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Form	

EXTENDED TO NOVEMBER 15, 2017

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2016 Open to Public . Inspection

Department of the Treasury Internal Revenue Service A Far the 2016 colondar year

ΑF	or th	e 2016 calendar year, or tax year beginning and endi	ding	-	
В с а	heck if oplicab	e: C Name of organization		D Employer identific	cation number
X	Addre	GRAMEEN PUERTO RICO LLC			
	Name			66-08	804803
	Initial		om/suite	E Telephone number	
	Final return)704-0451
	termir ated			G Gross receipts \$	129,080.
	Amen return			H(a) Is this a group re	turn
	Applie distance	F Name and address of principal officer. ANDIGER 00000		for subordinates	? Yes 🗶 No
	pendi	^{ng} 150 WEST 30TH STREET, 8TH FL, NEW YORK, N	IY	H(b) Are all subordinates in	cluded? Yes No
		empt status: 🚺 501(c)(3) 🚺 501(c) ()◀ (insert no.) 🗌 4947(a)(1) or 🗌	527	If "No," attach a	list. (see instructions)
JV	Vebsi	te: ▶ N/A		H(c) Group exemption	
			L Year c	of formation: 2013 N	State of legal domicile: DE
Pa	rt I	Summary			
a	1	Briefly describe the organization's mission or most significant activities: GRAMEEN	N PUI	ERTO RICO LI	LC IS
Governance		DEDICATED TO HELPING WOMEN WHO LIVE IN POVEN			
Sr 1	2	Check this box Image: Check this box	of more t	than 25% of its net ass	
ð	3	Number of voting members of the governing body (Part VI, line 1a)			10
୍ଷ ଅ	4	Number of independent voting members of the governing body (Part VI, line 1b)			10
es	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)			7
Activities &	6	Total number of volunteers (estimate if necessary)			10
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>		0.
	~			Prior Year	Current Year
en	8	Contributions and grants (Part VIII, line 1h)		<u>1,007,780.</u> 61,393.	128,975.
Revenue	9	Program service revenue (Part VIII, line 2g)		116.	105.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
	11 12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,069,289.	129,080.
-	13	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	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), line 5-10)		217,169.	274,752.
sec		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25)			
Ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	_	192,089.	200,062.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		409,258.	474,814.
	19	Revenue less expenses. Subtract line 18 from line 12		660,031.	<345,734.>
res Sec			Beg	inning of Current Year	End of Year
sets land	20	Total assets (Part X, line 16)		1,660,928.	2,835,304.
ASS	21	Total liabilities (Part X, line 26)		123,047.	1,643,157.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		1,537,881.	1,192,147.
Pa	rt II	Signature Block			
Unde	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedules and	d statemei	nts, and to the best of my	knowledge and belief, it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which p	preparer h	nas any knowledge.	
		·			

Sign Here	Signature of officer ANDREA JUNG, PRESIDENT	, DIRECTOR & CEO	I [Date						
	Type or print name and title									
	Print/Type preparer's name	Date	Check PTIN							
Paid	THOMAS LANNING	THOMAS LANNING	08/08/	17 self-employed P00851654						
Preparer	Firm's name COHNREZNICK LLP		F	Firm's EIN 22–1478099						
Use Only	Firm's address 🕨 1301 AVENUE OF T	HE AMERICAS								
NEW YORK, NY 10019 Phone no.212-29										
May the IRS discuss this return with the preparer shown above? (see instructions)										
632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2016)										

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

				Form 9	90 (201
4e	(Expenses \$ including c Total program service expenses >	grants of \$ 474,814.) (Revenue \$)	
4d	Other program services (Describe in Schedule O.)			`	
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$		
1b	(Code:) (Expenses \$	including grants of \$) (Revenue \$		
	FIGHT POVERTY IN PUERTO R RATE OF 99.3% ON LOANS OU			REPAYMEN	1
	OFFER MICROLOANS, TRAININ	IG AND SUPPORT TO	TRANSFORM COMMUNIT	IES AND	
	ORGANIZATION THAT IS DEDI BUILD SMALL BUSINESSES TO				
	GRAMEEN PUERTO RICO LLC I	<u>SA 501 (C)(3)</u> N	OT-FOR-PROFIT MICRO		
4a		B14. including grants of \$) (Revenue \$	128,9	975.
	Section 501(c)(3) and 501(c)(4) organizations are n		grants and allocations to others, the t	otal expenses, an	d
4	Describe the organization's program service acco	mplishments for each of its thre	e largest program services, as measur	ed by expenses.	
3	Did the organization cease conducting, or make s If "Yes," describe these changes on Schedule O.	significant changes in how it con	ducts, any program services?	Yes	XNo
	If "Yes," describe these new services on Schedule				
2	Did the organization undertake any significant proprior Form 990 or 990-EZ?			Ves	X No
	BETTER LIVES FOR THEIR FA	MILIES. THE ORGA	NIZATION OFFERS MIC		
	RICO LLC IS A 501(C)(3) N TO HELPING WOMEN WHO LIVE				
	FOUNDED BY NOBEL PEACE PR				
1	Check if Schedule O contains a response o Briefly describe the organization's mission:	r note to any line in this Part III			<u> </u>

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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		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? If "Yes," complete Schedule C, Part II	4		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? If "Yes," complete Schedule C, Part III	5		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? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	<u>11a</u>	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		х	
اہ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Δ	
a	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		х	
•	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	~	x
-	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	lie		- 23
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</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х	
10-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		- 23	
120	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		<u> </u>
5	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	_	x
 14a		14a		x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I	17		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? If "Yes," complete Schedule G, Part II	18		X
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		X

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			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes," complete Schedule I, Parts I and II	21		x
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? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes, " complete			
	Schedule J	23	Х	
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 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		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):			37
a		28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
~~	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
04	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		x
20	<i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<u></u>
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b				
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2016)

