce D. Patrick EIN

735-4027

212

Cat. No. 11282Y

1460 Broadway, 14th Floor, New York, NY 10036

1e	4e Total program service expenses ► \$761,670	
4d	(Experieds 4	evenue \$ )
	***************************************	,
	av program covings (Describe in Schedule O.)	
	***************************************	

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	V	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	V	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		V
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		V
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		V
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		V
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		V
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		V
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		V
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	V	
0	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
0	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	21 21		
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
0	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		V
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes." complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		V
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		V
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II,	15		V
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		V
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		V
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		V
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		V
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		V

Pai	t V Checklist of Required Schedules (continued)	1		
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II.	21		V
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		V
23	Did the organization answer "Yes" to Part VII. Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		V
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.	24a		V
b		24b		V
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		V
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		~
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		V
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		V
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L. Part II	26	V	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		V
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		V
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		V
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		V
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		V
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		V
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		V
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		V
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	V	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		V	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			V
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	36		V
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI			V
-	19? Note. All Form 990 filers are required to complete Schedule O	38	V	

Pai	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	25000	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 28	oraniano)		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	~	STREAM
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		V
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~
h	If "Yes," enter the name of the foreign country: ▶			1864
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		V
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		V
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		V
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		
	organization solicit any contributions that were not tax deductible?			
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		V
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		V
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		V
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		8
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		V
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		V
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			1000
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	0	200	SERVICE SERVIC
	organization, have excess business holdings at any time during the year?	8_		
9	Sponsoring organizations maintaining donor advised funds.	9a	100000000	PRODUCTION OF THE PROPERTY OF
a b	Did the organization make any taxable distributions under section 4966?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders ,			1
b	Gross income from other sources (Do not net amounts due or paid to other sources against			The second
	amounts due or received from them.)	16	Para la	MEN!
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   12b	12a	20000	
200		ASSESSMENT OF THE PARTY NAMED IN	and the latest designation of the latest des	ACTUAL VALUE OF

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 in Schedule O. See instructions.

Sec	tion A. Governing Body and Management	Separation of the		
***********			Yes	No
12	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
2	any other officer, director, trustee, or key employee?	2	V	
2	Did the organization delegate control over management duties customarily performed by or under the direct			
3	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		V
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		V
4		5		V
5	Did the organization become aware during the year of a material diversion of the organization's assets?	6		V
6	Does the organization have members or stockholders?			
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	7a		V
	of the governing body?	7b		V
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	10	5000000	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	0-	V	
а	The governing body?	8a	V	
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			.,
(3-01745)38-0-014	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		V
	tion B. Policies (This Section B requests information about policies not required by the Inte	ernai		
Rev	enue Code.)			
		10	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	V	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,		.,	
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	V	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
6/3×2/0	form?	11	V	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	V	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
-	rise to conflicts?	12b	V	
0.023	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
C	describe in Schedule O how this is done	12c	V	
13	Does the organization have a written whistleblower policy?	13	V	
14	Does the organization have a written document retention and destruction policy?	14	V	
15	Did the process for determining compensation of the following persons include a review and approval by			
10	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	V	
L	Other officers or key employees of the organization	15b	1	
D	of the officers of key employees of the organization			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
16a		16a		V
	with a taxable entity during the year?		783	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
0		1.00	-	
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NEW YORK, NEBRASKA	0/3/0	only	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1 (501)	0)(0)5	Orliy)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	☐ Own website ☐ Another's website ☑ Upon request	ad to		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	or in	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	oras o	or the	
	organization: ▶ BRUCE PATRICK, 1460 BROADWAY, 14TH FLOOR, NEW YORK, NY 10036			
	TELEPHONE NUMBER: (212) 735-4027			

### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

### 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. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did not co	(B)				C)			(D)	(E)	(F)
Name and Title	Average	Posit	ion (		k all	that ap		Reportable compensation	Reportable compensation	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the	from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
VIDAR J. JORGENSEN										
PRESIDENT AND TREASURER	10.0	V		V				\$0		
STEPHEN A. VOGEL CHIEF EXECUTIVE OFFICER & SECRETARY	40.0			V				so		
LESLIE C. KANE, EXECUTIVE VICE	140.0	+	-	-	-	-	1			.,
PRESIDENT & ASST. TREASURER	40.0			V				\$48,462	\$13,846	
H.A. SHAH NEWAZ		+	1	1	1		T			
SENIOR VICE PRES. & GEN. MANAGER	40.0			V				\$30,673	\$29,654	
MUHAMMAD YUNUS			Г	T						
DIRECTOR	5.0	V						\$0		
PROF. H.I. LATIFEE	]									
DIRECTOR	5.0	V			L			\$0		
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Par	Section A. Officers, Directors, Tru	ustees, Key Employees, and High						hest	Compensate	continued)			
	(A)	(B)	(C) Position (check all that apply						(D)	(E)		(F)	
Name and title		Average hours per week	Individual trustee	institutional trustee	Officer	Key employee	Highest compensated	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	com fr org	stimated nount of other pensation rom the panization of relate anization	of ion on ed
					T								
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					1								-
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			ļ			-	-				-		_
*****						_	1						
	***************************************												
1b	Total							▶		L	1		-
2	Total number of individuals (including but reportable compensation from the organiz		to th	ose	list	ed	above	e) wi	no received m	ore than \$100,	000 in		
												Yes	No
3	Did the organization list any former office employee on line 1a? If "Yes," complete S	er, director Schedule J	for tr	uste	ee, ina	key ivid	empi ual	oye	e, or highest (	compensated	3	EXTRA E	V
4	For any individual listed on line 1a, is the the organization and related organizations	sum of rep	ortab an \$1	le c 50.0	000	pen? If	satior "Yes."	and	d other compe	ensation from ule J for such			
5	individual,										4		V
	services rendered to the organization? If "	Yes," com	plete	Sch	hedi	ıle .	J for s	such	person .		5		V
Se 1	ction B. Independent Contractors  Complete this table for your five highest of	ompensate	ed inc	depe	end	ent	contri	acto	rs that receive	ed more than \$	100,000	0 of	
	compensation from the organization.							1	(B)	I		C)	
	(A) Name and business ad	dress						-	Description of	services		ensation	۲.
2	Total number of independent contractors (	includina b	out no	t lin	nite	d to	those	e list	ed above) who	received			
	more than \$100,000 in compensation from	n the orga	nizati	on I	<b>▶</b> 0					188	6.9	000	46

