

**Message from FINCA International**  
**on the Revised 2017 and 2018 Form 990 Statements**

FINCA International, the U.S. parent of the global FINCA network, is a tax-exempt charity that files Form 990 each year with the U.S. Internal Revenue Service (IRS).

As FINCA's mission is carried out through a business model of locally incorporated entities to meet foreign regulatory requirements, the revenues and expenses reported on FINCA's Form 990 do not reflect the size, capacity or growth of FINCA's global operations. Although FINCA maintains ownership and control of these separately incorporated entities, Form 990 does not allow consolidation of these entities. Form 990 only requires reporting on programs and services conducted directly by FINCA International. For this reason, FINCA International encourages you to review its [consolidated financial statements for a more](#) complete picture of FINCA's programs and investments.

Due to the enactment of the U.S. Tax Cuts and Jobs Act on November 2, 2017, FINCA's revised 2017 Form 990 and 2018 Form 990 use an equity method for reporting revenue from FINCA International's interest in FINCA Impact Finance, the holding company that operates the network's global microfinance operations. The equity method accounts for FINCA International's investment in FINCA Impact Finance as its founder and majority shareholder, and through representation on its Board of Directors. Previously, FINCA International used a cost method to compute financial performance.

Under the equity method, FINCA Impact Finance's profits recognized by FINCA International are calculated based on FINCA International's ownership percentage of FINCA Impact Finance shares. Further, when calculating its share of profits, FINCA International is required to eliminate intra-entity profits and losses and to deduct the amount of dividends from the carrying amount of its investment in FINCA Impact Finance. As a result, FINCA International reported total revenue of \$35,579,293 on its revised 2017 Form 990 and \$32,426,939 on its 2018 Form 990.

Despite this reported shift in revenue, FINCA International grew its impact between 2017 and 2018. Microfinance operations served 2.3 million clients in 2018, a nearly 12% increase versus 2017. Further, BrightLife surpassed the milestone of 100,000 lives improved with life-enhancing clean energy products, and FINCA Ventures impacted over 2 million lives through six partner companies delivering innovation solutions in agriculture, energy and health in 2018.

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING  
DECEMBER 31, 2018

<b>Prepared for</b>	FINCA INTERNATIONAL, INC. 1201 15TH STREET NW, 8TH FLOOR WASHINGTON, DC 20005
<b>Prepared by</b>	DELOITTE TAX LLP 695 TOWN CENTER DR STE 1000 COSTA MESA, CA 92626
<b>Amount due or refund</b>	NOT APPLICABLE
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	NOT APPLICABLE
<b>Return must be mailed on or before</b>	NOT APPLICABLE
<b>Special Instructions</b>	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8453-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

**Exempt Organization Declaration and Signature for Electronic Filing**

For calendar year 2018, or tax year beginning \_\_\_\_\_, 2018, and ending \_\_\_\_\_, 20\_\_\_\_

**2018**

Department of the Treasury  
Internal Revenue Service

**For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868**

Name of exempt organization <b>FINCA INTERNATIONAL, INC.</b>	Employer identification number <b>13-3240109</b>
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**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> 32,426,939.
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b> _____

**Part II Declaration of Officer**

**6**  I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

<b>Sign Here</b> <input type="text"/>	11/14/19	<b>CHIEF FINANCIAL OFFICER</b>
Signature of officer	Date	Title

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer** (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

<b>ERO's Use Only</b>	ERO's signature <input type="text"/>	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN P00540589
	Firm's name (or yours if self-employed), address, and ZIP code	DELOITTE TAX LLP 695 TOWN CENTER DR STE 1000 COSTA MESA, CA 92626			EIN 86-1065772
					Phone no. (714) 436-7100

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

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

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

**A For the 2018 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> FINCA INTERNATIONAL, INC. <b>Doing business as</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1201 15TH STREET NW, 8TH FLOOR City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20005 <b>F Name and address of principal officer:</b> RUPERT W. SCOFIELD SAME AS C ABOVE	<b>D Employer identification number</b> 13-3240109 <b>E Telephone number</b> (202) 682-1510 <b>G Gross receipts \$</b> 32,538,514. <b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ WWW.FINCA.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1984
<b>M State of legal domicile:</b> NY		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: ALLEVIATE POVERTY BY HELPING PEOPLE BUILD ASSETS, CREATE JOBS AND RAISE THEIR STANDARD OF LIVING. <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> 15 <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> 13 <b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a) ..... <b>5</b> 37 <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> 17 <b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> 0. <b>b</b> Net unrelated business taxable income from Form 990-T, line 38 ..... <b>7b</b> 19,419.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) ..... <b>Prior Year</b> 19,051,488. <b>Current Year</b> 16,676,131. <b>9</b> Program service revenue (Part VIII, line 2g) ..... 8,763,214. 11,893,224. <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... 39,498,936. 3,724,145. <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... 3,677,032. 133,439. <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... 70,990,670. 32,426,939.	
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... 0. 0. <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) ..... 0. 0. <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... 6,884,923. 7,128,279. <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) ..... 506,930. 470,319. <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,014,136. <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... 53,753,832. 14,567,065. <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... 61,145,685. 22,165,663. <b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... 9,844,985. 10,261,276.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) ..... <b>Beginning of Current Year</b> 154,709,979. <b>End of Year</b> 165,912,111. <b>21</b> Total liabilities (Part X, line 26) ..... 50,388,468. 51,469,849. <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 ..... 104,321,511. 114,442,262.	

