Form 990-T	Ex	empt Organization (and proxy ta				turn	OMB No 1545-0687		
	For cale	ndar year 2018 or other tax year begi			· • •	1,2018	୭ଲ1Ω		
Department of the Treasury		► Go to www.irs gov/Form996				-·	<u> </u>		
Internal Revenue Service	<b>▶</b> Do	not enter SSN numbers on this form	501(c)(3)	Open to Public Inspection for 501(c)(3) Organizations Only					
A Check box if		Name of organization ( Check t	box if na	me changed and see in	structions )		ployer identification number ployees' trust, see instructions )		
address changed	<u>'</u>					(Σρ	noyees treat, see matroctoris ;		
B Exempt under section	l	GRAMEEN AMERICA, IN							
X 501( C 3)	Print	Number, street, and room or suite no		20-8497991					
408(e) 220(e	Type						elated business activity code instructions )		
408A530(a	)	150 WEST 30TH STREE		,					
529(a)	4	City or town, state or province, count	try, and a	ZIP or foreign postal cod	e				
C Book value of all assets at end of year		NEW YORK, NY 10001				N/A			
•		up exemption number (See instruc	<u> </u>			- <del></del>			
103,579,636		ck organization type ► X 50			501(c) trust	401(a	) trust Other trus		
		nization's unrelated trades or busin	esses				ly (or first) unrelated		
trade or business he							re than one, describe the		
•		end of the previous sentence, co	omplete	Parts I and II, compl	ete a Schedule M fo	r each addition	onal		
trade or business, th			<del></del>						
•		corporation a subsidiary in an affi	_		sidiary controlled gro	up <sup>7</sup>	▶		
		Identifying number of the parent co	orporați			710 704	0250		
		DREW HORROW, CPA			elephone number				
		or Business Income	1	(A) Income	(B) E	cpenses .	(C) Net		
1a Gross receipts or	sales	<del></del>		0					
b Less returns and allow	-	c Balance ▶	_						
<del>-</del>		ule A, line 7)							
		2 from line 1c							
		ttach Schedule D)							
•		Part II, line 17) (attach Form 4797).							
		rusts					-		
		an S corporation (attach statement)							
•	•								
		come (Schedule E)				<del></del>			
		nts from a controlled organization (Schedule F I(c)(7), (9), or (17) organization (Schedule G)	′ <del></del>						
		ncome (Schedule I)					-		
	-	ule J)		<del></del>	<del></del>				
		tions, attach schedule)							
		ough 12			0				
		Taken Elsewhere (See inst	_	ns for limitations	s on deductions	) (Except	for contributions		
doduction		والماليين المحافظ محمده والمحافظ والمحافظ والمحافظ	41				•		
14 Compensation of	officers.	directors, and trustees (Schedule K	)			12	<del></del>		
15 Salaries and wag	es				RECE		11		
16 Repairs and mair	ntenance				به		18		
17 Bad debts					2 . UCI U.	7 .2010 17	Ι <mark></mark>		
18 Interest (attach s	chedule) (	see instructions)			0	18	\$		
		ee instructions for limitation rules)			OGDE	N, UT20			
	•	4562)					<del>=  -  </del>		
		on Schedule A and elsewhere on r				221			
						23			
		ompensation plans							
		Schedule I)							
		chedule J)							
		chedule)							
		s 14 through 28							
30 Unrelated busine	ess taxabl	e income before net operating	loss	deduction Subtract	t line 29 from lir	ie 13 <b>30</b>			
31 Deduction for ne	t operating	loss arısıng in tax years beginni	ng on c	or after January 1, 20	18 (see instructions)	31			
					<u> </u>				