Par	: VIII	Statement of Revenue						T
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b	Federated campaigns Membership dues	1a 1b 1c					
ns, gift similar	d	Related organizations Government grants (contributions)	1d 1e					
tributio other		All other contributions, gifts, grants, and similar amounts not included above	1f	\$2,745,036		h h		
		Noncash contributions included in lines 1a  Total. Add lines 1a–1f		Business Code	\$2,745,036			
evenue	2a	INTEREST ON MICRO LOANS		business Code	\$123,232	\$123,232		(4435200000000000000000000000000000000000
Service R	c d							
Program Service Revenue	e f	All other program service revenu Total. Add lines 2a-2f	10 .		\$123,232			
*	3	Investment income (including divother similar amounts) Income from investment of tax-exem	vidends	s, interest, and	\$3,694			\$3,694
		Royalties						
	b	Gross Rents Less: rental expenses Rental income or (loss)		<b>&gt;</b>				His or
		Net rental income or (loss)		(ii) Other				
	b	Less: cost or other basis and sales expenses .						
	d			>				
Revenue	8a	Gross income from fundrals events (not including \$	1c).		4.29		11.5	
Other		Less: direct expenses	. b	vents ▶				
		Gross income from gaming activities See Part IV, line 19	. а					
	C	Less: direct expenses, Net income or (loss) from gamin	g activ	ities ▶				
	b	Gross sales of inventory, I returns and allowances Less: cost of goods sold Net income or (loss) from sales of	. a	ory ▶				
	11a	Miscellaneous Revenue		Business Code				
	b	All other revenue						
	е	Total. Add lines 11a-11d Total revenue. See instructions			\$2,871,962	\$123,232		\$3,694

Page 10

### Part IX Statement of Functional Expenses

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

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

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	\$79,135	\$62,173	\$8,481	\$8,481
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	\$579,549	\$410,464	\$84,542	\$84,543
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .				
9	Other employee benefits	\$47,938	\$34,449	\$6,744	\$6,745
10	Payroli taxes	\$35,200	\$22,865	\$6,167	\$6,168
11	Fees for services (non-employees):  Management				
	Legal	\$2,463	\$1,601	\$862	
	Accounting	\$32,400	\$21,060	\$11,340	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other				010.015
12	Advertising and promotion	\$11,236	\$1,191	05.005	\$10,045
13	Office expenses	\$81,344	\$69,373	\$5,985	\$5,986
14	Information technology	\$26,784	\$17,812	\$8,972	
15	Royalties	\$36,468	\$30,192	\$3,138	\$3,138
16	Occupancy	\$53,602	\$40,729	\$6,436	\$6,437
17	Travel	\$50,002	V 10,1 20	00,400	00,101
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	\$10,720	\$2,000		\$8,720
19	Conferences, conventions, and meetings .	\$26,037		\$26,037	
20 21	Payments to affiliates				
-	Depreciation, depletion, and amortization	\$3,159	\$642	\$2,517	
22 23	Insurance	\$11,740	\$10,151	\$1,589	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
а	TAX EXPENSE	\$125		\$125	
b	BAD DEBT EXPENSE	\$18,468	\$18,468	04 540	
C	BANK CHARGES	\$6,069	\$4,556	\$1,513 \$1,167	
d	LICENSE EXPENSE	\$13,334	\$12,167 \$1,777	\$1,167	
е	OTHER PROFESSIONAL FEES	\$2,734	31,777	9337	
25 00	All other expenses Total functional expenses. Add lines 1 through 24f	\$1,078,505	\$761,670	\$176,572	\$140,263
26	Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