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer LINDA TOSCANO, CHIEF FINANCIAL OFFICER Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name JOHN W. SADOFF, JR.	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P00540589
	Firm's name ▶ DELOITTE TAX LLP Firm's address ▶ 695 TOWN CENTER DR STE 1000 COSTA MESA, CA 92626	Firm's EIN ▶ 86-1065772 Phone no. (714) 436-7100

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: PROMOTE THE ECONOMIC AND SOCIAL WELL BEING OF LOW-INCOME INDIVIDUALS, FAMILIES AND GROUPS THROUGHOUT THE WORLD PROVIDING FINANCIAL ASSISTANCE, LOANS, SAVINGS ACCUMULATION, AND OTHER OPPORTUNITIES AND ASSISTANCE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ 0.) FINCA IMPACT FINANCE:

NEARLY 2 BILLION PEOPLE AROUND THE WORLD ARE FINANCIALLY EXCLUDED, WITHOUT CRITICAL ACCESS TO CREDIT, SAVINGS OR OTHER BASIC FINANCIAL SERVICES. TRADITIONAL BANKS OFTEN DO NOT SERVE THE "MICRO" LOAN SEGMENT OR EVEN THE SMALL BUSINESS SEGMENT IN DEVELOPING COUNTRIES, BECAUSE IT IS TOO COSTLY FOR THEM OR THEY DON'T KNOW HOW TO SERVE PEOPLE WORKING IN THE INFORMAL ECONOMY. FINANCIAL INCLUSION IS ONE OF FINCA INTERNATIONAL'S CORE INTERESTS AS ACCESS TO ESSENTIAL FINANCIAL SERVICES CAN BRIDGE THE ECONOMIC GAP BETWEEN THE HAVES AND HAVE-NOTS. IT CAN ALSO CREATE ECONOMIC SUSTAINABILITY AND SELF-RELIANCE FOR THE POOR. WE BELIEVE IN ECONOMIC OPPORTUNITY AND JUSTICE FOR ALL AND ARE

4b (Code: ) (Expenses \$ 7,891,378. including grants of \$ ) (Revenue \$ 11,756,927.) FINCA KOSOVO:

FINCA KOSOVO ADHERES TO FINCA INTERNATIONAL'S MISSION OF ALLEVIATING POVERTY THROUGH LASTING SOLUTIONS THAT HELP PEOPLE BUILD ASSETS, CREATE JOBS AND RAISE THEIR STANDARD OF LIVING. SPECIFICALLY, FINCA KOSOVO FULFILLS THE FINCA IMPACT FINANCE PURPOSE OF BEING AN UNCONVENTIONAL COMMUNITY-BASED BANK THAT PROFITABLY AND RESPONSIBLY PROVIDES INNOVATIVE AND IMPACTFUL FINANCIAL SERVICES THAT ENABLE LOW-INCOME INDIVIDUALS AND COMMUNITIES TO INVEST IN THEIR FUTURES.

FINCA KOSOVO CURRENTLY PROVIDES FINANCIAL SERVICES IN 26 CITIES, OFFERING CREDIT PRODUCTS TO MICRO-ENTREPRENEURS. IT CONSISTS OF MORE

4c (Code: ) (Expenses \$ 809,614. including grants of \$ ) (Revenue \$ 0.) FINCA PLUS:

FINCA RECOGNIZES THAT MANY LOW-INCOME INDIVIDUALS SUFFER FROM A LACK OF ACCESS TO RELIABLE ACCESS TO ENERGY, HEALTH, SANITATION, FINANCING, AND OTHER SERVICES THAT COULD RAISE THEIR STANDARD OF LIVING. THESE INDIVIDUALS ARE ALSO VICTIMS OF A WIDE-SCALE MARKET FAILURE: THE IMPOVERISHED AND ISOLATED GEOGRAPHIC AREAS WHERE THEY LIVE DON'T OFFER FOR-PROFIT ACTORS AN INCENTIVE TO BUILD A MUCH-NEEDED INFRASTRUCTURE THAT CAN ENSURE DELIVERY OF HIGH-QUALITY, AFFORDABLE, LIFE-ENHANCING GOODS AND SERVICES. SINCE THEY CANNOT ACCESS THESE GOODS AND SERVICES, LOW-INCOME INDIVIDUALS ARE FORCED TO USE ALTERNATIVES THAT ARE EXPENSIVE, DANGEROUS TO CONSUMERS, AND DETRIMENTAL TO THE ENVIRONMENT.

4d Other program services (Describe in Schedule O.) (Expenses \$ 3,013,385. including grants of \$ ) (Revenue \$ 223,714.)

4e Total program service expenses 11,714,377.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....	X	
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	X	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and Schedule O completion.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.



Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 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 one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, 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: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, LA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records LINDA TOSCANO - (202) 971-4620 1201 15TH ST, NW, 8TH FLOOR, WASHINGTON, DC 20005

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN ELKINS DIRECTOR	5.00 0.00	X					0.	0.	0.	
(2) AMANDA ELLIS DIRECTOR	5.00 0.00	X					0.	0.	0.	
(3) PETER EPP DIRECTOR	5.00 0.00	X					0.	0.	0.	
(4) JOHN K. HATCH DIRECTOR	10.00 0.00	X					70,000.	0.	0.	
(5) ROBERT W. HATCH CHAIRMAN	10.00 5.00	X					0.	0.	0.	
(6) HAROLD JASTRAM DIRECTOR	5.00 0.00	X					0.	0.	0.	
(7) DANIELA MIELKE DIRECTOR BEG 7/18	5.00 0.00	X					0.	0.	0.	
(8) AGRINA MUSSA DIRECTOR	5.00 0.00	X					0.	0.	0.	
(9) JAMES SEMAKADDE DIRECTOR	5.00 0.00	X					0.	0.	0.	
(10) FRED SEYMOUR DIRECTOR	5.00 0.00	X					0.	0.	0.	
(11) AVANTHI SHAH DIRECTOR BEG 11/18	5.00 0.00	X					0.	0.	0.	
(12) CHARLES TREVAIL DIRECTOR	5.00 0.00	X					0.	0.	0.	
(13) DAVID E. WEISMAN DIRECTOR	5.00 5.00	X					0.	0.	0.	
(14) RICHARD N. WILLIAMSON DIRECTOR	5.00 10.00	X					0.	0.	0.	
(15) RUPERT SCOFIELD PRESIDENT & CEO	50.00 0.00	X		X			390,568.	0.	39,418.	
(16) DEBRA SPAGNOLA CHIEF FINANCIAL OFFICER	50.00 0.00			X			168,011.	0.	17,919.	
(17) COLLEEN ZAKREWSKY CHIEF DEVELOPMENT OFFICER	50.00 0.00				X		187,116.	0.	28,961.	