## GRAMEEN AMERICA, INC

Form	990-T <u>(2018)</u>		Page 2
Par	t III ` Total Unrelated Business Taxable Income		
, 33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
	instructions)	33	
34	Amounts paid for disallowed fringes	34	23,001
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		
•••	instructions),	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum	-	
30	of lines 33 and 34	36	23,001
27	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000
37		31	1,000
38	Unrelated business taxable income Subtract line 37 from line 36 If line 37 is greater than line 36, enter the smaller of zero or line 36		22,001
D		38	22,001
	t IV Tax Computation	T T	4 (20
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)	39	4,620
40	Trusts Taxable at Trust Rates See instructions for tax computation Income tax on		
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40	<del></del>
41	Proxy tax See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	4,620
Par	t V Tax and Payments		
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a		
b	Other credits (see instructions)		
	General business credit Attach Form 3800 (see instructions)		
	Credit for prior year minimum tax (attach Form 8801 or 8827)	1	
	Total credits Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	4,620
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47	
48	Total tax Add lines 46 and 47 (see instructions)	48	4,620
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	,
	Payments A 2017 overpayment credited to 2018	13	
	2018 estimated tax payments		
	Tax deposited with Form 8868		
	Tax deposited with 1 of the coods 1 of 1 o		
	Foreign organizations Tax paid or withheld at source (see instructions)		
	Backup withholding (see instructions)		
	,		
g	Other credits, adjustments, and payments Form 2439		
	Form 4136 Other Total ▶ <b>50g</b>	_	4 020
51	Total payments Add lines 50a through 50g	51	4,830
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	010
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	210
55	Enter the amount of line 54 you want	55	<del></del>
Par	Statements Regarding Certain Activities and Other Information (see instruction	s)	<del></del>
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or		· <del></del>
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may	•	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign	country
	here <b>&gt;</b>		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a forei	gn trust?.	<u> </u>
	If "Yes," see instructions for other forms the organization may have to file		
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the but the personal and application of account of the penalties of penalties of account of the penalties of the pena	est of my	knowledge and belief, it is
Sigr	true correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	ID	C diament the entire
Her		-	S discuss this return reparer shown below
		nstruction	
	Print/Type preparer's name Preparer's signature Date Chast		PTIN
Paid	SCOIT THOMPSELL   Self-e	mployed	P00741490
•	earer Firm's name GRANT THORNTON LLP		36-6055558
Use			2-599-0100
	Phone		50rm 990-T (2018)

Form 990-T (2018)	1 0 11 -									Page 3
Schedule A - Cost of Go		iter method	of invento							
<ul> <li>1 Inventory at beginning of year</li> </ul>						ar	6			
2 Purchases						ld Subtract line				
3 Cost of labor	3					iter here and in				
4a Additional section 263A co				Part I, line	2		7			
(attach schedule)	4a			8 Do the	rules of	section 263A (w	ith re	spect to	Yes	No
<b>b</b> Other costs (attach schedul					•	or acquired for				ļ
5 Total Add lines 1 through				to the orga	anization? .	<u> </u>		<u></u>	<u> </u>	Х
Schedule C - Rent Income	(From Real P	roperty a	nd Persor	nal Property	Leased V	Vith Real Proper	ty)			
(see instructions)										
Description of property										
(1)										
(2)										
(3)								•		
(4)										
	2 Rent recei	ved or accrue	ed							
(a) From personal property (if the p for personal property is more tha more than 50%)		percenta	age of rent for	personal property r personal property based on profit or	exceeds	3(a) Deductions dir in columns 2(a				ome
(1)										
(2)										
(3)										
(4)										
Total		Total								
(c) Total income Add totals of co	lumns 2(a) and 2(	b) Enter				(b) Total deduction Enter here and on				
here and on page 1, Part I, line 6,						Part I, line 6, colum				
Schedule E - Unrelated De	bt-Financed II	ncome (se	e instruction	ons)	_					
			2 Gross i	ncome from or	3 [	Deductions directly con-			le to	
<ol> <li>Description of debit</li> </ol>	t-financed property		allocable to	o debt-financed	(a) Straigh	debt-finance		ny o) Other dedu	ctions	
			pr	operty		ch schedule)		(attach sche		
(1)										
(2)										
(3)										
(4)								•		
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  5 Average adjusted basis of or allocable to debt-financed property (attach schedule)			4 0			income reportable n 2 x column 6)	8 Allocable deduction (column 6 x total of 3(a) and 3(b)		of colum	
(1)				%						
(2)	<del></del>			%						
(3)	<del></del> -			%						
(4)	<del></del>			%						
Totals						e and on page 1, e 7, column (A)		here and o		
Total dividends-received deduction	ons included in co	olumn 8		<u></u>	<u> </u>					