orm 990 (			20-04373	31 Page II
Part X	Balance Sheet	(A)		(P)
		(A) Beginning of year	En	(B) d of year
1	Cash—non-interest-bearing	\$94,319	1	\$933,413
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net	\$150,000	3	\$539,00
4	Accounts receivable, net	\$0	4	\$35,60
5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of			
	Schedule L	\$0	5	S
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	\$0	6	\$0
9 7	Notes and loans receivable, net		7	
Assets 2 8 2	hand de la company of the company of	\$0	8	\$(
¥ 9	Prepaid expenses and deferred charges  Land, buildings, and equipment; cost or 10a \$36,205	\$2,987	9	\$0
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
b	Less: accumulated depreciation 10b \$3,591	\$3,639	10c	\$32,614
11	Investments—publicly traded securities		11	SC
12	Investments—other securities. See Part IV, line 11		12	\$(
13	Investments—program-related. See Part IV, line 11	\$372,798		\$1,606,338
14	Intangible assets		14	\$0
15	Other assets. See Part IV, line 11	\$33,000		\$8,01
16	Total assets. Add lines 1 through 15 (must equal line 34)	\$656,743	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN	\$3,154,982
17	Accounts payable and accrued expenses	\$0	17	\$51,20
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
\$ 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
= 22	Payables to current and former officers, directors, trustees, key			
Ciabilities 22	employees, highest compensated employees, and disqualified	0507.700	55:30 38 00060	2000.00
	persons. Complete Part II of Schedule L	\$527,723	THE RESERVE OF THE PARTY OF THE	\$803,09
23	Secured mortgages and notes payable to unrelated third parties	90	23	\$10,04
24	Unsecured notes and loans payable to unrelated third parties	30		310,04
25	Other liabilities. Complete Part X of Schedule D	\$527,723	25	\$864,34
26	Total liabilities. Add lines 17 through 25	\$321,123	20	3004,04
e e	complete lines 27 through 29, and lines 33 and 34.			
E 27	Unrestricted net assets	\$129,020	CONTRACTOR OF THE PARTY OF THE	\$1,922,47
g 28	Temporarily restricted net assets	\$0	28	\$368,16
29	Permanently restricted net assets		29	
Net Assets or Fund Balances 22 28 29 33 33 33	Organizations that do not follow SFAS 117, check here ▶  and complete lines 30 through 34.			
\$ 30	Capital stock or trust principal, or current funds		30	
8 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
₹ 32	Retained earnings, endowment, accumulated income, or other funds		32	
2 33	Total net assets or fund balances		33	00 454 60
34	Total liabilities and net assets/fund balances	\$656,743	34	\$3,154,982

Pai	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990:   Cash  Accrual  Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.	0	STORY	./
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		
b	Were the organization's financial statements audited by an independent accountant?	2b	V	-
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	200000	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
За	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?	За		V
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			100000
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form 990 (2009)

### SCHEDULE A

(Form 990 or 990-EZ)

### 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.

OMB No. 1545-0047

	ent of the Treasury levenue Service	<b>▶</b> A	Attach to Form 990 or Fo	orm 990-E	Z. ≽ See	separate	instructio	ns.		pen to Public Inspection	
Name of	f the organization			***************************************			***************************************		r identificat		tion.
<b>HORESCHOOLISE</b>	EEN AMERIC	CONTRACTOR OF THE PARTY OF THE	haviba Chahaa (All au				sta flair	20 ;		497991	
Part			harity Status (All or						7,700,000	tions.	
1	A church, co A school de A hospital c	onvention of chu scribed in <b>secti</b> or a cooperative	ndation because it is: urches, or association on 170(b){1)(A)(ii). (Att hospital service organ ation operated in conj	of church tach Sche nization de	nes descr edule E.) escribed	ibed in s in sectio	ection 1 n 170(b)(	70(b)(1)(/ 1)(A)(iii).	A)(ī).	VAVIII). Enter t	ne
	hospital's na	ame, city, and st	tate:								
5		tion operated fo (b)(1)(A)(iv). (Co	r the benefit of a colle implete Part II.)	ge or uni	versity ov	vned or c	perated	by a gov	emmental	unit described	in
			vernment or governme								
7 🗵			y receives a substantia (1)(A)(vi). (Complete F		its suppo	rt from a	governn	ental uni	t or from t	he general pub	lic
8	A communit	ty trust describe	d in section 170(b)(1)	(A)(vi). (C	Complete	Part II.)					
9	receipts from support from acquired by	m activities relat m gross investm the organization	y receives: (1) more the ed to its exempt func- nent income and unre n after June 30, 1975.	tions—su lated bus See sec	bject to o siness tax tion 509(	certain ex cable inc a)(2). (Co	ceptions ome (les omplete F	, and (2) s section art III.)	no more 511 tax)	than 33% % of	its
10	An organiza	tion organized a	and operated exclusive	ely to test	t for publi	ic safety.	See sec	tion 509	(a)(4).	to come out	the
11 L	purposes of	one or more pu	and operated exclusive ablicly supported organist describes the type	nizations	described	d in secti	on 509(a)	(1) or se	ction 509(	a)(2). See <b>secti</b>	on
	a 🗌 Type	el b	Type II c	. □ Тур	e III-Fund	ctionally	integrate	d	d 🗌	Type III-Othe	
e [	persons oth	g this box. I center than foundation section 509(a)(2)	rtify that the organization managers and other).	tion is no r than on	ot control e or more	led direct publicly	tly or inc supporte	lirectly b d organi	y one or zations de	more disqualifi scribed in sect	or
f	organization Since Augu	n, check this boost 17, 2006, has	a written determinat  the organization acceptation acceptation.							III supporting	
	following pe		or indirectly controls,	either alo	ne or too	ether wi	th persor	s descri	bed in (ii)	Yes N	lo
	and (iii)	below, the gove	rning body of the sup	ported or	rganizatio	n? .				11g(i) 11g(ii)	
	(ii) A family	member of a p	erson described in (i) of a person described	above?						11g(iii)	-
h	Provide the	following inform	nation about the supp	orted org	anization	(s).					
	ume of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or this section	(iv) is the in col. (i) ii	organization	(v) Did y the organ	you notify nization in of your port?	organiza (i) organi	Is the tion in col.	(vii) Amount of support	
			(see instructions)	Yes	No	Yes	No	Yes	No		
		-									
			-		<del> </del>	<u> </u>					
			-	-	-		-	-	-		-
		i de la compania del compania de la compania del compania de la compania del compania de la compania de la compania del compania de la compania de la compania de la compania de la compania del compania									
		55555555555555555555555555555555555555		1000000	0.000	000000	50	District	10.25343		

