... 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

 \blacktriangleright 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

2019

Open to Public
Inspection

A F	or th	e 201	9 calendar year, or tax year begin	ning , 2	2019, a	nd endin	9			, 20	,		
			C Name of organization					D Employer id	entific	cation num	ber		
D C	neck if ap		GRAMEEN AMERICA, INC.										
	Addre		Doing Business As					20-8497	7991	L			
	Name	change	Number and street (or P.O. box if mail is	not delivered to street address)	Ro	oom/suite		E Telephone number					
	Initial	return	150 WEST 30TH STREET 8	BTH FLOOR				(718) 70	4 – 0	1424			
	Termi	inated	City or town, state or province, country, a	nd ZIP or foreign postal code									
	Amen		NEW YORK, NY 10001					G Gross receip	ts \$	53,	675	,490.	
	Applio	cation	F Name and address of principal officer:	ANDREA JUNG				H(a) Is this a gro subordinates		rn for	Yes	X No	
	_ ,	5	150 WEST 30TH STREET 8	TH FLOOR, NEW YORK,	, NY	10001		H(b) Are all subord		ncluded?	Yes	No	
ī	Tax-ex	empt st	tatus: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a	a)(1) or	527		If "No," attac	ch a lis	t. (see instruc	tions)		
J	Websi	ite: 🕨	WWW.GRAMEENAMERICA.ORG					H(c) Group exem	ption n	umber			
K	Form o	of organ	nization: X Corporation Trust	Association Other ►		L Year of	formati	ion: 2007 M	State	of legal do	micile:	MA	
Pa	art I	Su	mmary										
	1	Briefly	y describe the organization's mission or	most significant activities: GRA	MEEN	AMERIC	CA I	S DEDICAT	ED	TO HEI	PING	<u> </u>	
e			INCOME ENTREPENEURIAL W										
auc		BET"	TER LIVES FOR THEMSELVES	AND THEIR FAMILIES	S. SE	E SCHEI	DULE	0					
/err	2	Check	k this box	scontinued its operations or dis	sposed	of more tha	–––– n 25%	of its net asset	s.				
Governance	3	Numb	per of voting members of the governing	body (Part VI, line 1a)					3			11.	
			per of independent voting members of the						4			11.	
ties			number of individuals employed in cale						5			264.	
Activities &			number of volunteers (estimate if necess						6			11.	
Ac	7a	Total	unrelated business revenue from Part VI	II, column (C), line 12					7a			0	
			nrelated business taxable income from I						7b			0	
				·				Prior Year		Curr	rent Ye	 ∍ar	
•	8	Contri	ibutions and grants (Part VIII, line 1h)					11,928,87	77.	28	,206	,183	
une	9		am service revenue (Part VIII, line 2g)	'	COPY F			11,599,13	88.	15	,059	,352	
Revenue			tment income (Part VIII, column (A), line		IC INS	PECTION		155,72	28.		405	347	
2	11		revenue (Part VIII, column (A), lines 5,					167,36	56.			,005	
	12		revenue - add lines 8 through 11 (must					23,851,10		43	,999	,887	
			s and similar amounts paid (Part IX, colu						0.	2	,055	,000	
	14							0.					
s	15		es, other compensation, employee bene			10,517,18	11	,256	,893				
Expenses			ssional fundraising fees (Part IX, column						0.		249	740	
cbel	b	Total	fundraising expenses (Part IX, column (I	1,056,8	869.								
Ĥ	17	Other	expenses (Part IX, column (A), lines 11:	a-11d. 11f-24e)				5,543,44	19.	7	,674	,721	
			expenses. Add lines 13-17 (must equal					16,060,63	34.	21	,236	,354	
	19		nue less expenses. Subtract line 18 from	= =				7,790,47				,533	
or							Begini	ning of Current \	Year	End	of Yea	r	
ets	20	Total	assets (Part X, line 16)				1	03,579,63	36.	146	,277	,303	
Ass I Ba	21		liabilities (Part X, line 26)					57,232,22	27.	77	,166	,361	
Net Assets or Fund Balances	22		ssets or fund balances. Subtract line 21					46,347,40	$\overline{}$,942	
	rt II		gnature Block										
Und	der per	nalties o	of perjury, I declare that I have examined thi	s return, including accompanying so	chedules	s and statem	ents, a	nd to the best o	f my l	knowledge	and be	elief, it is	
true	, corre	ect, and	complete. Declaration of preparer (other than	officer) is based on all information o	of which	preparer has	any kn	owledge.					
Sig			Signature of officer					Date					
Her	e												
			Type or print name and title										
		Print/	Type preparer's name	Preparer's signature		Date		Check	if F	PTIN			
Paid		SCO'	TT THOMPSETT	Seth Storgett		9/21/	2020		,	P00741	L490		
•	oarer	Firm's	s name F GRANT THORNTON L	LP						605555			
Use	Only		s address > 757 THIRD AVENUE, 3RD FI		 3					-599-0			
Mav	the I		scuss this return with the preparer shown		•			. Hono Ho.		. X Y		No	
<u> </u>			Reduction Act Notice, see the separate	, , , , , , , , , , , , , , , , , , , ,		<u></u>						(2019)	

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Pa	art III	Statement of Program Service Check if Schedule O contains a	e Accomplishments a response or note to any line in this Pa	urt III	х х
1	-	escribe the organization's mission's			
_	Did die		**************************************	and Paterland	0
2	prior For		ificant program services during the y		
3	Did the services?	organization cease conducting	g, or make significant changes in		
4	Describe expenses	s. Section 501(c)(3) and 501(c	dule O. ervice accomplishments for each of ()(4) organizations are required to reor each program service reported.		
4a		N AMERICA IS DEDICATE	,891,565. including grants of \$ D TO HELPING LOW INCOME EN	TREPRENEURIAL	15,059,352.
			S TO CREATE BETTER LIVES F R MICROLOANS, TRAINING AND		
			GHT POVERTY IN THE UNITED		
	GRAMEE	N AMERICA HAD A REPAYN	MENT RATE OF 99% DURING 20	19.	
4b	(Code: _) (Expenses \$	o. including grants of \$	0.) (Revenue \$	0)
4c	(Code: _) (Expenses \$	o. including grants of \$	(Revenue \$	0)
4d	Other pr	ogram services (Describe on Scl es \$ including g		10 \$ \	
4e	· ·	ogram service expenses >		<i>ι</i> ο ψ)	

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Form **990** (2019)

Form 990 (2019)

Part IV Checklist of Required Schedules Page 3

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
-	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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		Х
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			Х
,	"Yes," complete Schedule D, Part I	6		- 1
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
}	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
•	complete Schedule D, Part III	8		Х
)	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		Х
)	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
I	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, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	١	77	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X	
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	444		Х
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	X	- 1
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	TIE	21	
•	the organization's separate of consolidated financial statements for the tax year include a roothole that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
) a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
5	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		Х
•	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			3.5
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4.7	Х	
В	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		
,	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		Х
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
•	If "Yes," complete Schedule G, Part III	19		Х
) a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
1	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	
				(2019