632004 11-11-16

Part V Statements Regarding Other IRS Filings and Tax Compliance Check II Schedule O contains a response on note to any line in this Part V Check II Schedule O contains a response on note to any line in this Part V I Enter the number of ports W-2G included n line 1a. Enter -0 in cd applicable D of the organization constly with hackup withholding rules for reportable payments to vendors and reportable gaming ignational winnings to prace winnes? D at least one is reported on inter 3a. (miter or any line in this Part V I at least one is reported on inter 3a. (miter or any line in this Part O and Constraints (Mage and Tax Statements, Law 2a T any line I and 2a. (mit or organization fiel and rules for any line in this Part O and Constraints (Mage and Tax Statements) D at least one is reported on inter 3a. (mit or organization fiel and rules and payment bar reluming to each (Statements) D at least one of lines 1a and 2a is greater than 250, your may be required to e_ate (Ste instructions) D A at any line on thing for country (such as a bank account is country line). D A at any line on thing for country (such as a bank account, securities account) or one during the yea? D A at any line on thing for country. D A at any line on thing for country. D A at any line on thing for country. D A at any line on thing for country. D A any line for the any on thing the second any one during the yea? D A at any line on thing for country. D A at any line on thing for the organization the any matchin at a singer on thing for tha a prohibited to the organization solicit any organi	Form	990 (2016) GRAMEEN PUERTO RICO LLC 66-0804	803	Р	age 5
Ia Enter the number reported in Box 3 of Form 1006. Enter 0- if not applicable Is 0 Ib Enter the number of Forms W2G include in line 1a. Enter 0- if not applicable Ib 0 Ib Enter the number of Forms W2G include in line 1a. Enter 0- if not applicable Ib 0 Ib Enter the number of Forms W2G include in line 1a. Enter 0- if not applicable Ib 0 Ib Enter the number of entropy with backup witholding uise to reportable payments to vendors and reportable gaming (gambing) withor within the square covered by this neturn Ib Ib Ib If a least one is reported on line 2a, dd the organization 180 eNUM Ib Ib Ib Ib If a least one is reported on line 2a, dd the organization have an interest in, or a signature or other number of software of the state or other 300 FOr the verse? Ib Ib If Yes, 'Ib and the acternal Payer, dd the organization have an interest in, or a signature or other authority over, a financial accountly. Wes, 'Ib apport of Porsign Bark and Francial Accounts (FBAR), 'Ib Ib Ib Ib Ib If Yes, 'Ib and be approxement for FInCE Form 114, Report of Porsign Bark and Francial Accounts (FBAR), 'Ib Ib Ib Ib Ib Ib Ib Ib Ib Ib <td< th=""><th>Par</th><th>t V Statements Regarding Other IRS Filings and Tax Compliance</th><th></th><th></th><th></th></td<>	Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
a Enter the number eported in Box of Form 1006. Enter -0: find applicable 1 0 b Enter the number of forms Woy Binuded in line 1.6. Enter -0: find applicable payments to vendors and reportable gaming (gamting) within withinking number) 1 0 20 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year overade by this nature 1 2 7 20 If at less to a reported on in 2.4, dit the organization is all required to decal employment tax returns? 7 2 X Note. If the sum of lines 1 and 2 is greater than 250, you may be required to <i>e_de</i> (see instructions) 3a X b If "hes," insta field a Form 000. The this year? If "No, 'to line 3b, provide an exploration on Schedule O 3b 4a X b If "hes," insta field a foreign country. See instructions for filing requirements for FinCEN Form 11.4, Report of Foreign Bank and Financial Accounts (FBAF). 5a X 5b Was the organization is avel increased the transaction at any time during the tax year? 5a X 6b Davy taxable party notify the organization that it was or is a party to a prohibited tax scherer thasocion? 5a X 6b Davy taxable party notify the organization at exprass to a contribution or quiref with tax year? 5a X <th></th> <th>Check if Schedule O contains a response or note to any line in this Part V</th> <th></th> <th></th> <th></th>		Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Forms W2G included in line 16. Enter 0-if not applicable 10 <t< th=""><th></th><th></th><th></th><th>Yes</th><th>No</th></t<>				Yes	No
c Define organization comply with backup withholding rules for reportable payments to vendors and reportable gaming gambing) winnings to pice winners? Image: Complex Co	1a				
gambling winnings to prize winners? 1c 1c 2a Enter the number of employees reported on from W-3, Transmittal of Wage and Tax Statements, field of the calendar year ending with or within the year covered by this return 2a 7 2b X bit at least one is reported on line 2a, did the organization fiel al required to ediral employment tax returns? 2a X X ab Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X X bit 11*%s, "hast field a Form 900-For thity set?" 3a X X X bit 11*%s, "hast field a Form 900-For thity set?" 4a X X X bit 11*%s, "hast field a Form 900-Form 114, Report of Foreign Bark and Financial account? 4a X bit 11*%s, "hore the mane of the foreign country: > Sa X X See instructions for filling requirements for FINCEN Form 114, Report of Foreign Bark and Financial Accounts (EBAR). Sa X cols bit organization have innual gross neolytis that an ormally greater than \$100,000, and did the organization include with every solicitation are express statement that such contributions or gifts were not tax deductibles contributions? Sa X bit 1*%s, "idd the organization include with every solicitation are express tatement that such contribution and yeard with every solici	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. 2a 7 bit rat least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Xa 3a Date the organization have unrelated business grass income of 51,000 or more during the system? 3a Xa 4a At any time unrelated business grass income of 51,000 or more during the system? 3a Xa bit 1*Ves." has it filed a form 900 Tor the System? I*Ne0,* to ine 3b, provide an explanation in Schedule 0 3b 4a bit 1*Ves." has it filed a form 900 Tor the System? I*Ne0,* to ine 3b, provide an explanation or other famcial accounts? 4a X bit 1*Ves." has it filed a foreign country, isoch as a bank account, securities account, or other famcial accounts? 5a X bit 1*Ves." has the filed a regarization have shelter transaction at any time during the tax system? 5a X bit 0*erg indication a party to a prohibited tax shelter transaction? 5a X bit 1*Ves." has the organization indice with every solution an explanation or other famcial accounts? 5a X bit 1*Ves." hole the organization indice with every solution and partly to goods and services provided to the partly account bax shell the asystem? 5a X cit 1*Yes." indicate the unumber of Form 8282 Tile	С				
field for the calendary year ending with or within the year covered by this return		(gambling) winnings to prize winners?	1c		
b If at least one is reported on line 2a, did the organization file all required tederal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>a-file</i> (see instructions) 3a X b If the organization have unstated business gross income of 51.000 or more during the year? 3a X b If 'Yes,' has it filed a Form 300.7 for this year? <i>If 'Wo</i> ,' <i>ito line 30, provide an explanation in Schedule O</i> 3a X d At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a francial accountly (such as a bank account, securities account, or other financial accountly (FDAR). Sa X See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FDAR). Sa X Sa VK Did any taxable pary notify the organization have graft to a prohibited tax shelter transaction? Se Sa D Did any taxable pary notify the organization are apprets that are normally greater than 5100,000, and did the organization site at graft to a prohibited tax shelter transaction? Se Se D T'Yes,'' did the organization notide with every solicitation an express statement that such contributions or gifts were not tax deductable? Yes Yes Yes Yes X D	2a				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to a-nie (see instructions) 3a Xa 3a Dift the organization have unrelated business gross income of \$1,000 or more during the year? 3a Xa 4a At my time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly over, a time during the searce count in a toring country. 3b Xa 5a Dift "Yes," enter the name of the forsign country. Encount is a consign of the organization that it was or is a party to a prohibited tax sheler transaction at any time during the tax year? 5a X 5a Was the organization in that it was or is a party to a prohibited tax sheler transaction? 5a X 5a If "Yes," the organization include with every solicitation an express statement that such contributions? 5a X 5a Dift erganization stat acdouctible? 5a X 6a Dift erganization include with every solicitation an express statement that such contributions or gifts were no tax deductible? 5a X 7b Dift erganization colity the door or the value off the ogond sands ergices provided to the party or a contribution or off the value or the value off the ogond sands ergices provided? 7a X 7b Dift erganization, curing the year, aprotense elspose of tangible personal ponefit c		filed for the calendar year ending with or within the year covered by this return 2a 2a 7			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X bit "Yes," has if field a Form 980-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b 3b bit "Yes," has if field a Form 980-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a X bit "Yes," that if the origin country (such as a bark account, securities account, or other authority over, a financial account? 4a X bit "Yes," that if the origin country. > - - - See instructions for fing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X bit any taxable party notify the organization that was or is a party to a prohibited tax shelter transaction? 5b X c if "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5a X - c if any contributions that were not tax deductible as charitable contributions? - - - b If "Yes," (d the organization nucle were ysolicitation an express statement that such contributions or gifts were not tax deductible? - - - b If "Yes," (d the organization suck were ysolicitation an express provided? - - - - - - - - - <th>b</th> <th>If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</th> <th>2b</th> <th>X</th> <th></th>	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
b If "Yes," has it field a Form 990-T for this yea?" if "No," to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, id the organization have an interest in, or a signature or other authority over, a trancal account in a foreign country; where a be a back accound, or other financial accounts (FBAR). b If "Yes," enter the name of the foreign country; where a beark account, or other financial Accounts (FBAR). 5a Sea instructions for illing requirements for FIGCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5b X 5c Ti "Yes," to line 5a or 5b, did the organization file form 8880 f? 6a X 7b Organization avain on tax deductible as chartable contributions 7 7c Organization neceive apyment in excess of 355 made parily as a contribution and parity for goods and services provided? 7c X 7d H "Yes," did the organization neceive asyment in excess of 355 made parily as a contribution and parity for goods and services provided? 7a 7d Uf the organization metry the dome or lark deductible contributions and pares pariset in the goods? 7a 7d If "Nes," indicate the number of Forms 8282 filed during the		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
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11 Section 501(c)(12) organizations. Enter: 11a 11a a Gross income from members or shareholders 11a 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13a c Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedul</i>					
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c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 14b	u				
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b 14b	~				
b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O			140		x
Form 990 (2016)					<u> </u>
				990	(2016)

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Form 990	(2016)
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GRAMEEN PUERTO RICO LLC

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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.