Total

GRAMEEN AMERICA, INC. 20-8497991 Schedule A (Form 990 or 990-EZ) 2009 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) > Gifts, grants, contributions, and membership fees received. (Do not \$2,745,036 \$3,664,043 \$564,300 \$354,707 include any "unusual grants.") . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . . . . . . . . The value of services or facilities furnished by a governmental unit to the organization without charge \$3,664,043 \$564,300 \$354,707 \$2 745 036 Total. Add lines 1 through 3 . . . 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 \$1,738,419 shown on line 11, column (f) \$1,925,624 Public support. Subtract line 5 from line 4. Section B. Total Support (f) Total (b) 2006 (a) 2005 (c) 2007 (d) 2008 (e) 2009 Calendar year (or fiscal year beginning in) > \$3,664,043 \$354,707 \$2,745,036 \$564,300 Amounts from line 4 . . . Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar \$3,694 \$3,694 sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . . . \$3,667,737 11 Total support. Add lines 7 through 10 . \$135,972 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . . . Section C. Computation of Public Support Percentage % Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . 15 % 15 Public support percentage from 2008 Schedule A. Part II. line 14 16a 331/4 % support test-2009. If the organization did not check the box on line 13, and line 14 is 331/4 % or more, check this box b 331/3 % support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 331/6 % or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . . . 17a 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . . . . . b 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

	Support Schedule for Organ (Complete only if you checke				a)(2)		
	tion A. Public Support					,	T
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include						
2	any "unusual grants.") 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			***************************************			<del>                                     </del>
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						
	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						· · · · · · · · · · · · · · · · · · ·
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6		<u> </u>				
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						
С	Add lines 10a and 10b				-	-	-
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for organization, check this box and stop	here		nd, third, fourt	th, or fifth tax	year as a sect	ion 501(c)(3) ▶ □
Sec	tion C. Computation of Public Su	1000 mm				1.5	
15	Public support percentage for 2009 (lin	e 8, column (	f) divided by li	ne 13, column	(f))	15	%
16	Public support percentage from 2008 Stion D. Computation of Investmen	at Income D	art III, line 15			16	%
-		Water Committee of the		d by line 19	column (6)	17	%
17	Investment income percentage for 2009 Investment income percentage from 20	v (IIDE TUC, CC	A Part III line	u by line 13, 0	Joiumin (ij) .	18	%
18 19a	33% % support tests – 2009. If the organism not more than 33% %, check this b	anization did r	not check the b	oox on line 14,	and line 15 is	more than 33%	%%, and line
ь	33½ % support tests—2008. If the organ line 18 is not more than 33½ %, check this	nization did not	check a box o	n line 14 or line	19a, and line	16 is more that	n 331/4 %, and
20	Private foundation. If the organization						

Schedule A (Fo	rm 990 or 990-E	7) 2009	GRAME	EN AMER	RICA, IN	IC.			20	-8497991	Page 4
Part IV	Supplemer Part II, line	ntal Inf 17a or	ormation. 17b; and	Comple Part III, I	te this ine 12.	part to p Provide	provide the	e explanati r additional	ons required information.	by Part II, See instru	line 10; ctions.
	*										
					******						
									**********		
			***********								
					*****						
	******										
	******										
*************			********								
										************	*******
	***********										
	**********										~~~~

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

	MEEN AMERICA, INC.	20 : 8497991
Par	Organizations Maintaining Donor Advised Funds or Other Similar Fu	unds or Accounts. Complete if
	the organization answered "Yes" to Form 990, Part IV, line 6.	0.15
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
	Aggregate grants from (during year) ,	
4	Aggregate value at end of year	
	Did the organization inform all donors and donor advisors in writing that the assets heldends are the organization's property, subject to the organization's exclusive legal control of the organization of th	trol? Yes No
	Did the organization inform all grantees, donors, and donor advisors in writing that granteed only for charitable purposes and not for the benefit of the donor or donor advisor purpose conferring impermissible private benefit?	r, or for any other
Par		Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or pleasure)	of an historically important land area
		of a certified historic structure
	☐ Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year.	Common Co
		Held at the End of the Tax Yea
	Total number of conservation easements	
b	Total acreage restricted by conservation easements	
c	Number of conservation easements on a certified historic structure included in (a)	. 2c
d	Number of conservation easements included in (c) acquired after 8/17/06	
3	Number of conservation easements modified, transferred, released, extinguished, or te the tax year $\blacktriangleright$	rminated by the organization during
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspectic violations, and enforcement of the conservation easements it holds?	Yes L N
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation ease. ▶ \$	sements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	s of section
9	In Part XIV, describe how the organization reports conservation easements in its reven balance sheet, and include, if applicable, the text of the footnote to the organization's the organization's accounting for conservation easements.	financial statements that describes
Par	Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	Other Similar Assets.
4-	If the organization elected, as permitted under SFAS 116, not to report in its revenue s	tatement and halance sheet works
1a	art, historical treasures, or other similar assets held for public exhibition, education, or responde, in Part XIV, the text of the footnote to its financial statements that describes to	search in furtherance of public servic
b	If the organization elected, as permitted under SFAS 116, to report in its revenue state historical treasures, or other similar assets held for public exhibition, education, or reservoide the following amounts relating to these items:	earch in furtherance of public service
	(i) Revenues included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar following amounts required to be reported under SFAS 116 relating to these items:	
a b	Revenues included in Form 990, Part VIII, line 1	> \$