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Part	Checklist of Required Schedules (continued)		Vaa	Na
22	Did the expenientian report more than \$5,000 of greate or other assistance to or for democitic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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	
24 a	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
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		
~	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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			Х
28	persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
20	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
_	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			37
24	conservation contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	31		
32	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33	Х	
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	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			v
27	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	31		
30	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part		00		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
JSA	reportable gaming (gambling) winnings to prize winners?	1c	X	(2012)
9E1030	2.000 1442NJ 700J V 19-6.5F 0196583-00003	⊢orm	33 U	(2019)
	V 17 0.3E 0170303 00003			

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 264			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			v
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			37
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Λ
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
•	sponsoring organization have excess business holdings at any time during the year?	0		
	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30		
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	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			
С	Enter the amount of reserves on hand			
	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 on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent. 1b			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2	Х	
•	any other officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		Х
	supervision of officers, directors, trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6 7-	Did the organization have members or stockholders?			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		Х
	one or more members of the governing body?	1 a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		Х
0	stockholders, or persons other than the governing body?			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	8a	Х	
a	The governing body?	8b	Х	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
9	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
~	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
~	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe 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?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► CA, CT, FL, IL, MD, MA, MI, NJ, NY,	NC,I	PA,S	C,
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Other (explain on Schedule O)	(Sec	tion 5	01(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o and financial statements available to the public during the tax year.	finter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and record	s >		

JSA Form **990** (2019) 9E1042 2.000

Form 990 (2019) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **Independent Contractors**

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	Position not check more than one to unless person is both an ever and a director/trustee) The stitution of the compensation from the organization (W-2/1099-MISC) (D) Reportable compensation from the organization (W-2/1099-MISC)		Position check more than one less person is both an ond a director/trustee) Position (D) Reportable compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC)		(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
(1)DAVID GOUGH	37.50								
SENIOR VICE PRESIDENT & CFO	5.00			Х			300,514.	0.	19,382.
(2)MINDEE BARHAM	40.00						,		
VICE PRESIDENT OF DEVELOPMENT	0.					Х	191,973.	0.	34,801.
(3) MARY MAJEWSKI	37.50								
SECRETARY & GENERAL COUNSEL	5.00			Х			171,395.	0.	20,186.
(4) MIRIAM BENITEZ NIEVES	40.00								
VICE PRESIDENT HUMAN RESOURCES	0.					X	163,215.	0.	16,446.
(5) HABIB CHOWDHURY	40.00								
VP, NATIONAL OPERATIONS	0.					X	148,278.	0.	23,983.
(6) ALETHIA MENDEZ	40.00								
VP, OPS & PROGRAM STRATEGY	0.					X	152,039.	0.	14,320.
(7) MARCUS BERKOWITZ	40.00								
VP, TECHNOLOGY & INNOVATION	0.					Х	149,953.	0.	14,072.
(8) ANDREA JUNG	37.00								
PRESIDENT & CEO	5.00	X		Χ			1.	0.	0.
(9) VIDAR J. JORGENSEN	.50								
DIRECTOR	.10	Х					0.	0.	0.
(10) PROFESSOR MUHAMMAD YUNUS	5.00								
CHAIR	.10	X		Χ			0.	0.	0.
(11) PROFESSOR H.I. LATIFEE	5.00								
DIRECTOR (THRU 05/2019)	.10	Х					0.	0.	0.
(12) JOHN F. MEGRUE	.50								
DIRECTOR	.10	Х					0.	0.	0.
(13) MICHAEL D. GRANOFF	.50								
DIRECTOR	.10	Х					0.	0.	0.
(14) KAREN PRITZKER	.50								
DIRECTOR	.10	Х					0.	0.	0.

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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and H	ligi	hest Compensat	ed Emplo	yees (c	Page ontinued)
(A)	(B)	ĺ			C)			(D)	(E)		(F)
Name and title	Average			-	sition			Reportable	Reporta	able	Estimated
	hours per	rs per do not check more than one compensation compensation from					on from	amount of			
	week (list any					is both		from	relate		other
	hours for related		$\overline{}$	0		tor/trust		the	organiza		compensation from the
	organizations	Individual trustee or director	Institutional	ffic	Key employee	Highest co	Former	organization (W-2/1099-MISC)	(W-2/1099	-MISC)	organization
	below dotted	ect	l tio	9	₽	est o	er	(00-2/1099-00130)			and related
	line)	or #	nal		loye	com					organizations
		ıste	trustee		ď	pen					
		Ф	tee			compensated					
15) MAHMOUD MAMDANI	.50					ā					
DIRECTOR	.10	X						0.		0.	
16) HOPE KNIGHT	.50										
DIRECTOR	.10	X						0.		0.	
17) ANTONIA HERNANDEZ	.50										
DIRECTOR	.10	X						0.		0.	
18) BENJAMIN FARKAS	.50	- 1						0.		0.	
DIRECTOR (AS OF 5/2019)	.10	X						0.		0.	
								0.		0.	
19) ABDUL HAI KHAN	.50	3,7								_	
DIRECTOR (AS OF 05/2019)	.10	X						0.		0.	
		-									
	.										
		1									
1b Sub-total							•	1,277,368.		0.	143,190
c Total from continuation sheets to Part VII, S	Section A						\blacktriangleright	0.		0.	0
d Total (add lines 1b and 1c)							>	1,277,368.		0.	143,190
2 Total number of individuals (including but not							o re	ceived more than	\$100,000	of .	
reportable compensation from the organization		1:				•					
											Yes No
3 Did the organization list any former office	cer directo	or or	trı	ıste	e	kev e	mn	lovee or highest	t compens	ated	
employee on line 1a? If "Yes," complete Sched											3 X
4 For any individual listed on line 1a, is the organization and related organizations gr											
individualindividual											4 X
											4
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y											5 X
Section B. Independent Contractors	es, comple	16 201	ieul	iie J	, 101	SUCII	per.	3011			5 X
·	ananastasi !	ndon	204	- n-	20.5	trocto	ro +	hat raceived man-	than #400	0.000 -	£
1 Complete this table for your five highest con compensation from the organization. Report											
year.	compensati	UII 101	uit	, ud	110110	uai ye	ai E	Frialling With Of Will	ını ül e olga	ariiZaliUl	ιο ιαλ
(A)								(B)			(C)

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0.