				Yes	N		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10				
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent		10				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship v	with any other		x			
officer, director, trustee, or key employee?							
3	Did the organization delegate control over management duties customarily performed by or under the	direct supervision					
	of officers, directors, or trustees, or key employees to a management company or other person?		3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 99	0 was filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ts?	5		X		
6	Did the organization have members or stockholders?		6	Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app	point one or					
	more members of the governing body?		. 7 a	Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockholders, or					
	persons other than the governing body?		7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by the following:					
а	The governing body?		8a	Х			
	Each committee with authority to act on behalf of the governing body?			Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach	hed at the					
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O		9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reve	enue Code.)					
				Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?		10a		X		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapter of the sector of th	pters, affiliates,					
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body l			Х			
b	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		12a	Х			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to			Х			
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye						
	in Schedule O how this was done	,	12c	х			
13	Did the organization have a written whistleblower policy?		13	Х			
14	Did the organization have a written document retention and destruction policy?			Х			
15	Did the process for determining compensation of the following persons include a review and approval l						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official		15a		X		
	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	ent with a					
	taxable entity during the year?		16a		x		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiz						
	exempt status with respect to such arrangements?		16b				
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright PR$						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (\$	Section 501(c)(3)s onl	y) availab	е			
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain i	in Schedule ()					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, confi		and finand	ial			
	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 book	s and records:					
-	ANDREW HORROW, CPA - 718-704-0359						
	150 WEST 30TH STREET, 8TH FL, NEW YORK, NY 10001						

Enter -0- in columns (Ď), (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 report- able 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.

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.

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

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

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

(A) Name and Title	(B) Average hours per week	box	not c , unle:	Posi heck i ss per	more rson i	1 than o is both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ANDREA JUNG PRESIDENT, DIRECTOR & CEO	5.00	x		x				0.	1.	0.
(2) ANTONIA HERNANDEZ	0.10									
DIRECTOR	0.50	х						0.	0.	0.
(3) HOPE KNIGHT	0.10									
DIRECTOR	0.50	Х						0.	0.	0.
(4) JOHN F. MEGRUE	0.10									
DIRECTOR	0.50	Х						0.	0.	0.
(5) KAREN PRITZKER	0.10									
DIRECTOR	0.50	Х						0.	0.	0.
(6) MAHMOUD MAMDANI	0.10									
DIRECTOR	0.50	Х						0.	0.	0.
(7) MICHAEL D. GRANOFF	0.10									
DIRECTOR	0.50	Х						0.	0.	0.
(8) PROFESSOR H. I. LATIFEE	0.10								•	•
DIRECTOR	5.00	Х			<u> </u>	<u> </u>		0.	0.	0.
(9) PROFESSOR MUHAMMAD YUNUS	0.10	v		77					1	0
CHAIR (10) SILA CALDERON	0.10	Х		Х		-		0.	1.	0.
OUTGOING DIRECTOR	0.10	x						0.	0.	0.
(11) VIDAR J. JORGENSEN	0.10	^						0.	0.	0.
DIRECTOR	0.50	x						0.	0.	0.
(12) DAVID GOUGH	5.00									
SENIOR VICE PRESIDENT & CFO	37.00			x				0.	228,830.	16,355.
(13) MARY MAJEWSKI	5.00									
SECRETARY & GENERAL COUNCIL	37.00			х				0.	140,952.	10,900.
		-				-				

Form **990** (2016)

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Form 990 (2016) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

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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

Employees, and Independent Contractors

	990 (2016) GRAMEEN I									66-08	3048	803	P	age 8
Par	t VII Section A. Officers, Directors, Trus		ploy	ees,			ghes	t C		, ,	<u> </u>			
	(A) Name and title	(B) Average	(do		(C Posi	ition	l than c		(D) Reportable	(E) Reportable		Es	(F) timate	ed
		hours per week	box	, unle	ss per	son i	s both r/trust	an	compensation	compensatio			nount	of
		(list any						,	from the	from related organization			other pensa	tion
		hours for	or direc				ted		organization	(W-2/1099-MIS	I	fr	om th	е
		related organizations	ustee (truste		e	ı pensa		(W-2/1099-MISC)				anizat d relat	
		below	Individual trustee or director	In stitutio nal tru stee	er	ƙey employee	Highest compensated employee	ıer					anizati	
		line)	Indiv	Instit	Officer	Key e	High empl	Former			$ \longrightarrow $	_		
											-+			
											$ \rightarrow $			
	Oct 444								0.	369,78			7 2	55.
	Sub-total Total from continuation sheets to Part VI								0.	509,70	0.	<u> </u>	1, 4	<u> </u>
	Total (add lines 1b and 1c)								0.	369,78	• •	2'	7,2	
2	Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable	;			
	compensation from the organization												Vee	0 No
3	Did the organization list any former officer,	director or tri	istor	a ko		nolo	VOO	ort	highest companyated ar	nnlovee on	ſ		Yes	NO
5	line 1a? If "Yes," complete Schedule J for s				-	•			•			3		х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150											4	X	
5	Did any person listed on line 1a receive or a											-		х
Sec	rendered to the organization? If "Yes," corr tion B. Independent Contractors	plete Schedule	e J fo	or si	ich r	oers	on .					5		Λ
1	Complete this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	actor	's th	nat received more than \$	100,000 of comp	oensat	ion fro	m	
	the organization. Report compensation for	the calendar ye	ear e	ndir	ng wi	ith c	or wi	thin		ear.				
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	C	(C omper		n
								\neg						
2	Total number of independent contractors (ii	ncludina but na	ot lin	niter	to t	thos	e lis	ted	above) who received mo	ore than				
_	\$100,000 of compensation from the organiz	•				(1103 (-54	,					
												Form	990 ()	2016)

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	n 990 (O RICO LL	С		66-0804	803 Page 9
Pa	rt VII	Statement of Reven	ue					
		Check if Schedule O cont	ains a response	or note to any line	in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a b c d e f g	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributi All other contributions, gifts, gran similar amounts not included abov Noncash contributions included in lines Total. Add lines 1a-1f	1b 1c 1d ons) 1e ts, and If la-1f: \$					
		PROGRAM LOAN IN	TEREST	Business Code 525990	128,975.	128,975.		
Program Service Revenue	•	All other program service reve	nue		100.075			
	<u>g</u> 3 4	Total. Add lines 2a-2f Investment income (including other similar amounts) Income from investment of tax	dividends, intere	est, and	128,975. 105.			105.
	5	Royalties						
	b c	Gross rents Less: rental expenses Rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities	(ii) Other				
	d	and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraising		· · · · · · · · · · · · · · · · · · ·				
Other Revenue		contributions reported on line Part IV, line 18 Less: direct expenses	of 1c). See a					
Oti	с 9 а	Net income or (loss) from func Gross income from gaming ac Part IV, line 19	raising events tivities. See a	····· ►				
	с 10 а	Less: direct expenses Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold	ing activities returns a	····· •				
		Net income or (loss) from sale Miscellaneous Revenue	s of inventory e					
	b c d	All other revenue						
	e 12 9 11-11-	Total. Add lines 11a-11d Total revenue. See instructions.			129,080.	128,975.	0.	105. Form 990 (2016