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) AMI DALAL VP, SOCIAL ENTERPRISE INNOVATI	50.00 0.00					X		173,557.	0.	14,389.
(19) SOLEDAD GOMPF SVP, STRATEGIC ADVISOR	50.00 0.00					X		202,746.	0.	54,552.
(20) SCOTT GRAHAM DIRECTOR OF CUSTOMER RESEARCH	50.00 0.00					X		151,809.	0.	24,437.
(21) ROBERT PRICE DIRECTOR, DIRECT MARKETING	50.00 0.00					X		116,290.	0.	52,445.
(22) JENNIFER SCHMIDT GREENE DIRECTOR, RESTRICTED GRANTS	50.00 0.00					X		113,899.	0.	35,045.
(23) STEPHANIE BAGOT SENIOR CORPORATE ATTORNEY	0.00 50.00						X	0.	192,695.	27,851.
(24) JEREMY DANFORD DIRECTOR OF GLOBAL TAX	0.00 50.00						X	0.	119,113.	18,620.
(25) JEFFREY FLOWERS VP-REGIONAL DIRECTOR	0.00 50.00						X	0.	240,311.	20,954.
(26) MICHAEL GAMA-LOBO VP-REGIONAL DIRECTOR	0.00 50.00						X	0.	185,504.	38,903.
<b>1b Sub-total</b>								1,573,996.	737,623.	373,494.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	3,219,258.	293,960.
<b>d Total (add lines 1b and 1c)</b>								1,573,996.	3,956,881.	667,454.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 12

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
THE PRODUCTION ADVANTAGE, INC., 13873 PARK CENTER ROAD, SUITE 15, OAK HILL, VA 20171	MAILING AND PRINTING SERVICES	3,082,287.
FINCA MICROFINANCE GLOBAL SERVICES LLC,, 1201 15TH STREET NW, 8TH FLOOR, NAMELY, INC., 195 BROADWAY, 15TH FLOOR, NEW YORK, NY 10007	SUPPORT SERVICES	667,848.
INTEGRATED DIRECT MARKETING, 1250 CONNECTICUT AVENUE NW#700, WASHINGTON, DC	PAYROLL SERVICES	500,713.
NAMES IN THE NEWS, 180 GRAND AVENUE SUITE 1365, OAKLAND, CA 94612-3716	ADVERTISING AND PROMOTION	471,011.
	DIRECT MAIL LIST RENTAL AND EXCHANGE BRO	267,398.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 10

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	126,438.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	16,549,693.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		2,600,793.				
	<b>h Total.</b> Add lines 1a-1f		16,676,131.				
<b>Program Service Revenue</b>	<b>2 a</b> INTEREST REV - BRANCHE	<b>Business Code</b>	522298	11,756,927.	11,756,927.		
	<b>b</b> MANAGEMENT FEES		900099	136,297.	136,297.		
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			11,893,224.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			3,724,145.		3,724,145.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
		<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses					
		<b>c</b> Gain or (loss)					
		<b>d</b> Net gain or (loss)					
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
		<b>b</b> Less: direct expenses					
		<b>c</b> Net income or (loss) from fundraising events					
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
<b>b</b> Less: direct expenses							
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>		157,597.				
	<b>b</b> Less: cost of goods sold	<b>b</b>	111,575.				
	<b>c</b> Net income or (loss) from sales of inventory			46,022.		46,022.	
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> OTHER INCOME			900099	87,417.	87,417.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			87,417.			
<b>12 Total revenue.</b> See instructions				32,426,939.	11,980,641.	0.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	901,992.		685,916.	216,076.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	37,490.		37,490.	
<b>7</b> Other salaries and wages	4,848,112.	4,057,010.	428,316.	362,786.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	177,801.		177,801.	
<b>9</b> Other employee benefits	823,219.	177,744.	584,038.	61,437.
<b>10</b> Payroll taxes	339,665.	95,362.	244,303.	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	96,902.		96,902.	
<b>b</b> Legal	163,757.	140,023.	23,734.	
<b>c</b> Accounting	515,269.	25,989.	489,280.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	470,319.			470,319.
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	519,727.	254,019.	265,708.	
<b>12</b> Advertising and promotion	729,236.	352,486.		376,750.
<b>13</b> Office expenses	2,151,122.	975,690.	490,923.	684,509.
<b>14</b> Information technology	200,674.	154,284.	46,390.	
<b>15</b> Royalties	248,354.	248,354.		
<b>16</b> Occupancy	1,301,228.	465,053.	836,175.	
<b>17</b> Travel	532,371.	436,714.	4,426.	91,231.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	76,726.	31,358.	45,368.	
<b>20</b> Interest	2,643,348.	2,391,025.	252,323.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	256,673.	74,358.	182,315.	
<b>23</b> Insurance	64,835.	16,643.	48,192.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> FUNDRAISING PRINTING &	2,001,379.	250,380.		1,750,999.
<b>b</b> LICENSE AND SUBS. FEES	1,733,667.	668,534.	1,065,104.	29.
<b>c</b> MSA	411,497.	411,497.		
<b>d</b> LOAN IMPAIRMENTS/BAD DE	390,977.	390,977.		
<b>e</b> All other expenses	529,323.	96,877.	432,446.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	22,165,663.	11,714,377.	6,437,150.	4,014,136.
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	5,784,012.	<b>1</b>	3,488,423.
	<b>2</b> Savings and temporary cash investments .....	2,737,897.	<b>2</b>	5,376,596.
	<b>3</b> Pledges and grants receivable, net .....	2,510,117.	<b>3</b>	2,354,338.
	<b>4</b> Accounts receivable, net .....	2,878,994.	<b>4</b>	2,494,107.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	43,773,643.	<b>7</b>	50,744,851.
	<b>8</b> Inventories for sale or use .....	224,775.	<b>8</b>	218,131.
	<b>9</b> Prepaid expenses and deferred charges .....	0.	<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,214,940.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 919,667.	1,391,388.	<b>10c</b> 1,295,273.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	0.	<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	95,398,727.	<b>13</b>	99,906,364.
	<b>14</b> Intangible assets .....	10,426.	<b>14</b>	34,028.
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	154,709,979.	<b>16</b>	165,912,111.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	6,357,005.	<b>17</b>	6,084,103.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	2,443,679.	<b>19</b>	3,692,691.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	38,189,494.	<b>23</b>	38,595,343.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	3,398,290.	<b>25</b>	3,097,712.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	50,388,468.	<b>26</b>	51,469,849.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	103,841,909.	<b>27</b>	112,990,374.
	<b>28</b> Temporarily restricted net assets .....	479,602.	<b>28</b>	1,451,888.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	104,321,511.	<b>33</b>	114,442,262.	
<b>34</b> Total liabilities and net assets/fund balances .....	154,709,979.	<b>34</b>	165,912,111.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	32,426,939.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	22,165,663.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	10,261,276.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	104,321,511.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	-384,928.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	244,403.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	114,442,262.