Sched	ule D (Form 990) 2009 GRAMEEN A	AMERICA. INC			20-8	497991 Page 2
Pair		ng Collections of	of Art, Histori	cal Treasures,	or Other Similar As	sets (continued)
	Using the organization's acquisition, collection items (check all that apply	accession, and o	E-10C-0C14HILLO-C1-10C1-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C			
а	Public exhibition		d $\square$	Loan or exchan	ge programs	
b	Scholarly research		е 🗌			
c	Preservation for future generati	ons				
	Provide a description of the organiza		and explain h	ow they further t	he organization's exe	mpt purpose in
	Part XIV.					
	During the year, did the organization s assets to be sold to raise funds rather	than to be mainta	ined as part of	the organization's	collection?	Yes No
Par	IV, line 9, or reported an a	amount on Form	990, Part X, I	ine 21.		
	Is the organization an agent, trustee included on Form 990, Part X?				ns or other assets not	Yes No
b	If "Yes," explain the arrangement in	Part XIV and con	plete the follo	wing table:	T An	nount
					1c	100111
	Beginning balance				1d	
	Additions during the year				1e	
	Distributions during the year				1f	
f	Ending balance					Yes No
2a b	Did the organization include an amount "Yes," explain the arrangement in	Part XIV	, Part A, iiile 2	• • • • •		100 110
	t V Endowment Funds, Co	mplete if the ord	anization an	swered "Yes" to	o Form 990, Part IV	, line 10.
Bankhood		(a) Current year	(b) Prior year	(c) Two years b	oack (d) Three years back	(e) Four years back
4.0	Positoring of year halance			000000000000000000000000000000000000000		
	Beginning of year balance					
	Contributions					
G	and losses					
d	Grants or scholarships					
	Other expenditures for facilities					
	and programs				234	
f						
9	End of year balance					3
2	Provide the estimated percentage of	of the year end ba	lance held as:			
а	Board designated or quasi-endown					
b	Permanent endowment ▶	96				
C	Term endowment ▶9					
3a	Are there endowment funds not in th	e possession of the	ne organization	that are held and	d administered for the	Yes No
	organization by:					3a(i)
	(i) unrelated organizations					3a(ii)
	(ii) related organizations			Schodula D2		3b
	If "Yes" to 3a(ii), are the related org Describe in Part XIV the intended u	anizations listed a	ation's endow	ment funds.		
4	Investments—Land, Bu	uldings and Fo	winment. Se	e Form 990. Pa	ert X, line 10.	
Laci	Description of investment	(a) Cost or o	ther basis (b	) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
10	Lond					
b	Buildings					
c	Leasehold improvements					
	Equipment		\$36,205		\$3,591	\$32,614
е	Other					****
Tota	al. Add lines 1a through 1e. (Column (d)	must equal Form 9	990, Part X, colu	ımn (B), line 10(c).	) ▶	\$32,614

FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Par	Reconciliation of Change in Net Assets from Form 990	to Au	dited Fin	ancial St	atem	ents
1	Total revenue (Form 990, Part VIII, column (A), line 12)				1	\$2,871,962
2	Total expenses (Form 990, Part IX, column (A), line 25)			0.00	2	\$1,078,505
3	Excess or (deficit) for the year. Subtract line 2 from line 1				3	\$1,793,457
4	Net unrealized gains (losses) on investments				4	\$0
5	Donated services and use of facilities				5	60
6	Investment expenses				6	\$0
7	Prior period adjustments				7	\$0
8	Other (Describe in Part XIV.)				8	\$0
9	Total adjustments (net). Add lines 4 through 8				9	\$0 \$1,793,457
10	Excess or (deficit) for the year per audited financial statements. Combin	ne line	es 3 and 9	Davianii.	10	
Par	Reconciliation of Revenue per Audited Financial Stat				1	\$3,412,297
1	Total revenue, gains, and other support per audited financial statement	s.			1000	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a				
а	: : : : : : : : : : : : : : : : : : :	2b		\$540,33	5	
	Donated services and use of facilities	2c		00.11,11		
1000	Recoveries of prior year grants	2d				
d	Other (Describe in Part XIV.)				2e	\$540,335
15-0	Add lines 2a through 2d				3	\$2,871,962
3	Subtract line 2e from line 1					
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4a				
	Investment expenses not included on Form 990, Part VIII, line 7b .  Other (Describe in Part XIV.)	4b				
b	Add lines 4a and 4b				40	\$0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1				5	\$2,871,962
THEODORGE	Reconciliation of Expenses per Audited Financial Sta	teme	ents With	Expens	es p	er Return
Santification 1	Total expenses and losses per audited financial statements	200 200			1	\$1,618,840
					5663	
2	Amounts included on line 1 but not on Form 990. Part IX, line 25:				1000	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a		\$540,33	5	
а	Donated services and use of facilities	2a 2b		\$540,33	15	
a b	Donated services and use of facilities	-		\$540,33	15	
a b c	Donated services and use of facilities	2b		\$540,33		\$240.225
a b c	Donated services and use of facilities	2b 2c 2d			26	04 070 505
a b c	Donated services and use of facilities	2b 2c 2d				04 070 505
a b c d	Donated services and use of facilities	2b 2c 2d			26	04 070 505
a b c d e 3 4	Donated services and use of facilities	2b 2c 2d 			26	04 070 505
a b c d e 3 4	Donated services and use of facilities	2b 2c 2d			26	\$1,078,505
a b c d e 3 4 a	Donated services and use of facilities	2b 2c 2d 			26 3	\$1,078,505
a b c d e 3 4 a b c 5	Donated services and use of facilities	2b 2c 2d 			26	\$1,078,505
a b c d e 3 4 a b c 5 Pal Con and	Donated services and use of facilities	2b 2c 2d 4a 4b line		ines 1a au	26 3 40 5	\$1,078,505 \$1,078,505 Part IV, lines 1b
a b c d e 3 4 a b c 5 Pal Con and	Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIV.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III)  It XIV Supplemental Information  Polete this part to provide the descriptions require 1 for Part II, lines 3, 5, 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b part to provide any additional information.	2b 2c 2d	18.) . 9; Part III, Part XIII,	lines 1a a	2e 3 3 4c 5 5 nnd 4; nnd 4b	\$1,078,505 \$0 \$1,078,505 Part IV, lines 1b . Also complete
a b c d e 3 4 a b c 5 Pal Con and	Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIV.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III)  In XIV Supplemental Information  plete this part to provide the descriptions required for Part II, lines 3, 5, 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b part to provide any additional information.	2b 2c 2d	18.) . 9; Part III, Part XIII,	lines 1a a	2e 3 3 4c 5 5 nnd 4; nnd 4b	\$1,078,505 \$0 \$1,078,505 Part IV, lines 1b . Also complete
a b c d e 3 4 a b c 5 Pal Con and	Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIV.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III)  It XIV Supplemental Information  Polete this part to provide the descriptions require 1 for Part II, lines 3, 5, 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b part to provide any additional information.	2b 2c 2d 4a 4b line and \$\frac{1}{2}\$; and	18.) . 9; Part III, Part XIII,	lines 1a al	2ee 3 3 4c 5 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$1,078,505 \$1,078,505 \$1,078,505 Part IV, lines 1b a. Also complete
a b c d e 3 4 a b c 5 Pal Con and	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II XIV Supplemental Information  Inplete this part to provide the descriptions required for Part II, lines 3, 5, 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b part to provide any additional information.	2b 2c 2d 4a 4b line and \$\frac{1}{2}\$; and	18.) . 9; Part III, Part XIII,	lines 1a al	2ee 3 3 4c 5 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$1,078,505 \$1,078,505 \$1,078,505 Part IV, lines 1b a. Also complete
a b c d e 3 4 a b c 5 Pal Con and	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II XIV Supplemental Information  Inplete this part to provide the descriptions required for Part II, lines 3, 5, 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b part to provide any additional information.	2b 2c 2d 4a 4b line and \$\frac{1}{2}\$; and	18.) . 9; Part III, Part XIII,	lines 1a al	2ee 3 3 4c 5 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$1,078,505 \$0 \$1,078,505 Part IV, lines 1b a. Also complete