Form 9	990 (2016)
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GRAMEEN PUERTO RICO LLC Part IX Statement of Functional Expenses

Dov	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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	236,206.	236,206.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	819.	819.		
9	Other employee benefits	14,544.	14,544.		
10	Payroll taxes	23,183.	23,183.		
11	Fees for services (non-employees):				
а	Management				
b	Legal	2,894.	2,894.		
с	Accounting	5,299.	5,299.		
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
5	column (A) amount, list line 11g expenses on Sch O.)	9,071.	9,071.		
12	Advertising and promotion	9,071. 1,233.	9,071. 1,233.		
13	Office expenses	8,837.	8,837.		
14	Information technology	9,173.	9,173.		
15	Royalties	.,			
16	Occupancy	17,395.	17,395.		
17	Travel	21,713.	21,713.		
18	Payments of travel or entertainment expenses	/ / /	,		
.0	for any federal, state, or local public officials				
19					
19 20		42,046.	42,046.		
20 21	Payments to affiliates				
21 22	Depreciation, depletion, and amortization	1,799.	1,799.		
22 23	. Г	2,789.	2,789.		
23 24	Other expenses. Itemize expenses not covered	2,703.	2,705.		
<u> -</u> 7	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	BAD DEBT EXPENSE	70,672.	70,672.		
b	MEMBERSHIPS DUES & SUBS	2,930.	2,930.		
с С	EQUIPMENT RENTAL & MAIN	2,254.	2,254.		
d	LICENSE EXPENSE	1,957.	1,957.		
	All other expenses	±,55,•	<u> </u>		
-	Total functional expenses. Add lines 1 through 24e	474,814.	474,814.	0.	0
25 26			±,±,01±•	0.	0
26	Joint costs . Complete this line only if the organization reported in column (\mathbf{R}) joint costs from a combined				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here Figure 16 following SOP 98-2 (ASC 958-720)				

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Form 990 (2016)

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Form 990 (2		GRAMEEN	PUERTO	RICO	LLC
Part X	Balance Sheet				

		Check if Schedule O contains a response or not	e to anv lin	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			191,236.	1	72,459.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net	370,315.	з	320,315.		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensation	ted employ	/ees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied person	s (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501(c)(9	9) voluntary			
S		employees' beneficiary organizations (see instr).	Complete	Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9					9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,196.			
	b	Less: accumulated depreciation		2,196.	549.	10c	0.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line -				12	
	13	Investments - program-related. See Part IV, line			652,374.	13	1,046,346.
	14	Intangible assets		Г		14	
	15	Other assets. See Part IV, line 11	446,454.	15	1,396,184.		
	16	Total assets. Add lines 1 through 15 (must equ			1,660,928.	16	2,835,304.
	17	Accounts payable and accrued expenses			3,047.	17	23,157.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
s	22	Loans and other payables to current and former	officers, di	rectors, trustees,			
litie		key employees, highest compensated employee	s, and disq	ualified persons.			
Liabilities		Complete Part II of Schedule L				22	
Ë	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	d third parti	es	120,000.	24	1,620,000.
	25	Other liabilities (including federal income tax, pa	yables to re	elated third			
		parties, and other liabilities not included on lines	s 17-24). Co	mplete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			123,047.	26	1,643,157.
		Organizations that follow SFAS 117 (ASC 958), check he	ere 🕨 🗴 and			
ŝ		complete lines 27 through 29, and lines 33 an	d 34.				
ů	27	Unrestricted net assets			1,217,566.	27	1,046,832.
ala	28	Temporarily restricted net assets			320,315.	28	145,315.
Б	29	Permanently restricted net assets		<u></u>		29	
Fun		Organizations that do not follow SFAS 117 (A	SC 958), cl	heck here			
ŗ		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Assi	31	Paid-in or capital surplus, or land, building, or ed	quipment fu	nd		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in		E C C C C C C C C C C C C C C C C C C C		32	
z	33	Total net assets or fund balances			1,537,881.	33	1,192,147.
	34	Total liabilities and net assets/fund balances .			1,660,928.	34	2,835,304.

Form 990 (2016)

11

11500808 147227 0226880-0227037.0990 2016.04013 GRAMEEN PUERTO RICO LLC 02268801

	990 (2016) GRAMEEN PUERTO RICO LLC	66-080) <u>4803</u>	Paç	_{ge} 12
Pa	t 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	129		
2	Total expenses (must equal Part IX, column (A), line 25)	2	474		
3	Revenue less expenses. Subtract line 2 from line 1	3	<345,		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,537	, 88	31.
5	Net unrealized gains (losses) on investments	5			
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,192	1,14	<u> 17.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х
	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?		. 2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			v	
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X	
~	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	0			v
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				I
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		0010

Form **990** (2016)

632012 11-11-16

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(Form	990	or	990-	EZ
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2016	
Open to Public Inspection	

SCHEDULE A (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Name of the organizat			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. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/for GRAMEEN PUERTO RICO LLC	Employer id	OMB No. 1545-0047 2016 Open to Public Inspection dentification number - 0804803
Pa	nrt I	Beason	for Public Charity Status (All organizations must complete this part.) See instructions	0	0004005
1 ne	Grgan		private foundation because it is: (For lines 1 through 12, check only one box.)		
2	H		nvention of churches, or association of churches described in section 170(b)(1)(A)(i). cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)		
2	H				
	H	•	a cooperative hospital service organization described in section 170(b)(1)(A)(iii). search organization operated in conjunction with a hospital described in section 170(b)(1)(A	Viii) Entor th	ne hospital's name
4		city, and stat			e nospital s name,
5				nit described	in
J			(b)(1)(A)(iv). (Complete Part II.)		
6			te, or local government or governmental unit described in section 170(b)(1)(A)(v).		
7	X	-	on that normally receives a substantial part of its support from a governmental unit or from the	ne general pu	blic described in
•		-	b)(1)(A)(vi). (Complete Part II.)	io general pa	
8	\square	•	trust described in section 170(b)(1)(A)(vi). (Complete Part II.)		
9	\square	-	al research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a	land-grant co	ollege
		-	or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of	-	-
		university:		U	
10		activities rela	on that normally receives: (1) more than 33 1/3% of its support from contributions, membersh ted to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of it	ts support fro	om gross investment
			Inrelated business taxable income (less section 511 tax) from businesses acquired by the org	janization atte	er June 30, 1975.
			509(a)(2). (Complete Part III.)		
11	H	-	on organized and operated exclusively to test for public safety. See section 509(a)(4).		
12		0	on organized and operated exclusively for the benefit of, to perform the functions of, or to ca		•
			supported organizations described in section 509(a)(1) or section 509(a)(2). See section s		eck the box in
-		-	bugh 12d that describes the type of supporting organization and complete lines 12e, 12f, and upporting organization operated, supervised, or controlled by its supported organization(s), t	-	vina
а			ted organization(s) the power to regularly appoint or elect a majority of the directors or truster		-
			n. You must complete Part IV, Sections A and B.		porting
b		¬ ~	supporting organization supervised or controlled in connection with its supported organization	n(e) by bayin	
	·		nanagement of the supporting organization vested in the same persons that control or management		-
			n(s). You must complete Part IV, Sections A and C.	je tre suppo	
с	. [ictionally integrated. A supporting organization operated in connection with, and functional	ly integrated	with.
-			ed organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.	.,g.a.ca	
d			n-functionally integrated. A supporting organization operated in connection with its suppor	ted organiza	tion(s)
			unctionally integrated. The organization generally must satisfy a distribution requirement and	-	
			t (see instructions). You must complete Part IV, Sections A and D, and Part V.		
е		- ·	box if the organization received a written determination from the IRS that it is a Type I, Type	II, Type III	
			integrated, or Type III non-functionally integrated supporting organization.	••	
f	Ente	er the number	of supported organizations		