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Part VIII Statement of Revenue

		Check if Schedule O contains a respon	nse or note to an	ny line in this Part V	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
P,G	С	Fundraising events 1c					
ar /	d	Related organizations 1d					
mi,G	е	Government grants (contributions) 1e	90,294.				
Sig	f	All other contributions, gifts, grants,					
heri		and similar amounts not included above . 1f	28,115,889.				
걸절	g	Noncash contributions included in					
n o			\$ 10,146,073.				
OB	h	Total. Add lines 1a-1f		28,206,183.			
ø.			Business Code				
Program Service Revenue	2a	INTEREST INCOME ON MICROLOANS	52	15,059,352.	15,059,352.		
Ser	b						
E P	С						
gra Re	d						
ě	е						
-	f	All other program service revenue		15 050 252			
_	<u>g</u>	Total. Add lines 2a-2f		15,059,352.			
	3	other similar amounts)		185,113.			185,113.
	4	Income from investment of tax-exempt bond		0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a 60,000.					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c 60,000.					
	d	Net rental income or (loss)		60,000.			60,000.
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 9,895,837.					
<u>e</u>	b	Less: cost or other basis					
evenue		and sales expenses 7b 9,675,603.					
ě	С	Gain or (loss) 7c 220,234.					
<u>ام</u> ج	d	Net gain or (loss)	<u> </u>	220,234.			220,234.
Other	8a	Gross income from fundraising					
0		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	0.				
	b	Less: direct expenses	0.				
	С	Net income or (loss) from fundraising events	<u> </u>	0.			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses	0.	_			
	С	Net income or (loss) from gaming activities	<u> ▶</u>	0.			
	10a	Gross sales of inventory, less	0.				
		returns and allowances					
	b	Less: cost of goods sold Net income or (loss) from sales of inventory		0.			
·0			Business Code	5.			
ğ a	11a	REBATES/REWARDS	900099	171,844.			171,844.
ane	b	PARTICIPATION INCOME	900099	70,634.			70,634.
eve	C	MISCELLANEOUS INCOME	900099	26,527.			26,527.
Miscellaneous Revenue	d	All other revenue					
2	е	Total. Add lines 11a-11d		269,005.			
	12	Total revenue. See instructions		43,999,887.	15,059,352.		734,352.
JSA 9E105	1 2.000		40	6 50	0106500		Form 990 (2019)
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Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to any line in this Part IX										
Do	not include amounts reported on lines 6b, 7b,	(A)		(C)	(D)						
	9b, and 10b of Part VIII.	Total expenses	(B) Program service	Management and general expenses	Fundraising expenses						
			expenses	general expenses	expenses						
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,055,000.	2,055,000.								
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.									
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16	0.									
	Benefits paid to or for members	0.									
5	Compensation of current officers, directors, trustees, and key employees	511,477.	434,755.	60,727.	15,995.						
6	Compensation not included above to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)	0.									
7	Other salaries and wages	8,848,456.	8,013,486.	217,926.	617,044.						
8	Pension plan accruals and contributions (include										
	section 401(k) and 403(b) employer contributions)	111,377.	97,593.	4,625.	9,159.						
9	Other employee benefits	1,066,672.	927,786.	53,155.	85,731.						
10	Payroll taxes	718,911.	653,040.	19,413.	46,458.						
11	Fees for services (nonemployees):										
а	Management	0.	00 114								
b	Legal	88,114.	88,114.	100 685							
C	Accounting	221,737.	22,062.	199,675.							
	Lobbying	0.			249,740.						
	Professional fundraising services. See Part IV, line 17.	249,740.			249,740.						
1	Investment management fees	0.									
9	Other. (If line 11g amount exceeds 10% of line 25, column	320,254.	320,254.								
	(A) amount, list line 11g expenses on Schedule O.)	92,604.	79,867.	6,029.	6,708.						
	Advertising and promotion	1,052,578.	1,037,172.	8,619.	6,787.						
13	Office expenses	766,824.	670,474.	96,350.	0,707.						
14	Information technology	0.	07071711	207330.							
15 16	Royalties	1,098,440.	1,013,694.	84,746.							
17	Occupancy	629,116.	590,765.	21,170.	17,181.						
	Payments of travel or entertainment expenses	,		,							
	for any federal, state, or local public officials	0.									
19	Conferences, conventions, and meetings	0.									
20	Interest	1,915,271.	1,915,226.	45.							
21	Payments to affiliates	0.									
22	Depreciation, depletion, and amortization	36,761.	31,284.	5,477.							
23	Insurance	112,582.	94,884.	17,698.							
24	Other expenses. Itemize expenses not covered										
	above (List miscellaneous expenses on line 24e. If										
	line 24e amount exceeds 10% of line 25, column										
	(A) amount, list line 24e expenses on Schedule O.)										
	BAD DEBT EXPENSE	693,928.	693,928.								
-	EQUIPMENT RENTAL&MAINTENANCE	566,937.	84,613.	482,324.							
-	BUSINESS LICENSES&PERMITS	34,428.	30,550.	3,878.							
d	FILING FEES	28,812.	24,490.	4,322.							
е	All other expenses	16,335.	12,528.	1,741.	2,066.						
	Total functional expenses. Add lines 1 through 24e	21,236,354.	18,891,565.	1,287,920.	1,056,869.						
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if										
	following SOP 98-2 (ASC 958-720)	0.									

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	5,425,429.	1	8,823,898.
	2	Savings and temporary cash investments	11,307,997.	2	14,974,400.
	3	Pledges and grants receivable, net	5,254,612.	3	11,632,603.
	4	Accounts receivable, net	21,091.	4	22,309.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
ts	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
Ą	9	Prepaid expenses and deferred charges	334,749.	9	364,602.
	_	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 331,502.			
	b	Less: accumulated depreciation	69,781.	10c	32,857.
	11	Investments - publicly traded securities	5,014.	11	0.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11.	77,444,989.	13	104,286,979.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	3,715,974.	15	6,139,655.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	103,579,636.	16	146,277,303.
	17	Accounts payable and accrued expenses	1,134,410.	17	3,099,380.
	18	Grants payable	0.	18	0.
	19	Deferred revenue.	0.	19	0.
	20	Tax-exempt bond liabilities.	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
Ś	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
į		controlled entity or family member of any of these persons	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	56,097,817.	24	73,955,981.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0.	25	111,000.
	26	Total liabilities. Add lines 17 through 25	57,232,227.	26	77,166,361.
ses		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
Fund Balances	27	Net assets without donor restrictions	40,677,678.	27	54,519,873.
Ba	28	Net assets with donor restrictions.	5,669,731.	28	14,591,069.
pu		Organizations that do not follow FASB ASC 958, check here ▶	3,003,1021	20	11/051/0051
ř		and complete lines 29 through 33.			
Assets or	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	46,347,409.	32	69,110,942.
_	33	Total liabilities and net assets/fund balances	103,579,636.	33	146,277,303.
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Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		43,9			
2	Total expenses (must equal Part IX, column (A), line 25)	2		21,2			
3	Revenue less expenses. Subtract line 2 from line 1	3		22,7			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		46,3	47,4	09.	
5	Net unrealized gains (losses) on investments	5				0.	
6	Donated services and use of facilities	6				0.	
7	Investment expenses	7				0.	
8	Prior period adjustments	8				0.	
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	32, column (B))	10		69,1	10,9	42.	
Part	· · · ·						
	Check if Schedule O contains a response or note to any line in this Part XII						
					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 O.			_		37	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or				
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis				Х		
b	Were the organization's financial statements audited by an independent accountant?			2b	Λ		
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed o	n a				
	separate basis, consolidated basis, or both:						
	Separate basis X 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 over	_		_	x		
	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c	Λ		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on				
	Schedule O.						
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the	_	Х		
_	Single Audit Act and OMB Circular A-133?			3a	Λ		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_		,	Х		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	idits .		3b	000		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 of Form 990-E2.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number Name of the organization GRAMEEN AMERICA, INC. 20-8497991 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(y). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of (iv) Is the organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) instructions) document? Yes No (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2019