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Form **990** (2018)





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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	22,225,233.	20,354,935.	20,107,097.	19,051,488.	16,676,131.	98,414,884.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	22,225,233.	20,354,935.	20,107,097.	19,051,488.	16,676,131.	98,414,884.
<b>5</b> 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) .....						7,495,820.
<b>6 Public support.</b> Subtract line 5 from line 4.						90,919,064.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	22,225,233.	20,354,935.	20,107,097.	19,051,488.	16,676,131.	98,414,884.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	8,536,137.	11,819,458.	13,050,803.	6,364,664.	3,860,797.	43,631,859.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...	38,461.	10,000.	0.	0.	0.	48,461.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	32,682,014.	30,159,885.	16,794,813.	10,088,166.	12,026,377.	101,751,255.
<b>11 Total support.</b> Add lines 7 through 10						243,846,459.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	32,538,513.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	37.29 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	36.73 %
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ►

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

**b 33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ..... ►

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> 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.		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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.		
<b>2</b> 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.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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).		
<b>3</b> 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.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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.	Yes	No
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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

SCHEDULE A, PART II

FINCA INTERNATIONAL, INC. ("FII") HAS UPDATED THE METHODOLOGY USED TO

REPORT REVENUES FROM ITS INTEREST IN FINCA MICROFINANCE HOLDING

COMPANY, LLC, FOR PURPOSES OF THE PUBLIC SUPPORT TEST PRESENTED IN

SCHEDULE A AS WELL AS THE STATEMENT OF REVENUE PRESENTED IN PART VIII

OF THIS FORM 990, CONSISTENT WITH THE EQUITY METHOD USED FOR FINANCIAL

STATEMENT PURPOSES. DUE TO CHANGES IN TAX LAW RESULTING FROM THE

ENACTMENT OF THE TAX CUTS AND JOBS ACT, THE COMPANY BELIEVES THAT THIS

PRESENTATION IS A MORE ACCURATE REFLECTION OF FII'S OPERATIONS.

ADDITIONALLY, THE 2017 PUBLIC SUPPORT PERCENTAGE HAS BEEN UPDATED TO

REFLECT THIS METHODOLOGY.



**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Name of the organization

FINCA INTERNATIONAL, INC.

Employer identification number

13-3240109

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization  FINCA INTERNATIONAL, INC.	Employer identification number  13-3240109
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MICROSOFT CORPORATION  ONE MICROSOFT WAY  REDMOND, WA 98052	\$ 1,534,916.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	CATHERINE ANDERSON TRUST  55 MADISON ST STE 555  DENVER, CO 80206	\$ 752,229.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	FIDELITY CHARITABLE GIFT FUND  PO BOX 770001  CINCINNATI, OH 45277	\$ 372,458.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	FUNDACION INTEGRAL COMUNITARIA, ASOCIACION CIVIL  PASEO DE LA REFORMA # 295 PISO 9 COL. CUAUHEMOC  MEXICO DF, MEXICO	\$ 1,021,804.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  FINCA INTERNATIONAL, INC.	Employer identification number  13-3240109
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	SOFTWARE LICENSES _____ _____ _____	\$ 1,534,916.	12/03/18
2	STOCK DONATION _____ _____ _____	\$ 752,229.	12/27/18
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization  FINCA INTERNATIONAL, INC.	Employer identification number  13-3240109
---	--

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

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

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

**Name of the organization** FINCA INTERNATIONAL, INC. **Employer identification number** 13-3240109

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

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, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Temporarily restricted endowment  \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,859,582.	793,745.	1,065,837.
d Equipment		355,358.	125,922.	229,436.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,295,273.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INVESTMENT IN PARTNERSHIP AND SUBS	98,991,345.	COST
(2) INVESTMENT IN LLC	915,019.	COST
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	99,906,364.	

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED PENSION OBLIGATION	3,097,712.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,097,712.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

FINCA RECORDS UNRECOGNIZED TAX BENEFITS AS LIABILITIES IN ACCORDANCE WITH

ASC 740 AND ADJUSTS THESE LIABILITIES WHEN ITS JUDGMENT CHANGES AS A

RESULT OF THE EVALUATION OF NEW INFORMATION NOT PREVIOUSLY AVAILABLE.

BECAUSE OF THE COMPLEXITY OF SOME OF THESE UNCERTAINTIES, THE ULTIMATE

RESOLUTION MAY RESULT IN A PAYMENT THAT IS MATERIALLY DIFFERENT FROM OUR

CURRENT ESTIMATE OF THE UNRECOGNIZED TAX BENEFIT LIABILITIES. THESE

DIFFERENCES WILL BE REFLECTED AS INCREASES OR DECREASES TO INCOME TAX

EXPENSE IN THE PERIOD IN WHICH NEW INFORMATION IS AVAILABLE. AT DECEMBER

31, 2018, FINCA DID NOT RECORD ANY ADDITIONAL UNRECOGNIZED TAX BENEFITS.

FINCA BELIEVES THAT IT IS NOT REASONABLY POSSIBLE THAT ANY UNRECOGNIZED

TAX BENEFITS WILL SIGNIFICANTLY INCREASE OR DECREASE WITHIN 12 MONTHS OF



**Part XIII** Supplemental Information (continued)

THE REPORTING DATE.

AT DECEMBER 31, 2018, NO ESTIMATED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS WERE ACCRUED. ACCRUED INTEREST AND PENALTIES ARE GENERALLY INCLUDED WITHIN THE RELATED ACCRUED LIABILITIES LINE IN THE CONSOLIDATED STATEMENT OF FINANCIAL POSITION.