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Form 990-T (2018)		AMERICA								497991	Page 4
Schedule F-Interest, Ann	uities, Royaltie	s, and Ren	ts Fr	om Contro	lled O	rganiza	tions (se	e instructioi	ns)		
		Exen	npt Co	ontrolled Or	ganızatı	ons					
1 Name of controlled organization	2. Employer identification numb	Jei		lated income instructions)	1	of specifie ents made	included	of column 4 the in the control tion's gross inc	lling	6 Deduction connected with the column	th income
(1)											
(2)											
(3)					l						
(4)					<u> </u>						
Nonexempt Controlled Organi	zations			· · · · · · · · · · · · · · · · · · ·		, .				_	
7 Taxable Income	8 Net unrelated in (loss) (see instruc			Total of specification		inclu	art of columr ded in the co ization's gros	ontrolling		Deductions of nected with in- column 10	come in
(1)											
(2)											
(3)											
(4)		į									
						Ente	I columns 5 a r here and on I, line 8, colu	page 1,	Ent	dd columns 6 a ter here and on rt I, line 8, colur	page 1,
Totals	· · · · · · · · · · · · · · · · · · ·		· · ·	(0) (47	<b>.</b>		/				
Schedule G-Investment I	ncome of a Sec	ction 501(	c)(/),	(9), or (17	<del>,                                    </del>	nizatio	•			5 Total ded	
1 Description of income	2 Amount o	f income		directly cor (attach sch	nnected			et-asides schedule)		and set-aside	s (col 3
(1)	ļ. <u> </u>						_				
(2)			+	<del> </del>						<del></del>	
(3)			+								
(4)	Enter here and Part I, line 9, c									Enter here and Part I, line 9, c	
Totals ▶											
Schedule I-Exploited Exc	empt Activity In	come. Oth	er Th	an Advert	isina Ir	come	see instri	ictions)			
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expens directly connected production unrelate business in	ses / with n of	4 Net incor from unrelat or business 2 minus col if a gain, or cols 5 thro	ne (loss) led trade (column lumn 3) ompute	5 Gro from a	ess income ctivity that unrelated ess income	6 Expen attributab column	le to	7 Excess expen (column 6 column 5 more t	ises 6 minus , but not than
(1)											
(1)								<del></del>			
(3)											<del></del>
(4)											-
	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, col	art I,					1		Enter her on pag Part II, II	je 1,
Totals	20000 (200 )204			1							
			2000	lidated Day	nio.						
Part I Income From Per	louicais Report	ed on a Co	onsoi	lidated bas	515					Τ	<del></del>
1 Name of periodical	2 Gross advertising income	3 Directadvertising		4 Advertigan or (los 2 minus co a gain, coi cols 5 thro	ss) (col ol 3) If mpute	ı	rculation come	6 Reader costs	•	7 Excess re costs (co minus colur not more columi	lumn 6 mn 5, but e than
(1)								<u> </u>			
(2)				1				_		7	:
(3)				7				, <u> </u>		7	l I
(4)											
							<u> </u>				
Totals (carry to Part II, line (5))										Form 990-	<b>T</b> (2018)

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

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)_		-				_
(2)		_		<u>-</u>		_
(3)						
(4)						
Totals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶						

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

1 Name	, 2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)	_	%	
(2)		%	•
3)		%	
4)		%	
otal Enter here and on page 1, Part II, line 14			

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