Total

Schedule A (Form 990 or 990-EZ) 2019

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	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12,198,252.	12,179,098.	10,449,506.	11,928,877.	28,206,183.	74,961,916.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	12,198,252.	12,179,098.	10,449,506.	11,928,877.	28,206,183.	74,961,916.
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)						30,614,507.
6	Public support. Subtract line 5 from line 4						44,347,409.
Sec	tion B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	12,198,252.	12,179,098.	10,449,506.	11,928,877.	28,206,183.	74,961,916.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		36,263.	67,478.	234,925.	245,113.	583,779.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1			116,345.	117,566.	269,005.	502,916.
11	Total support. Add lines 7 through 10						76,048,611.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	50,139,449.
13	First five years. If the Form 990 is forganization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2019 (lin		•			14	58.31 % 68.53 %
15	Public support percentage from 2018		•			15	
16a	331/3% support test - 2019. If the org						
	box and stop here. The organization qu						• • • • —
b	331/3% support test - 2018. If the org						
47-	this box and stop here. The organization	•		-			
1/a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization						•
	Part VI how the organization meets torganization			•	•		
h	10%-facts-and-circumstances test - 2						
D		-	=				
	15 is 10% or more, and if the organization Explain in Part VI how the organization						-
	supported organization				•	•	
18	Private foundation. If the organization						
10	· · · · · · · · · · · · · · · · · · ·		•				▶ □
	instructions						

Schedule A (Form 990 or 990-EZ) 2019 Page 3

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

(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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf					<u> </u>	
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons					<u> </u>	
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					<u> </u>	
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business	<u> </u>					
	activities not included in line 10b, whether						
	or not the business is regularly carried on					<u> </u>	
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	or the organiza	tion's first, seco	nd, third, fourth,	or fifth tax y	ear as a section	501(c)(3)
	organization, check this box and stop here .	<u> </u>	<u></u> .	<u> </u>	<u></u>	<u> </u>	▶ 🔲
Sec	tion C. Computation of Public Supp	ort Percenta	ge				
15	Public support percentage for 2019 (line 8,	column (f), divid	led by line 13, colu	mn (f))		15	%
16	Public support percentage from 2018 Sche	dule A, Part III, lir	ne 15	<u> </u>	<u></u> .	16	%
Sec	tion D. Computation of Investment	Income Perd	centage				
17	Investment income percentage for 2019 (lin	ie 10c, column (f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2018 S					18	%
19 a	331/3% support tests - 2019. If the org					ore than 331/3 %	, and line
	17 is not more than 331/3%, check this	_					
b	331/3% support tests - 2018. If the orga	-	_	•	•	•	
	line 18 is not more than 331/3 %, check				·		
20	Private foundation. If the organization d		•				

Schedule A (Form 990 or 990-EZ) 2019 Page 4

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

- 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? 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.**
- 10 a 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.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, t determine whether the organization had excess business holdings.)

		Yes	No
ng <i>by</i>			
-,	1		
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	2		
er	3a		
nd he			
	3b		
B)	3с		
If	4a		
gn <i>on</i>			
	4b		
on ed B)			
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dy	5b		
	5c		
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or ity	-		
70	7		
7?	8		
re ed	0-		
	9a		
ch	9b		
fit	9с		
on ed			
to	10a		
	10b		

Schedule A (Form 990 or 990-EZ) 2019

				- 3
Part	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?	110		
h	A family member of a person described in (a) above?	11a 11b		
	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		
	ion B. Type I Supporting Organizations	110		
	on 2. Type i oupperung organizatione		Yes	No
4	Did the directors tructors or membership of one or more supported organizations have the newer to			
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.			
34	<u> </u>	2		
Secti	on C. Type II Supporting Organizations		Vaa	N ₀
			Yes	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations	<u> </u>		
			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		
Secti	on 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 ins	tructi	ons)	
a	The organization satisfied the Activities Test. Complete line 2 below.	duod	O110 _/ .	
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	ctions).	
•	Astrice Test Assessed Astronomy (a) and (b) below		Yes	No
2	Activities Test. <i>Answer (a) and (b) below.</i>			
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	<u>.</u>		
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
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? <i>Provide details in Part VI.</i>	33		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
D	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Page 6 Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s	<u> </u>
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	zations r	nust complete Sectio	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y integra	ited Type III supporting	g organization (see
instructions).	-		,

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

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

Secti	Current Year			
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo			
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 organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
-	Section D, line 7:			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
a	Excess from 2016			
b_				
C	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Page **8**

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.)

			•	`	,	
					ATTACHMENT 1	
SCHEDULE A, PART II -	OTHER INCOM	ΊE				
DESCRIPTION	2015	2016	2017	2018	2019	TOTAL
FUNDRAISING INCOME			60,845.			60,845.
REIMBURSEMENT OF EXPENSES			53,035.	75,339.		128,374.
DDD1000 (DDV11000				10.000	151 044	101 044
REBATES/REWARDS				10,000.	171,844.	181,844.
INSURANCE REFUND				24,985.		24,985.
						,,,,,,,
MISCELLANEOUS INCOME			2,465.	7,242.	26,527.	36,234.
PARTICIPATION INCOME					70,634.	70,634.
TOTALS			116,345.	117,566.	269,005.	502,916.

Schedule B (Form 990, 990-EZ,

(Form 990, 990-EZ, or 990-PF) Department of the Treasury

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

Schedule of Contributors

OMB No. 1545-0047

2019

Internal Revenue Service **Employer identification number** Name of the organization GRAMEEN AMERICA, INC. 20-8497991 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)
Name of organization GRAMEEN AMERICA, INC.

Employer identification number

			20-8497991
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization GRAMEEN AMERICA, INC.