FINCA IS SUBJECT TO TAXATION BY THE U.S. FEDERAL GOVERNMENT, VARIOUS U.S. STATES AND LOCALITIES, AND FOREIGN JURISDICTIONS. AS OF DECEMBER 31, 2018, FINCA'S TAX YEARS 2008-2018 ARE SUBJECT TO EXAMINATION BY THE TAX AUTHORITIES.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the organization  FINCA INTERNATIONAL, INC.	Employer identification number  13-3240109
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**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA	19	63	PROGRAM SERVICES	FINANCIAL SERVICES FOR THE POOR	630,063.
EUROPE (INCLUDING ICELAND AND GREENLAND)	26	229	PROGRAM SERVICES	FINANCIAL SERVICES FOR THE POOR	0.
CENTRAL AMERICA & THE CARIBBEAN	0	0	PROGRAM SERVICES	FINANCIAL SERVICES FOR THE POOR	66,826.
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	FINANCIAL SERVICES FOR THE POOR	0.
SOUTH ASIA	0	0	PROGRAM SERVICES	FINANCIAL SERVICES FOR THE POOR	0.
SOUTH AMERICA	0	0	PROGRAM SERVICES	FINANCIAL SERVICES FOR THE POOR	5,800.
NORTH AMERICA	0	0	PROGRAM SERVICES	FINANCIAL SERVICES FOR THE POOR	0.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	FINANCIAL SERVICES FOR THE POOR	28,254.
<b>3 a</b> Subtotal .....	45	292			730,943.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	45	292			730,943.

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

Schedule F (Form 990) 2018





**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 3:

METHOD USED TO ACCOUNT FOR EXPENDITURES: ACCRUAL METHOD

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2018**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization: **FINCA INTERNATIONAL, INC.** Employer identification number: **13-3240109**

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
PUBLIC INTEREST COMMUNICATIONS - 7700	TELEMARKETING		X	13,525.	23,503.	-9,978.
SD&A TELESERVICES - 5757 W CENTURY BLVD # 300, LOS	TELEMARKETING		X	10,265.	19,251.	-8,986.
INTEGRATED DIRECT MARKETING - 1250 CONNECTICUT AVE NW #700,	MARKETING CONSUTLANT		X	0.	427,565.	-427,565.
<b>Total</b>				23,790.	470,319.	-446,529.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AK, AL, AR, CA, CO, CT, DC, FL, GA, HI, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND  
NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, WA, WI, WV

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
	<b>1</b> Gross receipts .....				
	<b>2</b> Less: Contributions .....				
	<b>3</b> Gross income (line 1 minus line 2) .....				
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_



- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_  
 Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_  
 Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_  
 Gaming manager compensation ▶ \$ \_\_\_\_\_  
 Description of services provided ▶ \_\_\_\_\_  
 \_\_\_\_\_  
 Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: PUBLIC INTEREST COMMUNICATIONS

(I) ADDRESS OF FUNDRAISER:

7700 LEESBURG PIKE # 301, FALLS CHURCH, VA 22043

(I) NAME OF FUNDRAISER: SD&A TELESERVICES

(I) ADDRESS OF FUNDRAISER:

5757 W CENTURY BLVD # 300, LOS ANGELES, CA 90045

**Part IV** Supplemental Information (continued)

(I) NAME OF FUNDRAISER: INTEGRATED DIRECT MARKETING

(I) ADDRESS OF FUNDRAISER:

1250 CONNECTICUT AVE NW #700, WASHINGTON, DC 20036

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2018**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

FINCA INTERNATIONAL, INC.

Employer identification number

13-3240109

**Part I Questions Regarding Compensation**

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>	X	
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RUPERT SCOFIELD PRESIDENT & CEO	(i)	387,301.	0.	3,267.	20,598.	18,820.	429,986.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DEBRA SPAGNOLA CHIEF FINANCIAL OFFICER	(i)	168,011.	0.	0.	588.	17,331.	185,930.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) COLLEEN ZAKREWSKY CHIEF DEVELOPMENT OFFICER	(i)	187,116.	0.	0.	617.	28,344.	216,077.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) AMI DALAL VP, SOCIAL ENTERPRISE INNOVATI	(i)	173,557.	0.	0.	872.	13,517.	187,946.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SOLEDAD GOMPF SVP, STRATEGIC ADVISOR	(i)	202,746.	0.	0.	10,978.	43,574.	257,298.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SCOTT GRAHAM DIRECTOR OF CUSTOMER RESEARCH	(i)	151,809.	0.	0.	11,649.	12,788.	176,246.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ROBERT PRICE DIRECTOR, DIRECT MARKETING	(i)	116,290.	0.	0.	9,635.	42,810.	168,735.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) STEPHANIE BAGOT SENIOR CORPORATE ATTORNEY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	176,575.	16,000.	120.	7,532.	20,319.	220,546.	0.
(9) JEREMY DANFORD DIRECTOR OF GLOBAL TAX	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	118,933.	0.	180.	4,958.	13,662.	137,733.	0.
(10) JEFFREY FLOWERS VP-REGIONAL DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	158,748.	0.	81,563.	0.	20,954.	261,265.	0.
(11) MICHAEL GAMA-LOBO VP-REGIONAL DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	163,507.	0.	21,997.	13,234.	25,669.	224,407.	0.
(12) SONAL GANDHI SVP, PHILANTHROPIC ADVISOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	126,296.	16,745.	45,574.	0.	0.	188,615.	0.
(13) ROMAN HINGORANI VP & CFO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	321,907.	150,000.	516.	1,231.	32,330.	505,984.	0.
(14) ALEJANDRO JAKUBOWICZ DEPUTY REGIONAL DIRECTOR, LAC	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	179,157.	0.	516.	7,440.	30,383.	217,496.	0.
(15) JOHN LOPEZ SENIOR ATTORNEY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	179,792.	10,000.	1,524.	1,898.	238.	193,452.	0.
(16) KEITH SANDBLOOM VP-REGIONAL DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	167,857.	17,500.	180.	8,400.	32,630.	226,567.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) ANDREE SIMON CEO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	348,250.	235,200.	180.	18,478.	12,153.	614,261.	0.
(18) JEFFREY SMITH CHIEF AUDIT & RISK OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	268,781.	150,000.	792.	3,314.	29,901.	452,788.	0.
(19) P DANIEL SMITH VP & GENERAL COUNSEL	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	325,497.	150,000.	276.	9,850.	21,457.	507,080.	0.
(20) MARIA VILELA DEPUTY GENERAL COUNSEL	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	193,571.	30,000.	120.	15,700.	20,160.	259,551.	0.
(21) ZARLASHT WARDAK VP-REGIONAL DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	152,176.	38,575.	108,276.	24,000.	24,397.	347,424.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINES 4A-B:

PART I, LINE 4A:

JEFFREY FLOWERS, FORMER KEY EMPLOYEE, RECEIVED A SEVERANCE PAYMENT OF \$55,736 IN 2018.