Provide the following information about the supported organization(s). ~

g Frovide the following information about the supported organization(s).										
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the organization listed in your governing document?		(v) Amount of monetary	(vi) Amount of other				
organization		(described on lines 1-10			support (see instructions)	support (see instructions)				
		above (see instructions))	Yes	No	support (eee motioner)					
						<u> </u>				
Total										

Schedule A (Form 990 or 990-EZ) 2016 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 13

Part II

66-0804803 Page 2

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		103,280.	873,940.	1007780.		1985000.
2	Tax revenues levied for the organ-						
	ization'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		103,280.	873,940.	1007780.		1985000.
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)						986,748.
6	Public support. Subtract line 5 from line 4.						998,252.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4		103,280.	873,940.	1007780.		1985000.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources \dots		200.	1,133.	116.	105.	1,554.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1986554.
	Gross receipts from related activities,	-				12	205,680.
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3)	
0	organization, check this box and stop	ohere					► X
	ction C. Computation of Publi					I I	
	Public support percentage for 2016 (I					14	%
	Public support percentage from 2015					15	%
16a	33 1/3% support test - 2016. If the o				14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies		-				▶∟
b	33 1/3% support test - 2015. If the o				line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac				•	rt VI how the organ	ization
	meets the "facts-and-circumstances"	-					
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets th						. —
40	organization meets the "facts-and-circ		•	-			
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b			
					SCNE	edule A (Form 990	UI 330-EZI 2010

632022 09-21-16

(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.)

	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	6 (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 per-						
formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization'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 disgualified 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						
alendar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	6 (f) Total
9 Amounts from line 6						
0a 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						
F						
c Add lines 10a and 10b 1 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is						
regularly carried on						
2 Other income. Do not include gain						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
 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.) 	the organization's	s first, second, thir	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3) org	anization,
 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 five years. If the Form 990 is for check this box and stop here 	~					· · _
 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 five years. If the Form 990 is for check this box and stop here	Support Per	centage	· · ·			
 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 five years. If the Form 990 is for check this box and stop here Section C. Computation of Public 15 Public support percentage for 2016 (ling 10, 2016) 	Support Per ne 8, column (f) di	centage vided by line 13, c	· · ·		15	9
 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 five years. If the Form 990 is for check this box and stop here Section C. Computation of Public 15 Public support percentage for 2016 (line 16 Public support percentage from 2015 stop to the support percentage for 2016 stop to the support percent	Support Per ne 8, column (f) di Schedule A, Part	centage vided by line 13, c III, line 15	· · ·			9
 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 five years. If the Form 990 is for check this box and stop here Section C. Computation of Public 15 Public support percentage for 2016 (line 16 Public support percentage from 2015 section D. Computation of Invest 	e Support Per ne 8, column (f) di Schedule A, Part sment Income	vided by line 13, c III, line 15 Percentage	olumn (f))	- 	15	9
 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 five years. If the Form 990 is for check this box and stop here 15 Public support percentage for 2016 (lint 16 Public support percentage from 2015 section D. Computation of Investi Investment income percentage for 20 	: Support Per le 8, column (f) di Schedule A, Part ment Income I6 (line 10c, colur	vided by line 13, c III, line 15 Percentage	olumn (f))		15 16 17	9 9
 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 five years. If the Form 990 is for check this box and stop here 15 Public support percentage for 2016 (line Public support percentage from 2015 section D. Computation of Investion Investment income percentage from 2017 18 Investment income percentage from 2017 	E Support Per te 8, column (f) di Schedule A, Part tement Income 16 (line 10c, colur 015 Schedule A,	vided by line 13, c III, line 15 Percentage nn (f) divided by lin Part III, line 17	olumn (f))		15 16 17 18	99 99 99 99
 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here Section C. Computation of Public Public support percentage for 2016 (line Public support percentage from 2015) Section D. Computation of Investion Investment income percentage from 2007 	E Support Per te 8, column (f) di Schedule A, Part tement Income 16 (line 10c, colur 015 Schedule A,	vided by line 13, c III, line 15 Percentage nn (f) divided by lin Part III, line 17	olumn (f))		15 16 17 18	99 99 99 99
 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 five years. If the Form 990 is for check this box and stop here 15 Public support percentage for 2016 (line 16 Public support percentage from 2015 section D. Computation of Investion 17 Investment income percentage for 20 	E Support Per te 8, column (f) di Schedule A, Part tement Income 16 (line 10c, colur 015 Schedule A, organization did r	vided by line 13, c III, line 15 Percentage nn (f) divided by lin Part III, line 17 not check the box	ne 13, column (f)) ne 13, column (f))	15 is more than 3	15 16 17 18 3 1/3%, and 1	9 9 9 9 9 9 9 9
 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 five years. If the Form 990 is for check this box and stop here Section C. Computation of Public 15 Public support percentage for 2016 (lint 16 Public support percentage from 2015 5) Section D. Computation of Investion 17 Investment income percentage from 2015 10 18 Investment income percentage from 2016 19 33 1/3% support tests - 2016. If the other support percentage in the support support tests - 2016. 	E Support Per te 8, column (f) di Schedule A, Part Ement Income I6 (line 10c, colur 015 Schedule A, prganization did r d stop here. The	vided by line 13, c III, line 15 Percentage nn (f) divided by lin Part III, line 17 not check the box organization qua	olumn (f)) ne 13, column (f)) on line 14, and line lifies as a publicly s	15 is more than 3 supported organize	15 16 17 18 3 1/3%, and liation	9 9 9 9 9 9 9 9 9 9 9 9 9
 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here Section C. Computation of Public Public support percentage for 2016 (lint 16 Public support percentage from 2015 Section D. Computation of Invest Investment income percentage for 2016 Investment income percentage from 2015 Investment income percentage from 2015 Investment income percentage from 2016 	E Support Per te 8, column (f) di Schedule A, Part ment Income 16 (line 10c, colur 015 Schedule A, brganization did r d stop here. The brganization did r	vided by line 13, c III, line 15 Percentage nn (f) divided by lin Part III, line 17 not check the box e organization qua not check a box or	olumn (f)) ne 13, column (f)) on line 14, and line lifies as a publicly s I line 14 or line 19a	15 is more than 3 supported organiza , and line 16 is mo	15 16 17 18 3 1/3%, and liation re than 33 1/3	
 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 five years. If the Form 990 is for check this box and stop here 15 Public support percentage for 2016 (line 16 Public support percentage from 2015) 16 Public support percentage from 2015) 17 Investment income percentage from 2016 18 Investment income percentage from 2016 19a 33 1/3% support tests - 2016. If the of more than 33 1/3%, check this box and b 33 1/3% support tests - 2015. If the of 	E Support Per the 8, column (f) di Schedule A, Part Ement Income 16 (line 10c, colur 015 Schedule A, organization did r d stop here. The organization did r k this box and s	centage vided by line 13, c lll, line 15 Percentage nn (f) divided by lin Part III, line 17 not check the box organization qua not check a box or top here. The org	olumn (f)) ne 13, column (f)) on line 14, and line lifies as a publicly s I line 14 or line 19a anization qualifies a	15 is more than 3 supported organiza , and line 16 is mo as a publicly support	15 16 17 18 3 1/3%, and liation ation orre than 33 1/3 orted organize	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9