Employer identification number 20-8497991

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
1	SECURITIES - PUBLICLY TRADED			
		\$_	9,664,327.	VAR
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
2	APPLE IPADS			
		\$_	475,485.	VAR
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$_		
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$_		
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$_		
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$_		

Name of organization GRAMEEN AMERICA, INC. **Employer identification number** 20-8497991 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

GRZ	AMEEN AMERICA, INC.	20-8497991
	Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	
1 6	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	Noodinio.
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) - and and and account
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	donor advised
5	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fun	
U	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	conferring impermissible private benefit?	
Pa	art II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		a historically important land area
		a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	ne form of a conservation
_	easement on the last day of the tax year.	Held at the End of the Tax Year
а		2a
b		2b
C		2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
u		2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	
•	tax year ▶	ated by the organization during the
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	
•	violations, and enforcement of the conservation easements it holds?	-
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	
	•	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con	servation easements during the year
	▶\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	n 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	V N-
9	In Part XIII, describe how the organization reports conservation easements in its revenue and e	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	•
	organization's accounting for conservation easements.	
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue	statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, o service, provide in Part XIII the text of the footnote to its financial statements that describes the	r research in furtherance of public
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue sta art, historical treasures, or other similar assets held for public exhibition, education, or reseated.	arch in furtherance of public service,
	provide the following amounts relating to these items:	> **
	(i) Revenue included on Form 990, Part VIII, line 1	
_	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as	sets for financial gain, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:	> •
a	Revenue included on Form 990, Part VIII, line 1	
<u>b</u>	Assets illuluddu iii Fullii 330, Falt ∧	· · · · · · / ð

Schedule D (Form 990) 2019 Page **2**

Pa	rt III Organizations Maintaini	ng Collec	ctions of	Art, Histo	rical Tre	asures	, or Ot	her Similar A	Assets (d	continued	1)
3	Using the organization's acquisition	n, access	ion, and o	other recor	ds, check	c any of	the fo	llowing that n	nake sigr	nificant us	e of its
	collection items (check all that app	ly):			_						
а	Public exhibition			d	Loan	or excha	nge pro	ogram			
b	Scholarly research			е	Other						
С	Preservation for future gene	rations									
4	Provide a description of the organ	nization's d	collections	and expla	ain how t	hey furt	her the	e organization	s exempt	t purpose	in Part
	XIII.										
5	During the year, did the organization								_	_	
	assets to be sold to raise funds rath			ained as pa	rt of the o	organiza	tion's c	ollection?		Yes	No
Pa	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.										
1 a	Is the organization an agent, truste									_	
	included on Form 990, Part X?								L	Yes	No
b	If "Yes," explain the arrangement i	n Part XIII	and comp	plete the fo	llowing tab	ole:					
									Amount		
С	Beginning balance										
d	Additions during the year					_	1d				
e	Distributions during the year						1e				
f	Ending balance Did the organization include an am					_	1f	dial aggregation	hilit.(2	Yes	No
	If "Yes," explain the arrangement i								_		
	rt V Endowment Funds.	II F alt Alli.	. CHECK II		λριαι ιατίσι ι	nas bee	ii piovi	ded on Fait All	<u>'</u>		
ıa	Complete if the organiza	ation answ	vered "Ye	es" on For	m 990. F	Part IV. I	line 10).			
		(a) Curre		(b) Prio			years ba		ears back	(e) Four ye	ears back
1.0	Paginning of year balance	(1)	, , , , , , , , , , , , , , , , , , , ,	(",	,	. ,	•	(4)		(4)	
1a	Beginning of year balance Contributions										
b											
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
E	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage	of the curi	rent vear	end halanc	e (line 1a	column	(a)) hel	d as.			
a	Board designated or quasi-endown				o (iiilo 19,	COIGITITI	(4)) 1101	a ao.			
b	Permanent endowment >	%		_							
С	Term endowment ▶	%									
	The percentages on lines 2a, 2b, a	and 2c sho	uld equal	100%.							
3a	Are there endowment funds not in	the posses	ssion of th	ne organiza	ation that	are held	and a	dministered for	the		
	organization by:									Y	es No
	(i) Unrelated organizations									3a(i)	
	(ii) Related organizations									3a(ii)	
b	If "Yes" on line 3a(ii), are the relate	ed organiza	ations liste	d as require	ed on Sch	edule R?	·			3b	
4	Describe in Part XIII the intended u		organiza	tion's endo	wment fur	nds.					
Pa	rt VI Land, Buildings, and Equ Complete if the organize	uipment.	vored "V	os" on Foi	rm 000 l	Dart I\/	lina 11	la Soo Form	000 Pa	rt Y line	10
	Description of property			other basis		or other bas		Accumulated) Book value	
				tment)		ther)	,,,	depreciation	,,,	,	
1 a	Land										
b	Buildings										
С	Leasehold improvements					C1 CC	_	126 155			10
d	Equipment					61,66		136,157.			5,510.
e Tata	Other		001101 F	m 000 D==		69,83		162,488.			7,347. 2,857.
ı ota	II. Add lines 1a through 1e. (Column	ı (u) must (c quai F0ff	ıı əəu, Part	A, COIUMI	ı (🖒), IING	= 1UC.).	🗩		3.	٠, co, ٠

Page 3 Schedule D (Form 990) 2019

Part VII	Investments - Other Securities.	"Ves" 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	1110 12.
(1) Financia	al derivatives			
	held equity interests			
	There equity interests [] [] [] [] [] [] [] [] [] [
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 12.) 🔒 🕨			
Part VIII				
	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) PROG	RAM LOANS, NET OF	104,286,979.	COST	
(2) ALLO	WANCE			
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) 🔒 🕨	104,286,979.		
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) De:	scription	(b) E	Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) li	ine 15.)	<u></u> ▶	
Part X		"Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990,	Part X,
	line 25.	Alam at the Unit	T	
1. (4) Fada		tion of liability	(b) E	Book value
	ral income taxes			111 000
_ (/	ENSATION PAYABLE			111,000
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				111 000
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			111,000.
2. Liability for	or uncertain tax positions. In Part XIII, provide the	text of the footnote to	the organization's financial statements that report	s the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

JSA
9E1270 1.000

V 19-6.5F

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Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 Page 4

Part	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total revenue, gains, and other support per audited financial statements	1	46,828,310.				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments						
b	Donated services and use of facilities						
С	Recoveries of prior year grants						
d	Other (Describe in Part XIII.)						
е	Add lines 2a through 2d	2e	3,000,186.				
3	Subtract line 2e from line 1	3	43,828,124.				
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.)		181 860				
С	Add lines 4a and 4b	4c	171,763.				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	43,999,887.				
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		04 418 566				
1	Total expenses and losses per audited financial statements	1	24,417,566.				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities						
b	Prior year adjustments						
С	Other losses						
d	Other (Describe in Part XIII.)		3,352,975.				
е	Add lines 2a through 2d	2e	21,064,591.				
3	Subtract line 2e from line 1	3	21,004,391.				
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
a	Investment expenses not included on Form 990, Part VIII, line 7b						
b	Other (Describe in Lat Ain.)	4c	171,763.				
с 5	Add lines 4a and 4b	5	21,236,354.				
Part		<u> </u>	22/200/0011				
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5	Part V, nation	line 4; Part X, line				

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

THE ORGANIZATION FOLLOWS GUIDANCE THAT CLARIFIES ACCOUNTING FOR
UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX
RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND
MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN
UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IN THE CONSOLIDATED
FINANCIAL STATEMENTS IF THE POSITION IS MORE-LIKELY-THAN-NOT TO BE
SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY.
THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL
MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX
POSITION MAY BE CHALLENGED.