PART I, LINE 4B:

SOLEDAD GOMPF PARTICIPATED IN A SECTION 457(F) SUPPLEMENTAL NONQUALIFIED DEFERRED COMPENSATION PLAN. DURING 2018, NO CONTRIBUTIONS WERE MADE INTO THE PLAN AND NO AMOUNTS WERE PAID OUT OF THE PLAN.







**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization: **FINCA INTERNATIONAL, INC.** Employer identification number: **13-3240109**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	73	1,065,877.	COST OR SELLING PRICE
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				
25	Other ( SOFTWARE LICE )	X	1	1,534,916.	OTHER
26	Other ( )				
27	Other ( )				
28	Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2018

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

SCHEDULE M, PART I, COLUMN (B):

A COMBINATION OF BOTH

SCHEDULE M, LINE 32B:

FINCA USED CHARLES SCHWAB BROKERAGE SERVICES TO SELL DONATED SECURITIES

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

FINCA INTERNATIONAL, INC.

Employer identification number

13-3240109

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

WORKING HARD TO ACHIEVE THAT IDEAL.

FINCA INTERNATIONAL IS THE FOUNDER AND MAJORITY OWNER OF FINCA IMPACT

FINANCE (FIF), A NETWORK OF 20 COMMUNITY-BASED MICRO-FINANCE

INSTITUTIONS AND BANKS, WHICH AMPLIFIES FINANCIAL INCLUSION THROUGH

INNOVATIVE, RESPONSIBLE AND IMPACTFUL FINANCIAL SERVICES TO LOW-INCOME

CLIENTS. SERVICES PROVIDED INCLUDE: VILLAGE BANKING AND SMALL GROUP

LOANS TARGETED TO VERY LOW-INCOME ENTREPRENEURS WITH THE SMALLEST

ENTERPRISES; INDIVIDUAL LOANS TO HELP ENTREPRENEURS CONTINUE TO GROW

THEIR BUSINESS AND GENERATE JOBS; AGRICULTURAL LOANS FOR CLIENTS IN

NEED OF PURCHASING SEEDS, FERTILIZER, LIVESTOCK AND EQUIPMENT AND REPAY

THE PRINCIPAL WHEN THE HARVEST COMES IN; SAVINGS ACCOUNTS TO HELP

CLIENTS BUILD A CUSHION AGAINST HARD TIMES; CREDIT, DISABILITY AND

FUNERAL INSURANCE TO HELP REDUCE FINANCIAL STRESS OF MEETING MAJOR OR

UNEXPECTED EXPENSES; MONEY TRANSFERS IN A SAFE AND AFFORDABLE WAY; AND

ENERGY LOANS TO PURCHASE OR LEASE CLEAN ELECTRICITY SYSTEMS OR

PRODUCTS.

IN 2018, THE NETWORK'S NOTEWORTHY FEATS AND REACH WAS A TOTAL AMOUNT OF

\$100,275,931 IN LOANS DISBURSED; OVER 1,976,611 INDIVIDUALS SAVED ON A

REGULAR BASIS, WITH A TOTAL SAVINGS OF \$406,724,197 APPROXIMATELY, AND

44.1% OF CLIENTS WERE WOMEN.

MOREOVER, IN 2018 THE NUMBER OF BENEFICIARIES REACHED PER SUBSIDIARY

WAS:

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization FINCA INTERNATIONAL, INC.	Employer identification number 13-3240109
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DRC : 274,089

MALAWI: 73,796

NIGERIA: 27,901

TANZANIA: 307,735

UGANDA: 98,338

ZAMBIA: 15,708

ARMENIA: 35,694

AZERBAIJAN: 3,747

GEORGIA: 112,528

KYRGYZSTAN: 120,593

TAJIKISTAN: 30,873

ECUADOR: 48,491

GUATEMALA: 33,847

HAITI: 50,918

HONDURAS: 57,318

NICARAGUA: 16,290

AFGHANISTAN: 26,217

JORDAN: 31,785

PAKISTAN: 931,670

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

THAN 220 DEDICATED AND EXPERIENCED PROFESSIONALS IN BUILDING A

SUSTAINABLE MICROFINANCE PROGRAM AND PROVIDING LONG-TERM SOLUTIONS TO

THE NEEDS OF ITS CLIENTS. CREDIT PRODUCTS PORTFOLIO INCLUDES THE

FOLLOWING LOAN MODALITIES: WOMEN ENTREPRENEUR LOAN, AGRICULTURAL LOAN,

BUSINESS LOAN, HOME IMPROVEMENT LOAN, LIFE IMPROVEMENT LOAN, FAST LOAN,

AND VEHICLE REGISTRATION LOAN.

Name of the organization FINCA INTERNATIONAL, INC.	Employer identification number 13-3240109
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SINCE, 2016, FINCA KOSOVO IS CERTIFIED BY THE SMART CAMPAIGN FOR 'CUSTOMER PROTECTION'. THIS OFFICIAL ACKNOWLEDGMENT WAS MADE AFTER AN IN-DEPTH ASSESSMENT OF ALL FINCA KOSOVO'S PROCESSES AND POLICIES AND HIGHLIGHTED FINCA'S SERIOUS COMMITMENT TO HIGH ETHICAL STANDARDS IN HANDLING ITS CLIENTS. THIS INCLUDES: DESIGNING AND PROVIDING THE RIGHT PRODUCTS, PREVENTING CUSTOMER OVERLOAD WITH DEBT, TRANSPARENCY, RESPONSIVE PRICES, TREATING CUSTOMERS FAIRLY AND WITH RESPECT, MAINTAINING CUSTOMER DATA PRIVACY AND COMPLAINTS HANDLING MECHANISMS.