Schedule D (For	n 990) 2009	GRAMEEN AMERIC	CA. INC.			20-8497991	Page 5
Part XIV	Supplem	ental Information (co	ntinued)				
					****************		
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### SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

GRAMEE	N AMERICA, INC.					2	0 :		849	97991		
Part I	Excess Benefit Transactions Complete if the organization answ							Part V	, line 4	10b.		
1	(a) Name of disqualified person				escription of t						(c) Con	ected
'	(a) Name or disquamed person			(0) 0	escription of t	ransacuon					Yes	No
unde	r the amount of tax imposed on a section 4958					ons durir	ng the	year	▶ \$			
Part II	Loans to and/or From Interest Complete if the organization a			n Form 990, Part IV	/, line 26, o	r Form 9	90-E	Z, Pa	rt V, I	ine 3	Ва.	
(a) Na	me of interested person and purpose	(b) Loan	to or from anization?	(c) Original principal amount	(d) Balanc			default?	(f) Ap	proved eard or nittee?	(g) W	ritten ment?
		То	From				Yes	No	Yes	No	Yes	No
Maria de la companya della companya	R MORALES, TRUSTEE OF	V		\$560,100		580.692		V	V	-	V	
	I A. VOGEL	V	-	\$217,000		222.403		V	V	-	V	-
Total .	Grants or Assistance Benef	iting Inte	rested I	▶ \$ Persons.								
	Complete if the organization a	answered	"Yes" o	n Form 990, Part IV	/, line 27.							
	(a) Name of interested person	(b) R	elationship	between interested personganization	on and the	(c	) Amoi	int and	i type c	of assis	tance	
Part IV	Business Transactions Invo	-			/, line 28a,							
(a)	Name of interested person		Relationship ested perso organizat	on and the trans	ount of action	(d) De	scription	on of tr	ansact	ion	(e) Sh organi reve	
		-									Tes	140
		-					-			-	-	
		1										

### SCHEDULE O (Form 990)

### Supplemental Information to Form 990

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

▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
GRAMEEN AMERICA, INC.