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3), THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. THE ORGANIZATION HAS PROCESSES IN PLACE TO ENSURE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED BUSINESS INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. THE ORGANIZATION HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS. IN ADDITION, THE ORGANIZATION HAS NOT RECORDED A PROVISION FOR INCOME TAXES AS IT HAS NO MATERIAL TAX LIABILITY FROM UNRELATED BUSINESS INCOME ACTIVITIES.

Page 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 2D

REVENUE ATTRIBUTABLE TO GRAMEEN PUERTO RICO, LLC REPORTED ON ITS OWN FORM

990 \$215,938

SCHEDULE D, PART XI, LINE 4B

REBATES NETTED ON FINANCIAL STATEMENTS - \$171,763

SCHEDULE D, PART XII, LINE 2D

EXPENSES ATTRIBUTABLE TO GRAMEEN PUERTO RICO, LLC REPORTED ON ITS OWN

FORM 990 \$568,727

SCHEDULE D, PART XII, LINE 4B

REBATES NETTED ON FINANCIAL STATEMENTS - \$171,763

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection

Employer identification number

GRAMEEN AMERICA, INC.					20-8497991	
Part I Fundraising Activities. Con				Yes" on Form 9	90, Part IV, line 1	7.
Form 990-EZ filers are not						
1 Indicate whether the organization r	aised funds through		_			
a X Mail solicitations	e			non-government g		
b X Internet and email solicitations	f			government grant	S	
c Phone solicitations	g	ı	cial fundra	ising events		
d X In-person solicitations						
 2a Did the organization have a written or key employees listed in Form 95 b If "Yes," list the 10 highest paid in compensated at least \$5,000 by th 	90, Part VII) or entit dividuals or entities	y in connec	tion with p	rofessional fundra	ising services?	X Yes No fundraiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 ORR GROUP INC	STRATEGY		X		240 740	240 740
2	SIRAILGI		Λ		249,740.	-249,740.
3						
4						
5						
6						
7						
8						
9						
10						
Total			•		249,740.	-249,740.
List all states in which the organize registration or licensing. NY,	zation is registered	or licensed	d to solicit	contributions or	has been notified	it is exempt from

Schedule G (Form 990 or 990-EZ) 2019

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported

		more than \$15,000 of fundra events with gross receipts gre		ons and gross incom	e on Form 990-EZ,	lines 1 and 6b. List		
		σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through		
			(event type)	(event type)	(total number)	col. (c))		
Revenue	1	Gross receipts						
Re	2	Less: Contributions Gross income (line 1 minus line 2)						
	_							
	4	Cash prizes						
"	5	Noncash prizes						
Direct Expenses	6	Rent/facility costs						
ot Exp	7	Food and beverages						
Dire	8	Entertainment						
	9	Other direct expenses						
Pa	<u>11</u>	Direct expense summary. Add line Net income summary. Subtract lin Gaming. Complete if the orga \$15,000 on Form 990-EZ, lin	ne 10 from line 3, colu anization answered ""	ımn (d)	<u> </u>	reported more than		
Revenue		• • • • • • • • • • • • • • • • • • •	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Re	1	Gross revenue						
ses		Cash prizes						
Expenses	3	Noncash prizes						
Direct E	4	Rent/facility costs						
	5	Other direct expenses						
		Volunteer labor	Yes %	Yes% No	Yes% No			
	7	Direct expense summary. Add line	es 2 through 5 in colu	mn (d)				
	8	Net gaming income summary. Su	btract line 7 from line	1 column (d)	•			
9 a	ı	Enter the state(s) in which the orgals the organization licensed to confit "No," explain:	anization conducts ga duct gaming activities	ming activities: in each of these state	es?	Yes No		
10a k		Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No If "Yes," explain:						

Part II

GRAMEEN AMERICA, INC.

Sched	lule G (Form 990 or 990-EZ) 2019 Page 3
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶\$
	Description of services provided ▶
	Director/officer
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year ▶ \$
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2019

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047
2019

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Open to Public Inspection

Schedule I (Form 990) (2019)

Name of the organization **Employer identification number** GRAMEEN AMERICA, INC. 20-8497991 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) 1 (a) Name and address of organization (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (b) EIN (h) Purpose of grant (if applicable) cash assistance or government grant noncash assistance or assistance (1) GRAMEEN PRIMACARE, INC. 150 W 30TH ST, 8TH FLR, NEW YORK NY 10001 46-3181224 501(C)(3) 2,055,000. PROGRAM SUPPORT (2) (3) (4) (5) (6) (7) (8) (9) (10)(11) (12)1.

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

GRAMEEN AMERICA, INC. 20-8497991

Schedule I (Form 990) (2019)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
_2					
3					
_4					
_ 5					
_ 6					
7					

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

SCHEDULE I, PART I, LINE 2

IN CALENDAR YEAR 2019, GRAMEEN AMERICA MADE ONE GRANT TO A RELATED PARTY, GRAMEEN PRIMACARE, INC. TO SUPPORT ITS OPERATIONAL ACTIVITIES. BOTH ORGANIZATIONS SHARE AN OVERLAPPING BOARD OF DIRECTORS WHO GOVERN AND OVERSEE EACH ORGANIZATION'S DAILY ACTIVITIES AND ENSURE THAT GRANTED FUNDS ARE USED TO FURTHER THEIR STATED EXEMPT MISSION. NO FURTHER MONITORING OF THE GRANT FUNDS IS REQUIRED SINCE GRAMEEN AMERICA IS ASSURED THAT THOSE FUNDS WILL BE SPENT ON MISSION-RELATED ACTIVITIES.

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

GRAMEEN AMERICA, INC.