BY DECEMBER 2018, FINCA KOSOVO OPENED 2 NEW BRANCHES AND ITS CLIENTELE INCREASED TO 20,241 INDIVIDUALS REPRESENTING AN INCREMENT OF 15% COMPARED TO 2017. OUT OF THAT NUMBER, 20.6% WERE FEMALE BORROWERS, ALSO AN INCREMENT GIVEN THAT IN 2017 ONLY 16% WERE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

FINCA SEEKS TO ADDRESS THIS MARKET FAILURE THROUGH FINCA PLUS LLC (D.B.A. IN UGANDA AS BRIGHTLIFE), A SOCIAL ENTERPRISE THAT WORKS TO ADDRESS, IN SOCIALLY AND ENVIRONMENTALLY RESPONSIBLE WAYS, ECONOMIC AND ENERGY NEEDS OF LOW-INCOME INDIVIDUALS. BRIGHTLIFE PROVIDES LIFE-ENHANCING PRODUCTS SUCH AS SOLAR HOME SYSTEMS AND IMPROVED COOKSTOVES TO LOW-INCOME INDIVIDUALS AT AFFORDABLE RATES. MOREOVER, AS CONTINUATION OF FINCA'S MORE TRADITIONAL MICRO-LENDING ACTIVITIES, BRIGHTLIFE WORKS WITH LOW-INCOME INDIVIDUALS TO PROVIDE THEM WITH AFFORDABLE FINANCING SO THAT THEY CAN ACCESS THE GOODS AND SERVICES THEY NEED TO LIVE SAFER, HEALTHIER, AND MORE PRODUCTIVE LIVES. IN OTHER WORDS, FINCA INTERNATIONAL IS PAIRING ACCESS TO FINANCE WITH ACCESS TO

Name of the organization FINCA INTERNATIONAL, INC.	Employer identification number 13-3240109
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ENERGY TO CREATE PATHWAYS TO FINANCIAL INCLUSION FOR THE UNBANKED AND OPPORTUNITIES TO RAISE PEOPLE OUT OF POVERTY.

IN 2018, BRIGHTLIFE SOLD 2,548 PRODUCTS REACHING 15,288 UGANDANS (2,548 INDIVIDUALS IN 6-PERSONS HOUSEHOLDS). 85% OF BRIGHTLIFE'S HOUSEHOLD CUSTOMERS REPORTED THAT THEIR HEALTH WAS POSITIVELY IMPACTED AND 90% STATED THAT THEIR SAFETY WAS POSITIVELY IMPACTED (FEWER RISK FOR FIRES IN THE HOME, LIGHTING AT NIGHT TO CREATE A SAFER ENVIRONMENT). CUSTOMERS WHO USE THEIR SOLAR PRODUCTS IN BUSINESS (BASED AT HOME) REPORTED SMALL BUT MEANINGFUL IMPROVEMENTS IN THE VOLUME OF CUSTOMERS AND INCREASED PROFITABILITY. BRIGHTLIFE'S OPERATION ALSO CREATED ABOUT 75 JOBS IN THE LOCAL ECONOMY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

FINCA VENTURES:

FINCA INTERNATIONAL HAS A DEEP UNDERSTANDING OF THE CHALLENGES THAT LOW-INCOME PEOPLE FACE BOTH AT HOME AND IN STRIVING TO BUILD SMALL BUSINESSES TO SUPPORT THEIR FAMILIES AND COMMUNITIES. ALTHOUGH ACCESS TO RESPONSIBLE BANKING/FINANCE IS PIVOTAL FOR IMPROVING PEOPLE'S PRODUCTIVITY AND WELL-BEING, IT'S NOT ENOUGH FOR POVERTY ALLEVIATION. ACCESS TO NON-FINANCIAL GOODS AND SERVICES SUCH AS ENERGY, WATER/HYGIENE, OR EDUCATION IS NECESSARY AS WELL IN SUCH ENDEAVOR.

UNFORTUNATELY, THE MARKET FOR THESE GOODS AND SERVICES IS NOT DEVELOPING AS QUICKLY AS IT SHOULD OR COULD. FOR EXAMPLE, RESEARCH SHOWS THAT INEXPENSIVE SOLAR SYSTEMS FOR HOUSEHOLDS AND SMALL BUSINESSES ARE AVAILABLE AND COULD BE AFFORDABLE TO PEOPLE AT THE BASE

Name of the organization FINCA INTERNATIONAL, INC.	Employer identification number 13-3240109
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OF THE ECONOMIC PYRAMID. STILL, DISTRIBUTION ISSUES, EDUCATION AND  
 MARKETING CHALLENGES, CROWDING/MARKET-SPOILING FROM POOR QUALITY  
 PRODUCTS, AND A LACK OF ACCESS TO FINANCE FOR LOW-INCOME CONSUMERS, ARE  
 PREVENTING MILLIONS OF PEOPLE FROM GETTING WHAT THEY NEED AND CONSUMERS  
 OF BEING PROTECTED.

IN RESPONSE, FINCA INTERNATIONAL IS LEVERAGING ITS KNOWLEDGE,  
 MICROFINANCE NETWORK AND TRUSTED BRAND TO INCREASE ACCESS TO  
 NON-FINANCIAL PRODUCTS AND SOLUTIONS THAT CAN DRAMATICALLY IMPROVE  
 HEALTH, PRODUCTIVITY AND OVERALL QUALITY OF LIFE OF OUR CLIENTS AND  
 OTHER LOW-INCOME PEOPLE IN THE LONG TERM AND IN A SUSTAINABLE WAY.  
 THROUGH FINCA VENTURES, FINCA TAKES AN INTEGRATED APPROACH TO  
 ACCOMPLISHING ITS CHARITABLE OBJECTIVES BY PROVIDING PATIENT, EARLY  
 STAGE GROWTH CAPITAL AND PRE-AND POST- INVESTMENT TECHNICAL SUPPORT TO  
 HELP SMALL BUSINESSES SCALE AND REACH FINCA'S TARGET POPULATION. FINCA  
 VENTURES ACCELERATES THE GROWTH OF INVESTEE COMPANIES, CREATES  
 EMPLOYMENT, EDUCATES THE MARKET, AND PROMOTES RESPONSIBLE CONSUMER  
 PROTECTION. BY DOING THIS, IT FOSTERS THE MARKET MORE FOR AFFORDABLE,  
 SOCIALLY IMPACTFUL GOODS AND SERVICES.