2016.04013 GRAMEEN PUERTO RICO LLC

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in 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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in 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).
- **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? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in Part VI.*
- **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? *If* "Yes," *provide detail in Part VI.*
- **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? If "Yes," provide detail in Part VI.
- **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)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

632024 09-21-16

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2016.04013 GRAMEEN PUERTO RICO LLC

Schedule A (Form 990 or 990-EZ) 2016

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Schedule A (Form 990 or 990-EZ) 2016 GRAMEEN PUERTO RICO LLC Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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? 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.	2		
Sec	tion 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)? 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).	1		
Sec	tion 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?	1		
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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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).			
а	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> .			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru-	uctions).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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? 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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
632025	5 09-21-16 Schedule A (Form 9	90 or 99	νυ-EZ)	2016

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Part V	Type III Non-Function	nally Integra	ated 509(a)	(3) Supp	porting	Organizations
	(Form 990 or 990-EZ) 2016					

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 N	et short-term capital gain	1		
2 R	ecoveries of prior-year distributions	2		
3 O	ther gross income (see instructions)	3		
4 A	dd lines 1 through 3	4		
5 D	epreciation and depletion	5		
6 P	ortion of operating expenses paid or incurred for production or			
co	ollection of gross income or for management, conservation, or			
m	aintenance of property held for production of income (see instructions)	6		
	ther expenses (see instructions)	7		
	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 A	ggregate fair market value of all non-exempt-use assets (see			
in	structions for short tax year or assets held for part of year):			
a A	verage monthly value of securities	1a		
b A	verage monthly cash balances	1b		
c Fa	air market value of other non-exempt-use assets	1c		
d T	otal (add lines 1a, 1b, and 1c)	1d		
e D	iscount claimed for blockage or other			
fa	ctors (explain in detail in Part VI):			
2 A	cquisition indebtedness applicable to non-exempt-use assets	2		
3 S	ubtract line 2 from line 1d	3		
4 C	ash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	ee instructions)	4		
5 N	et value of non-exempt-use assets (subtract line 4 from line 3)	5		
	ultiply line 5 by .035	6		
	ecoveries of prior-year distributions	7		
	inimum Asset Amount (add line 7 to line 6)	8		
Section	C - Distributable Amount			Current Year
1 A	djusted net income for prior year (from Section A, line 8, Column A)	1		
2 Ei	nter 85% of line 1	2		
3 M	inimum asset amount for prior year (from Section B, line 8, Column A)	3		
	nter greater of line 2 or line 3	4		
5 In	come tax imposed in prior year	5		
	istributable Amount. Subtract line 5 from line 4, unless subject to			
	nergency temporary reduction (see instructions)	6		
7 [Check have if the current year is the executivation's first on a non functional		· - ··· ··	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2016

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Sect	t V Type III Non-Functionally Integrated 509(ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mot purposes		•••••••••
2	Amounts paid to perform activity that directly furthers exemp			
-	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions	5		
9	Distributable amount for 2016 from Section C, line 6			
0	Line 8 amount divided by Line 9 amount			
	r	(i)	(ii)	(iii)
_		Excess Distributions	Underdistributions	Distributable
ect	on E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
с	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
•	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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

SCHEDULE A, PART II:

2013 WAS THE ORGANIZATION'S FIRST YEAR OF EXISTENCE AND COVERS THE

SHORT YEAR OF APRIL 2013 THROUGH DECEMBER 2013.

632028 09-21-16

		0				MB No. 1545-	0047
	HEDULE D		al Financial Statements			001	C
(Forn	n 990)	► Complete if the org Part IV, line 6, 7, 8, 9, 10	anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.			ZU I	D
	ment of the Treasury I Revenue Service		Attach to Form 990. m 990) and its instructions is at <u>www.irs.gov</u>	//		Open to P	
	e of the organizati		in 990) and its instituctions is at www.irs.gov		loyer ident		
	e er tre er gamzat	GRAMEEN PUERTO RICO	O LLC			80480	
Par	t I Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds or A	ccount	s. Comp	lete if the	
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e 6.				
			(a) Donor advised funds	(b) Fund	ls and othe	r account	S
1	Total number at er	nd of year					
2		f contributions to (during year)					
3		f grants from (during year)					
4		t end of year					
5	-		writing that the assets held in donor advised fu			. Г	
•	-		exclusive legal control?			Yes	No
6	•	C	dvisors in writing that grant funds can be used r donor advisor, or for any other purpose confe	•			
	impermissible priv		r donor advisor, or for any other purpose come	0		Yes	No
Par			ganization answered "Yes" on Form 990, Part I		····· 		
1		servation easements held by the organization		,			
		n of land for public use (e.g., recreation or e		lly importa	ant land are	ea	
	Protection of	of natural habitat	Preservation of a certified	historic st	tructure		
	Preservation	n of open space					
2	Complete lines 2a	through 2d if the organization held a qualif	fied conservation contribution in the form of a c	onservati	on easeme	nt on the	last
	day of the tax year	r.			Held at the l	and of the T	Fax Year
а	Total number of co	onservation easements		2a			
b	-						
С			ucture included in (a)	2c			
d			after 8/17/06, and not on a historic structure				
•				2d			
3			eased, extinguished, or terminated by the orga	nization d	luring the ta	ax	
4	year	 where property subject to conservation eas	compart is located				
- 5		tion have a written policy regarding the per					
Ũ	6	orcement of the conservation easements it	0 , 1 , 0			Yes	No
6			handling of violations, and enforcing conserval		······		
-	•	с, т с,	5			5	
7	Amount of expens	es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation e	asements	s during the	e year	
	▶\$						
8	Does each conser	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(h	3)(i)			
	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, descril	be how the organization reports conservation	on easements in its revenue and expense state	ment, and	d balance s	heet, and	
			tion's financial statements that describes the o	rganizatio	n's accoun	ting for	
Dat	conservation ease	ments.	Art, Historical Treasures, or Other	Similar	Accoto		
Fai		f the organization answered "Yes" on Form		Similar	A33613.		
					aa ahaat uu	arlia of ort	
Id			SC 958), not to report in its revenue statement a nibition, education, or research in furtherance o				
		tnote to its financial statements that descri			ervice, prov	nue, int a	rt Alli,
b			C 958), to report in its revenue statement and	balance sl	heet works	of art. his	torical
	-		ducation, or research in furtherance of public se				
	relating to these it		,	, I- , e		5	
	-			🕨 \$			
2			asures, or other similar assets for financial gain				
	the following amo	unts required to be reported under SFAS 1	16 (ASC 958) relating to these items:				
а	Revenue included	on Form 990, Part VIII, line 1		🕨 \$. <u> </u>		
b	Assets included in	Form 990, Part X		🕨 \$			

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
632051	08-29-16

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Schedule D (Form 990) 2016

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2016.04013 GRAMEEN PUERTO RICO LLC