Employer identification number 20 8497991

STATEMENT 1: PART III, STATEMENT OF PROGRAM SERVICE	E ACCOMPLISHMENTS, LINE 4A.
SINCE INCEPTION, THE PRIMARY EXEMPT PURPOSE OF GR	RAMEEN AMERICA, INC. HAS BEEN TO MAKE SMALL
LOANS TO POOR INDIVIDUALS LIVING BELOW THE FEDERA	AL POVERTY LEVELS OF INCOME, AT REASONABLE
INTEREST RATES BELOW THE INTEREST RATES OTHERWI	SE AVAILABLE TO THE INDIVIDUALS FROM ALTERNATE
LENDING SOURCES, TO STIMULATE ENTREPRENEURSHIP,	AND TO DEVELOP FINANCIAL, EDUCATIONAL, AND
CREDIT ESTABLISHMENT (AND RELATED) SERVICES FOR	THE POOR. THE COMPANY LENDS TO INDIVIDUALS
LIVING BELOW THE FEDERAL POVERTY LEVELS, E.G. \$24,	000 ANNUAL INCOME FOR A FAMILY OF FOUR. THE
COMPANY VERIFIES SUCH INDIVIDUAL'S INCOME AND ASS	ETS BEFORE THE LOAN IS MADE TO ENSURE THE
LOANS ARE ARE BEING MADE TO THE TRULY POOR. LOAN	IS ARE MADE SOLELY FOR THE PURPOSE OF STARTING
OR MAINTAINING A BUSINESS WHICH PRODUCES INCOME	FOR THE INDIVIDUAL. INDIVIDUALS IN THE LOAN
PROGRAM PARTICIPATE IN GROUPS OF FIVE BORROWERS	S, WHO MEET WEEKLY WITH EACH OTHER AND GRAMEEN
AMERICA, INC. MANAGERS TO DISCUSS ANY PROBLEMS A	AND CONCERNS WITH THEIR BUSINESS OR LOAN
REPAYMENT OBLIGATIONS, AND TO RECEIVE EDUCATION.	AL INSTRUCTION ON FINANCIAL MATTERS. THE COMPANY
FACILIATES A SAVINGS PROGRAM FOR THE INDIVIDUAL B	ORROWERS WITH REPUTABLE FINANCIAL INSITUTIONS,
AT NO COST TO THE INDIVIDUALS. IN 2009, THE COMPANY	MADE ONE YEAR LOANS TO THE BORROWERS AT AN
ANNUAL SIMPLE INTEREST RATE OF 15% ON A DECLINING	BALANCE, E.G. A ONE YEAR LOAN OF \$1,500 PAID ON A
WEEKLY BASIS COST THE BORROWER APPROXIMATELY S	112 FOR THE YEAR, A RATE COMPARABLE TO OR LESS
THAN THE RATES OFFERED BY SIMILAR MICRO FINANCE	ORGANIZATIONS IN THE UNITED STATES. THIS INTEREST
RATE IS FAR BELOW THE INTEREST RATES AVAILABLE TO	SUCH BORROWERS ON LOANS FROM OTHER
COMMUNITY LENDERS, EVEN IF SUCH LOANS WERE AVAILABLE.	LABLE.
IN 2009, GRAMEEN AMERICA, INC. ACHIEVED THE FOLLOW	VING RESULTS FROM ITS LOAN PROGRAM:
NUMBER OF NEW BORROWERS IN 2009 :	1,547
LOANS AMOUNTS DISBURSED IN 2009:	\$3,105,389
LOAN AMOUNTS REPAID IN 2009:	\$1,847,320
PROGRAM INTEREST EARNED IN 2009:	\$123,232
SAVINGS OF BORROWERS IN 2009:	\$178,491

Schedule O (Form 990) 2009		Fage Z
Name of the organization GRAMEEN AMERICA, INC.	Employer 20	identification number 8497991
FORM 990, PART VI, QUESTION 2 STATEMENT: MUHAMMAD YUNUS, PROF. H.I. LATIFEE, AND VIDAR J. JORGENSEN HAVE BUSIN	IESS RELATION	SHIPS.
WOODAWMAD TOROS, PROF. R.I. EATHEE, AND VIDAN S. SONGENOEN NAVE BOOM		<u> </u>
FORM 990, PART VI, QUESTION 11(a) STATEMENT		
THE FORM 990 AND ALL SCHEDULES WERE PREPARED INHOUSE AND REVIEWE	D BY SENIOR M	ANAGEMENT AND THE
BOARD OF DIRECTORS IMMEDIATELY PRIOR TO FILING IN AN EXTENSIVE REVIE	W OF ALL DATA	ENTERED.
FORM 990, PART VI, QUESTION 12(C) STATEMENT		
THE BOARD OF DIRECTORS REVIEWS THE CONFLICT POLICY AND COMPLIANCE	WITH THE POL	ICY AT THEIR
REGULARLY SCHEDULED MEETINGS.		
FORM 990, PART VI, QUESTION 15(A) AND (B) STATEMENT:		
THE BOARD OF DIRECTORS REVIEWED COMPARABLE COMPENSATION DATA FO	OR SIMILAR NO	N-PROFIT ORGAN-
IZATIONS TO DETERMINE THE SALARIES OF ALL OFFICERS OF GRAMEEN AMER	IICA, INC.	
FORM 990, PART VI, QUESTION 19 STATEMENT:		
ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES AND FINANCI	AL STATEMENT	S ARE MAINTAINED
IN THE HEADQUARTERS OFFICE AND ARE AVAILABLE TO THE PUBLIC OR INTER	RESTED PARTIE	S UPON REQUEST.
		*******
FOOTNOTE	**************	
THE ORGANIZATION HAS ELECTED TO TREAT GRAMEEN AMERICA, LLC (EIN 26	-2804564) AS A [	DISREGARDED ENTITY.
ALL ACTIVITIES OF GRAMEEN AMERICA, LLC HAVE BEEN REPORTED ON THE G	RAMEEN AMER	ICA, INC. FORM 990.

# SCHEDULE R (Form 990)

W

Department of the Treasury Internal Revenue Service

# Related Organizations and Unrelated Partnerships

Complete if the org: nization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Attach to Form 990. W See separate instructions.