Inspection Employer identification number

20-8497991

Part	Questions Regarding Compensation					
			Yes	No		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	X First-class or charter travel Housing allowance or residence for personal use					
	Travel for companions Payments for business use of personal residence					
	Tax indemnification and gross-up payments Health or social club dues or initiation fees					
	Discretionary spending account Personal services (such as maid, chauffeur, chef)					
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to					
	explain	1b	X			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all					
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line					
	1a?	2	Х			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee					
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
•	organization or a related organization: Receive a severance payment or change-of-control payment?	4a		Х		
a b						
C						
C	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:					
а	The organization?	5a		Х		
b	Any related organization?	5b		Х		
	If "Yes" on line 5a or 5b, describe in Part III.					
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any					
	compensation contingent on the net earnings of:					
а	The organization?	6a		X		
b	Any related organization?	6b		X		
	If "Yes" on line 6a or 6b, describe in Part III.					
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.	7	Х			
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject					
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe					
	in Part III	8		X		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
	Regulations section 53.4958-6(c)?	9				

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

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
DAVID GOUGH	(i)	260,514.	40,000.	0.	8,400.	10,982.	319,896.	0.
1 SENIOR VICE PRESIDENT & CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
MARY MAJEWSKI	(i)	161,395.	10,000.	0.	5,360.	14,826.	191,581.	0.
2 SECRETARY & GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
MINDEE BARHAM	(i)	176,973.	15,000.	0.	3,547.	31,254.	226,774.	0.
3 VICE PRESIDENT OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
MARCUS BERKOWITZ	(i)	149,953.	0.	0.	2,520.	11,552.	164,025.	0.
4 VP, TECHNOLOGY & INNOVATION	(ii)	0.	0.	0.	0.	0.	0.	0.
ALETHIA MENDEZ	(i)	147,039.	5,000.	0.	4,621.	9,699.	166,359.	0.
5 VP, OPS & PROGRAM STRATEGY	(ii)	0.	0.	0.	0.	0.	0.	0.
MIRIAM BENITEZ NIEVES	(i)	163,215.	0.	0.	5,002.	11,444.	179,661.	0.
VICE PRESIDENT HUMAN RESOURCES	(ii)	0.	0.	0.	0.	0.	0.	0.
HABIB CHOWDHURY	(i)	143,278.	5,000.	0.	4,615.	19,368.	172,261.	0.
7 ^{VP, NATIONAL OPERATIONS}	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2019

Part | 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, PART I, LINE 1A

GRAMEEN AMERICA, INC. PERMITS ONLY THE PRESIDENT & CEO TO FLY FIRST CLASS

WHEN SHE IS TRAVELING ON MATTERS PERTAINING TO THE ORGANIZATION'S

MISSION.

SCHEDULE J, PART I, LINE 7

IN CALENDAR YEAR 2019, GRAMEEN AMERICA PROVIDED BONUSES TO VARIOUS

INDIVIDUALS REPORTED ON THE FORM 990 UPON MEETING CERTAIN OBJECTIVE

PERFORMANCE-BASED CRITERIA AS OUTLINED IN THE ORGANIZATION'S COMPENSATION

POLICY. THE PRESIDENT AND CEO SETS ALL PERFORMANCE OBJECTIVES AND

APPROVES ALL BONUSES AT YEAR END. THESE PAYMENTS ARE REPORTED IN

SCHEDULE J, PART II, COLUMN (B)(II).

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

GRAMEEN AMERICA,

INC.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

20-8497991

Employer identification number

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		2.	9,670,588.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts	X	1.	475,485.	EMZ			
25	Other ►(IPADS)		Δ.	4/5,465.	FINV			
26	Other ►()							
27	Other ►()							
	Other ►(her the second						
29	Number of Forms 8283 received				29			
	which the organization completed F	-orm 8283,	Part IV, Donee Acknowledg	jement	29		Yes	No
302	During the year, did the organizat	ion rocoivo	by contribution any propo	rty reported in Part I line	e 1 through		163	140
Jua	28, that it must hold for at least the		•		•			
	to be used for exempt purposes for	•			•	30a		Х
h	If "Yes," describe the arrangement i		olding period:			Jua		
31	Does the organization have a		tance noticy that require	as the review of any	nonetandard			
J 1	contributions?					31	Х	
322	Does the organization hire or use	e third narti	ies or related organization	s to solicit process or s	sell noncash	ļ .		
J_u	contributions?		_			32a	Х	
h	If "Yes," describe in Part II.							
	If the organization didn't report an	amount in c	column (c) for a type of pro-	perty for which column (a)) is checked			
	describe in Part II.		(0) (0) (0) (0)	r , (u)				

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

Schedule M (Form 990) 2019

Schedule M (Form 990) (2019) Page **2**

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

SCHEDULE M, LINE 32(A)

TO THE EXTENT THAT THE ORGANIZATION RECEIVES CONTRIBUTIONS OF STOCK, THE ORGANIZATION USES ITS INVESTMENT BROKER TO CONVERT THOSE STOCKS INTO CASH.

Schedule M (Form 990) (2019)

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 20-8497991

GRAMEEN AMERICA, INC.

FORM 990, PART I AND PART III

ORGANIZATION'S MISSION STATEMENT

FOUNDED BY NOBEL PEACE PRIZE RECIPIENT MUHAMMAD YUNUS, GRAMEEN AMERICA IS A SECTION 501(C)(3) NONPROFIT MICROFINANCE ORGANIZATION DEDICATED TO HELPING LOW INCOME ENTREPRENEURIAL WOMEN BUILD SMALL BUSINESSES TO CREATE BETTER LIVES FOR THEMSELVES AND THEIR FAMILIES. THE ORGANIZATION OFFERS MICROLOANS, TRAINING AND SUPPORT TO TRANSFORM COMMUNITIES AND FIGHT POVERTY IN THE UNITED STATES. SINCE OPENING IN JANUARY 2008, GRAMEEN AMERICA HAS INVESTED OVER \$1 BILLION IN MORE THAN 113,000 LOW-INCOME WOMEN ENTREPRENEURS. STARTED IN JACKSON HEIGHTS, QUEENS, NYC, GRAMEEN AMERICA HAS EXPANDED TO 23 LOCATIONS IN NEW YORK CITY (7 BRANCHES), AUSTIN TX, HOUSTON TX, BOSTON MA, CHARLOTTE NC, INDIANAPOLIS IN, LOS ANGELES CA (3 BRANCHES), FRESNO, CA, NEWARK NJ, OMAHA NE, OAKLAND CA, SAN JOSE CA, SAN JUAN PR, MIAMI FL, AND UNION CITY NJ. LEARN MORE AT WWW.GRAMEENAMERICA.ORG.

FORM 990, PART VI, SECTION A, LINE 2

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

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

THE FORM 990 IS PREPARED BY THE ORGANIZATION IN CONJUN

THE FORM 990 IS PREPARED BY THE ORGANIZATION IN CONJUNCTION WITH ITS OUTSIDE ACCOUNTING FIRM. UPON COMPLETION, IT IS REVIEWED BY SENIOR MANAGEMENT AND SHARED WITH THE BOARD OF DIRECTORS. THE FORM 990 IS

PRESENTED TO THE BOARD OF DIRECTORS VIA EMAIL TO ENSURE THAT ALL MEMBERS

ARE AWARE OF ITS CONTENTS. ONCE THE BOARD APPROVES THE 990 FOR FILING, IT

IS SUBMITTED ELECTRONICALLY TO THE INTERNAL REVENUE SERVICE.