Sche		PUERTO RI						66-08			
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, o	r Other	Simila	r Assets	s (contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	ls, checł	k any of the	following that	t are a sig	nificant u	ise of its c	ollection	items	5
	(check all that apply):										
а	Public exhibition	c	1 L	Loan or exc	hange progra	ams					
b	Scholarly research	e	e 🗌	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	n how th	ney further th	ne organizatio	on's exem	npt purpo	se 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 ma								Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Compl	ete if the	e organizatio	n answered '	"Yes" on	Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for	contribution	s or other ass	sets not i	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing t	table:							
									Amoun	t	
с	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for	escrow or cu	ustodial acco	unt liabili	ty?	L	Yes		_ No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i	f the organization ar	nswered	"Yes" on Fo					1		
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back	(d) Three y	/ears back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	-	e (line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment										
	The percentages on lines 2a, 2b, and 2c show										
3a	Are there endowment funds not in the posses	ssion of the organiza	ation tha	at are held ar	nd administer	red for the	e organiza	ation	1		-
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
	t VI Land, Buildings, and Equipm		wment f	funds.							
Fai											
	Complete if the organization answered			ŕ				.	<i>(</i> -) -		
	Description of property	(a) Cost or c		. ,	t or other		ccumulate	ed	(d) Boo	k valu	ie
		basis (investr	nent)	Basis	(other)	aep	preciation				
-	Land										
b	Buildings										
	Leasehold improvements				2 106		0 1	06			0
d	Equipment				2,196.		2,1	.00			0.
	Other	•									^
Iota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colun	<u>nn (B), line 1</u>	0c.)				D /=		0.
								Schedule	e D (Forn	n 990) 2016

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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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

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) PROGRAM LOAN RECEIVABLE	1,046,346.	COST
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	1,046,346.	

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) DUE FROM RELATED ORGANIZATION	1,396,184.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	1,396,184.

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.

<u>1.</u>	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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Schedule D (Form 990) 2016

_	edule D (Form 990) 2016 GRAMEEN PUERTO RICO LLC				0804803 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme		th Revenue per Re	turn.	
	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	20,639,781.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	····· ···· ····· ····· ······ ········				
b					
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	20,510,700.		
е	Add lines 2a through 2d			2e	20,510,700.
3	Subtract line 2e from line 1			3	129,081.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b			
				4c	0.
С	Add lines 4a and 4b				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	129,081.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)	ents W		•	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	ents W		•	n.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)	ents W	ith Expenses per R	•	
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents W	ith Expenses per R	letur	n.
5 Pa 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	ents W	ith Expenses per R	letur	n.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents W	ith Expenses per R	letur	n.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Output	ents W	ith Expenses per R	letur	n.
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	ents W	ith Expenses per R	letur	n. 16,110,550.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	ents W	ith Expenses per R 15,635,736.	letur	n.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	ents W 2a 2b 2c 2d	ith Expenses per R	1	n. 16,110,550.
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	ents W 2a 2b 2c 2d	ith Expenses per R	1 2e	n. <u>16,110,550.</u> 15,635,736.
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) T XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) 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:	ents W 2a 2b 2c 2d	ith Expenses per R	1 2e	n. <u>16,110,550.</u> 15,635,736.
5 Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) 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:	ents W 2a 2b 2c 2d	ith Expenses per R	1 2e	n. <u>16,110,550.</u> 15,635,736.
5 Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) T XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) 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	ents W 2a 2b 2c 2d 2d	ith Expenses per R	1 2e	n. <u>16,110,550.</u> <u>15,635,736.</u> <u>474,814.</u> 0.
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) 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 XIII.)	ents W 2a 2b 2c 2d . 4a 4b	ith Expenses per R	1 2e 3	n. <u>16,110,550.</u> <u>15,635,736.</u> <u>474,814.</u>

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 X, LINE 2:

THE	ORG	ANIZA	ATION	HAS	NO	UNRI	ECOGI	NIZED) TAX	K BEI	NEF	ITS	AS	OF I	DECE	MBEI	<u> 3</u>	1, 2	2016	
OR	2015	. THE	E ORGA	ANIZ2	ATIC	N'S	FEDI	ERAL	AND	STA	re I	INCC	OME	TAX	REI	URNS	5 P	RIOF	R TO	
FIS	CAL	YEAR	2013	ARE	CLC	SED	AND	MANA	GEME	ENT (CONT	FINU	JALL	YE	VALU	ATES	5 E	XPIE	RING	
<u>STA</u>	TUTE	S OF	LIMI	<u> FATI(</u>	ons,	AUI	DITS	, PRC	POSE	ED SI	ETTI	LEME	INTS	, сі	HANG	ES 1	EN	ТАХ	LAW	
AND	NEW	AUTH	IORITZ	ATIVI	<u>e ru</u>	JLINC	GS.													
IF	APPL	ICABI	JE, TI	HE OI	RGAN	IIZAT	TION	WILL	REC	COGN	IZE	INT	ERE	ST Z	AND	PENZ	ALT	IES		
2 0 0	0073	ת משוח		ו ער אח		חתו	20.2							T I V I			T N T	TNT 0		

ASSOCIATED WITH TAX MATTERS AS MANAGEMENT AND GENERAL EXPENSES IN IN THE

CONSOLIDATED STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS AND

INCLUDE ACCRUED INTEREST AND PENALTIES IN ACCRUED EXPENSES IN THE

CONSOLIDATED STATEMENTS OF FINANCIAL POSITION. THERE WERE NO INTEREST OR 632054 08-29-16 Schedule D (Form 990) 2016 25

11500808 147227 0226880-0227037.0990 2016.04013 GRAMEEN PUERTO RICO LLC 02268801

Part XIII Supplemental Information (continued)

PENALTIES FOR THE YEARS ENDED DECEMBER 31, 2016 AND 2015.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RELATED ORGANIZATION'S REVENUE

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RELATED ORGANIZATION'S EXPENSES

15,635,736.

Schedule D (Form 990) 2016

632055 08-29-16

20,510,700.

SC	HEDULE J	Compensation Information	I	OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		00	46	<u> </u>
•		Compensated Employees		20	10)
D		Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	rtment of the Treasury al Revenue Service	Information about Schedule J (Form 990) and its instructions is at www.irs.gov/for	rm990.	Inspe	ction	
Nan	ne of the organization			identificatio	on nui	mber
		GRAMEEN PUERTO RICO LLC	66-0	0804803	3	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate 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 c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re-	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S			
	Discretionary :	spending account Personal services (such as, maid, chauffe	ur, chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if an	ny, of the following the filing organization used to establish the compensation of the organiza	tion's			
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation	committee Written employment contract				
		ompensation consultant Compensation survey or study				
	Form 990 of o	ther organizations Approval by the board or compensation c	ommittee			
4		I any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
_	organization or a re					v
a L		e payment or change-of-control payment?				X X
D		ceive payment from, a supplemental nonqualified retirement plan?				X
С		ceive payment from, an equity-based compensation arrangement?		4c		
	Il res to any of in	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501/a)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
5	contingent on the r					
а	•			5a		x
		ation?				X
5		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
5	contingent on the r					
а	•			6a		x
		ation?				x
~		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	i			
-	-	les 5 and 6? If "Yes," describe in Part III		7		x
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th				
-	•			8		x
9						
-		1 53.4958-6(c)?				
LHA		eduction Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990)) 2016

632111 09-09-16

27 2016.04013 GRAMEEN PUERTO RICO LLC 02268801 11500808 147227 0226880-0227037.0990

Schedule J (Form 990) 2016

66-0804803

Page **2**

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-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) DAVID GOUGH	(i)	0.	0.	0.	0.	0.	0.	0.
SENIOR VICE PRESIDENT & CFO	(ii)	203,830.	25,000.	0.	6,662.	9,693.	245,185.	0.
(2) MARY MAJEWSKI	(i)	0.	0.	0.	0.	0.	0.	0.
SECRETARY & GENERAL COUNCIL	(ii)	140,952.	0.	0.	2,250.	8,650.	151,852.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2016

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.