> OMB No. 1545-0047 2009 909

Open to Public Inspection

Part II GRAMEEN AMERICA, INC. Name of the organization Grameen Research, Inc. 500 Cummings Park, Ste. 5200, Woburn, MA 01801 EIN 26-2804564 GRAMEEN AMERICA, LLC Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Identification of Related Tax-Exempt Organiza ons (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organization: (a)
Name, address, and EIN of related organization (a)
Name, address, and EIN of disregarded entity during the tax year. Microfinance Funding MA INACTIVE (b) Primary activity Primary activity (c) Legal domicile (state or foreign country) MA Legal domicile (state or foreign country) (c) (d) Exempt Code s Total income 501(c)(3) section SO Public charity status (if section 501(c)(3)) (e) End-of-year assets 170(b)(1)(A)(vi) NA Employer identification number 20 SO GRAMEEN AMERICA, INC. Direct controlling Direct controlling entity 8497991 entity (3)

For Privacy Act and Paperwork Reduction Act Notice, see the Instructi-

is for Form 990.

Cat

No. 50135Y

Schedule R (Form 990) 2009

Part III

because it had one or more related organizations treated as a partnership during the tax year.)  (a) (b) (c) (d) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	Primary activity (b) Primary activity (c) (st) (c)	(c) Legal domicule (state or country)	izations treated (d) Direct controlling entity	as a partners! (e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	ax year.)	(9) Share of end-of-year assets	year Disprop	(h) Dsproportionate allocations?  Yes No
		-							-
Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)									
(a)	Related Organiz	zations T	axable as a (	Corporation or treated as a co	r Trust (Compl	ete if the	organization the tax year	answered	y "Yes
Name, address, and EIN of related organization	Related Organia had one or more	zations T	axable as a ( organizations (b) Primary activity	Corporation or treated as a cure (c) Legal demicile (state or foreign country)	r Trust (Complorporation or to (d) Direct controlling entity	ete if the orga rust during the (a) Type of entity (C cop. S copp. or rust)	organization or	ation answered x year.) (n) Share of total income	"Yes" to Form 990  (9) Share of end-of-year assets
Name, address, and EIN of n	Related Organizhad one or more	zations T e related	axable as a ( organizations (b) Primary activity	Corporation of treated as a contreated as a co	r Trust (Compl orporation or to (d) Direct controlling entity	ete if the ust durin	organization If the tax year outy the tax year	answerec r.) (f) (f) of total incom	e "Yes
Name, address, and EN of n	Related Organizhad one or more	zations T e related	axable as a ( organizations (b) Primary activity	Corporation of treated as a contreated as a co	orporation or to (d)  Direct controlling entity	ete if the ust durin (c) Coop. S	organization I the tax yea Intry corp. Share	answerec r.) (f) (f) of total incom	e "Yes
Name, address, and EN of n	Related Organizhad one or more	zations T e related	axable as a ( organizations (b) Primary activity	Corporation or treated as a corporation (c) Legal domicile (state or foreign country)	orporation or to (d) Direct controlling entity	ete if the rust durin (e) Type of e (C corp. S or trus	organization g the tax yea ntity corp. t) Share	answerec r.) (n)	e Yes
Name, address, and EIN of n	Related Organizhad one or more	e related	axable as a ( organizations (b) Primary activity	Corporation of treated as a corporation (c) Legal domicile (state or foreign country)	r Trust (Complor or to (a)  Direct controlling entity	ete if the rust durin (e) Type of e (C corp. S or rus	organization g the tax yea thity coup. th	answerec r.) (n) of total incom	"Yes
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Name, address, and EIN of n	Related Organizhad one or more	e related	axable as a ( organizations (b) Primary activity	Corporation of treated as a corporation of treated as a corporation (c) Legal domicile (state or foreign country)	r Trust (Complor or poration or to (a)  Direct controlling entity	ete if the rust durin (e) Type of e (C copp. S or rus	g the tax year organization g	answerec r.) (n)	"Yes

chedule R (Form 990) 2009	GRAMEEN AMERICA, INC.	Pag
Part V Transactions	Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)	

(6)	(5)	(4)	(3)	(2)	3		N	٦ ۵	р	0		ב	3	-	*	•	-	. 2	ru	, -	ń.	Ф			0	7 0			200
							If the answer to any of the above is "Yes," see the instructions for information on who must complete this line.	0450 440	Reimbursement paid by other organization for expenses	Reimbursement paid to other organization for expenses		n Sharing of paid employees	m Sharing of facilities, equipment, mailing lists, or other assets	Performance of services or membership or fundraising solicitations by other organization(s)	Performance of services or membership or fundraising solicitations for other organization(s)	Lease of facilities, equipment, or other assets from other organization(s)	Lease of achines, equipment, or other assers to other organization(s)	Exchange of assets .	TUR	Durchase of assets from other prognit	cato	Loans or loan guarantees by other organizationis	Load of load guarantees to or lot other organization(s)	call, graft, or capital contribution from other organization(s)	oil, grant, or capital contribution to other organization	necept of the manufaction to other programmes of the form of commence of the first of contribution to other programmes of the form of contribution of the form of the first of the form of the form of the first of the form of the form of the first of the form of the first of the	000	During the tay year did the manization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	Note Complete line 1 if any antity is listed in Parts II III or IV of this schedule
							e an	Other transfer of cash or property to other organization(s). Other transfer of cash or property from other organization(s)	nbur	nbur		ring	ring	orma	oma	se o	Se O	Harrig	Functions of assets from other organizations,	2010	1	ns o	0	Gran	gra	1 dia		1	Omn.
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Schedule R (Form 990) 2009 GRAMEEN AMERICA, INC.

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

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

(a) (b) (c) (d)	(b)	(c)	(d)	(0)	(5)	(9)	(H)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Are all partners section 501(c)(3) organizations?	Share of end-of-year assets	onate	Code V – UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?
			Yes No		Yes No		Yes No
						Sahadula B (Earn 000) 2000	000