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

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY APPLIES TO TRUSTEES,

OFFICERS, EMPLOYEES, AND ANY OTHER PERSON WHO WAS IN A POSITION TO

EXERCISE SUBSTANTIAL INFLUENCE OVER THE AFFAIRS OF GAI. ON AN ANNUAL

BASIS, CONFLICT OF INTEREST QUESTIONNAIRES ARE DISTRIBUTED TO TRUSTEES,

OFFICERS, AND KEY EMPLOYEES. POTENTIAL CONFLICTS OF INTEREST INVOLVING

TRUSTEES, OFFICERS, AND KEY EMPLOYEES ARE REPORTED TO THE EXECUTIVE

COMMITTEE OF THE BOARD OF TRUSTEES. THE EXECUTIVE COMMITTEE DETERMINES

WHETHER A CONFLICT OF INTEREST EXISTS AND EVALUATES CONFLICT OF INTEREST

TRANSACTIONS. THE EXECUTIVE COMMITTEE ALSO REVIEWS EXISTING CONFLICTS OF

INTEREST ON AN ANNUAL BASIS. AN INDIVIDUAL INVOLVED, DIRECTLY OR

INDIRECTLY, IN AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST TRANSACTION.

MAY NOT PARTICIPATE IN ANY DISCUSSION OF THE RELEVANT TRANSACTION.

FORM 990, PART VI, SECTION B, LINE 15A

PRESIDENT & CEO, ANDREA JUNG, ELECTS TO WORK FULL-TIME FOR AN ANNUAL

SALARY OF \$1. SINCE MS. JUNG IS EFFECTIVELY NOT COMPENSATED FOR THE

SERVICES SHE RENDERS TO THE ORGANIZATION, GRAMEEN AMERICA DOES NOT ENGAGE

IN A FORMAL COMPENSATION REVIEW PROCESS AND THUS MARKS QUESTION 15(A)

NO.

1442NJ 700J

Name of the organization

GRAMEEN AMERICA, INC.

Employer identification number
20-8497991

FORM 990, PART VI, SECTION B, LINE 15

GRAMEEN AMERICA, INC. RELIES UPON COMPARABILITY DATA FROM SIMILAR

NOT-FOR-PROFIT ORGANIZATIONS WITHIN ITS GEOGRAPHIC AREA TO DETERMINE THE

COMPENSATION OF ITS OFFICERS (BELOW ITS PRESIDENT AND CEO).

FORM 990, PART VI, SECTION C, LINE 19

GAI MAKES ITS FORM 990, ANNUAL FINANCIAL STATEMENTS, ANNUAL REPORT AND

MISSION STATEMENT AVAILABLE ON ITS WEBSITE AT WWW.GRAMEENAMERICA.ORG. THE

ORGANIZING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON

REQUEST AND AT MANAGEMENT'S DISCRETION.

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the organization

GRAMEEN AMERICA, INC.

Employer identification number 20-8497991

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
(1) GA FUND MANAGER LLC 83-2270372					
150 W. 30TH STREET, 8TH FLOOR NEW YORK, NY 10001	FUND MANAGER	DE	0.	0.	GRAMEEN AMER
(2) GA SOCIAL BUSINESS FUND II, LLC 83-2363522					
150 W. 30TH STREET, 8TH FLOOR NEW YORK, NY 10001	FUND MANAGER	DE	0.	0.	GRAMEEN AMER
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contr enti	12(b)(13) olled
						Yes	No
(1) GRAMEEN AMERICA PUERTO RICO, LLC 66-0804803							
P.O. BOX 10655 SAN JUAN, PR 00922	MICROLENDING	RQ	501(C)(3)	7	GRAMEEN AMER	X	
(2) GRAMEEN PRIMACARE, INC. 46-3181224							
150 W. 30TH STREET, 8TH FLOOR NEW YORK, NY 10001	HEALTH CARE	NY	501(C)(3)	7	GRAMEEN AMER	Х	
(3)							
_(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		(k) Percentage ownership
		oounity)					Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion ()(13) colled ity?
								Yes	No
(1) GRAMEEN AMERICA (NY) INC.									
150 W. 30TH STREET, 8TH FLOOR NEW YORK, NY 10001	INACTIVE	NY	GRAMEEN AMERICA	C CORP	0.	0.	100.0000	х	
(2) GRAMEEN AMERICA ASSOCIATION, INC.									
150 W. 30TH STREET, 8TH FLOOR NEW YORK, NY 10001	INACTIVE	NY	GRAMEEN AMERICA	C CORP	0.	0.	100.0000	х	
(3)	_								
(4)									
(5)	_								
(6)									
(7)									_

Schedule R (Form 990) 2019

Par	Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Pa	rt 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 r	related organizations lis	sted in Parts II-IV?									
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х					
b	Gift, grant, or capital contribution to related organization(s)				1b	Х						
С	Gift, grant, or capital contribution from related organization(s)				1c		X					
d	Loans or loan guarantees to or for related organization(s)				1d		X					
е					1e		Х					
f	Dividends from related organization(s)				1f		Х					
g	Sale of assets to related organization(s)				1g		Х					
h	Purchase of assets from related organization(s)				1h		X					
i	Exchange of assets with related organization(s)				1i		X					
j												
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	X						
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11	Х						
m												
e Loans or loan guarantees by related organization(s)												
0												
	Delah manana da silika salaka da sasa da disa da sasa da di salaka da sasa da di salaka da sasa da silika salaka salaka da silika salaka da silika salaka da silika				1 n	X						
•						X						
q	Reimbursement paid by related organization(s) for expenses				14	21						
					4		v					
r	Other transfer of cash or property to related organization(s)						X					
	Other transfer of cash or property from related organization(s).	bio lino including cov	ared relationships and trans	otion thro								
			· · · · · · · · · · · · · · · · · · ·	action trife		5.						
	Name of related organization	Transaction			of dete		ıg					
(1)	GRAMEEN PRIMACARE, INC.	В	2,055,000.	FMV								
(2)	GRAMEEN PRIMACARE, INC.	К	60,000.	FMV								
(3)												
(4)												
(5)												
(6)												

Schedule R (Form 990) 2019

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	(a) address, and EIN of entity Primary activity Cetate or for country		(c) al domicile to rorigin country) White the control of the cont			(f) Share of total income	(f) (g) are of Share of end-of-year assets		(h) portionate cations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
			sections 512-514)	Yes	No			Yes	No	(1 01111 1000)	Yes	No		
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														
(12)														
(13)														
(14)														
(15)														
(16)														
(1.0)	1													

Schedule R (Form 990) 2019 Page 5

Part VII Supplemental Information

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