Schedule J (Form 990) 2016

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule 0 (Form 990 or 990-EZ) and its instructions is at <u>www.irs.gov/form990</u>



66-0804803

GRAMEEN PUERTO RICO LLC

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

BUSINESSES TO CREATE BETTER LIVES FOR THEIR FAMILIES. WE OFFER

MICROLOANS, TRAINING AND SUPPORT TO TRANSFORM COMMUNITIES AND FIGHT

POVERTY IN PUERTO RICO.

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

TRAINING AND SUPPORT TO TRANSFORM COMMUNITIES AND FIGHT POVERTY IN THE

PUERTO RICO. LEARN MORE AT WWW.GRAMEENAMERICA.ORG.

FORM 990, PART VI, SECTION A, LINE 2:

PROFESSOR MUHAMMAD YUNUS, PROFESSOR H.I. LATIFEE AND VIDAR JORGENSEN HAVE BUSINESS RELATIONSHIPS.

FORM 990, PART VI, SECTION A, LINE 6:

GRAMEEN AMERICA, INC. IS THE SOLE MEMBER OF GRAMEEN PUERTO RICO LLC.

FORM 990, PART VI, SECTION A, LINE 7A:

GRAMEEN AMERICA INC AS THE SOLE MEMBER OF THE ORGANIZATION CAN ELECT BOARD

MEMBERS OF THE ORGANIZATION.

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

THE FORM 990 AND ALL RELATED SCHEDULES WERE PREPARED BY THE ORGANIZATION

AND REVIEWED BY SENIOR MANAGEMENT. THEY ARE THEN REVIEWED BY AN INDEPENDENT

ACCOUNTING FIRM. THE 990 IS SHARED WITH THE BOARD OF DIRECTORS PRIOR TO

FILING.

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2016)63221108-25-16

	50 LZJ (2010)				
Name of the organization					
U U			DTCO	TTC	
	GRAMEEN	PUERTO	RICO	лпс	

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

THE BOARD OF DIRECTORS REVIEWS THE CONFLICT OF INTEREST POLICY REGULARLY

AND COMPLIANCE WITH THE POLICY IS AFFIRMED ANNUALLY.

FORM 990, PART VI, SECTION C, LINE 19:

THE DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART VII:

Schedule () (Form 990 or 990-E7) (2016)

THE CEO DOES NOT RECEIVE COMPENSATION FROM EITHER THE ORGANIZATION OR

ITS REALTED ORGANIZATION WITH THE EXCEPTION OF A NOMINAL \$1.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

632212 08-25-16

632161 09-06-16 LHA

Schedule R (Form 990) 2016

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

SCHEDULE R

Department of the Treasury Internal Revenue Service

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

GRAMEEN PUERTO RICO LLC

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled :ity?
				501(c)(3))		Yes	No
GRAMEEN AMERICA, INC 20-8497991							
150 WEST 30TH STREET, 8TH FLOOR							
NEW YORK, NY 10001	MICROLENDING	MASSACHUSETTS	501(C)(3)	LINE 7	N/A		Х
	-						
	-						
	_						

00. Open to Public Inspection Employer identification number

66-0804803

OMB No. 1545-0047

Schedule R (Form 990) 2016 GRAMEEN PUERTO RICO LLC

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

(a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) Name, address, and EIN of related organization Primary activity Image: controlling (state or rowity) Predominant income entity Share of total income Share of total income Share of total income Disproprimate end-of-year assets Image: controlling allocations? General or end-of-year assets Image: controlling end-of-year assets Image: controlling end-o			· ,									
(state or entry (related, unrelated, income end-of-year allocations? and internet box (state or entry excluded from tax under 20 of Schedule	(a)	(b)		(d)	(e)	(f)	(g)	(1	n)			(k)
Indeptine Insections 512-514) Yes No K-1 (Form 1065) Yes No	Name, address, and EIN of related organization	Primary activity	(state or	Direct controlling entity	(related, unrelated, excluded from tax under	Share of total income	end-of-year	alloca	tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	l or Percentag ^{ing} ownership r?
			country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	10
]										
]										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(I contr ent	i) tion b)(13) rolled ity?
		country)						Yes	No
GRAMEEN AMERICA (NY) INC.									
150 W. 30TH STREET, 8TH FLOOR									
NEW YORK, NY 10001	INACTIVE	NY	N/A	C CORP	N/A	N/A	N/A		Х
	-								
	-								
	-								

Schedule R (Form 990) 2016 GRAMEEN PUERTO RICO LLC

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g		1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p	X	
	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related orga	nization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
<u>(2)</u>				
<u>(</u> 3)				
<u>(4)</u>				
<u>(5)</u>				
<u>(6)</u>				

Schedule R (Form 990) 2016 GRAMEEN PUERTO RICO LLC

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners s 501(c)(3 orgs.? Yes N	(g) Share of end-of-year assets	(f Dispr tior alloca Yes	n) opor- late tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) r Percentage ownership

Schedule R (Form 990) 2016

Provide additional information for responses to questions on Schedule R. See instructions.

32165 09-06-16			Sched	ule R (Forr	n 990) 201

Form 8868	
------------------	--

(Rev. January 2017)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number							
Type or print	Name of exempt organization or other filer, see instruc	Employer identification number (EIN) or							
print	GRAMEEN PUERTO RICO LLC	66-0804803							
File by the due date f		Number, street, and room or suite no. If a P.O. box, see instructions.							
filing your	C/O GRAMEEN AMERICA INC. 15		curity number						
return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10001									
Enter th	e Return Code for the return that this application is for (file	a separat	e application for each return)						
Applica	ition	Return	Application			Return			
ls For		Code	Is For		Code				
Form 990 or Form 990-EZ			Form 990-T (corporation)	07					
Form 9	90-BL	02	Form 1041-A		08				
Form 4	720 (individual)	03	Form 4720 (other than individual)	er than individual)					
Form 9	90-PF	04	Form 5227	27					
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11					
Form 9	90-T (trust other than above)	06	Form 8870						
 If thi box 1 fc 		aroup Exer and atta NOVEN	mption Number (GEN) I ch a list with the names and EINs of IBER 15, 2017 , to file	f this is for all membe	r the whole gr	ion is for.			
		an	d ending						
2 lf									
3a If	this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any						
<u>n</u>	onrefundable credits. See instructions.			3a	\$	0.			
b lf	this application is for Forms 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and						
e	stimated tax payments made. Include any prior year overpa	3b	\$	0.					
с В	alance due. Subtract line 3b from line 3a. Include your pay	/ment with	n this form, if required,						
b	y using EFTPS (Electronic Federal Tax Payment System). S	3c	\$	0.					
Caution instruct	n: If you are going to make an electronic funds withdrawal (ions.	direct deb	oit) with this Form 8868, see Form 84	153-EO an	d Form 8879-I	EO for payment			
LHA	For Privacy Act and Paperwork Reduction Act Notice, s	see instru	ctions.		Form 88	68 (Rev. 1-2017)			

623841 01-11-17