IN 2018, FINCA VENTURES GREW ITS INVESTMENT PORTFOLIO FROM ONE EQUITY  
 INVESTMENT TO FIVE CHAMPIONING FINCA'S CORE AND FOUNDING PRINCIPLE OF  
 CREATING LONG LASTING SOLUTIONS TO POVERTY THAT EMPOWER PEOPLE TO  
 IMPROVE THEIR OWN LIVES. MOREOVER, THROUGH ITS INVESTEES, FINCA  
 VENTURES CONTRIBUTED DIRECTLY AND INDIRECTLY TO 15 OF THE 17  
 SUSTAINABLE DEVELOPMENT GOALS. SOCIAL IMPACT IN 2018 THROUGH EACH  
 INVESTEE WAS:

Name of the organization FINCA INTERNATIONAL, INC.	Employer identification number 13-3240109
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AMPED INNOVATION (ELECTRICITY): 172,105 LIVES IMPACTED

ENEZA EDUCATION (EDUCATION): 563,000 LIVES IMPACTED

GOOD NATURE AGRO (AGRICULTURE): 27,848 LIVES IMPACTED

IGNITIA (AGRICULTURE): 740,709 LIVES IMPACTED

SANIVATION (SANITATION): 3,135 LIVES IMPACTED

EXPENSES \$ 567,011. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

OTHER

EXPENSES \$ 2,446,374. INCLUDING GRANTS OF \$ 0. REVENUE \$ 223,714.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

AFGHANISTAN, AZERBAIJAN, ARMENIA, CONGO, DEM REP,

CAYMAN ISLANDS, ECUADOR, GEORGIA, GUATEMALA,

HAITI, HONDURAS, JORDAN, KYRGYZSTAN,

KOSOVO, MALAWI, MEXICO, VANUATU,

NIGERIA, NETHERLANDS, NICARAGUA, PAKISTAN,

RUSSIA, TAJIKISTAN, TANZANIA, UGANDA,

ZAMBIA

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

THE CHAIRMAN OF FINCA INTERNATIONAL'S BOARD OF DIRECTORS, ROBERT W. HATCH,

HAS A FAMILY RELATIONSHIP WITH THE FOUNDER, JOHN HATCH, WHO IS ALSO A

DIRECTOR AND RETIRED EMPLOYEE OF THE ORGANIZATION.

FINCA INTERNATIONAL DIRECTORS RICHARD WILLIAMSON, HAROLD JASTRAM, AND

RUPERT SCOFIELD ARE ALL MEMBERS OF THE BOARD OF DIRECTORS AND MINOR

SHAREHOLDERS OF CEREAL INGREDIENTS, INC. WHICH IS OWNED BY ROBERT HATCH.

JOHN HATCH IS ALSO A MINOR SHAREHOLDER OF CEREAL INGREDIENTS BUT NOT A



Name of the organization FINCA INTERNATIONAL, INC.	Employer identification number 13-3240109
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DIRECTOR.

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

PER FINCA INTERNATIONAL'S CONSTITUENT DOCUMENTS, MEMBERS ARE THE FUNCTIONAL EQUIVALENT OF SHAREHOLDERS BUT HOLD NO ECONOMIC INTEREST. THEY ACT AS STEWARDS OF THE CHARITABLE MISSION AND SERVE AS THE ULTIMATE GOVERNANCE AUTHORITY OF THE ORGANIZATION. FINCA INTERNATIONAL HAS 4 (FOUR) MEMBERS, EACH OF WHOM HAVE EQUAL VOTING RIGHTS AND DEVOTE CONSIDERABLE TIME AND ATTENTION TO ITS ACTIVITIES. MEMBERSHIPS IN FINCA INTERNATIONAL ARE NOT SOLD AS FUNDRAISING MECHANISMS.

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

PER THE BYLAWS OF THE ORGANIZATION, THE MEMBERS HAVE POWER TO MAKE APPOINTMENTS TO, ACCEPT RESIGNATIONS, MAKE SUBSTITUTIONS FOR, AND REMOVE PERSONS FROM THE BOARD OF DIRECTORS.

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

CERTAIN KEY DECISIONS OF THE BOARD OF DIRECTORS (FINCA INTERNATIONAL'S GOVERNING BODY) ARE SUBJECT TO THE APPROVAL OF THE MEMBERS OF THE ORGANIZATION.

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

THE FORM 990 IS PRESENTED TO THE 990 REVIEW TEAM COMPOSED OF THE AUDIT COMMITTEE AND REPRESENTATIVES FROM MANAGEMENT TEAM, FINANCE AND LEGAL. THE REVIEW TEAM SURVEYS THE DOCUMENT AND A MEETING IS SCHEDULED TO DISCUSS ANY QUESTIONS WITH THE CFO. REVIEWING PROCESS INCLUDES SURVEYING SECTIONS, SCHEDULES, CHECKLISTS AND DISCLOSURES OF THE RETURN PLUS CORRESPONDING APPROVALS.

Name of the organization FINCA INTERNATIONAL, INC.	Employer identification number 13-3240109
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FORM 990, PART VI, SECTION B, LINE 12C:

OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF INTERESTS ON AN ONGOING BASIS. CONFLICT OF INTERESTS ARE PROHIBITED BY FINCA INTERNATIONAL'S CODE OF CONDUCT AND EMPLOYEE HANDBOOK, SUBJECT TO EXCEPTIONS BASED BY AN INDEPENDENT AUDIT COMMITTEE. CONFLICTS, INCLUDING RELATED PARTY TRANSACTIONS, ARE STRONGLY DISCOURAGED AND APPROVED, IF AT ALL, IN EXCEPTIONAL CASES. THE PROCESS IS MONITORED THROUGH ACKNOWLEDGEMENT OF THE POLICY PROHIBITING AND REQUIRING REPORTING OF ANY CONFLICTS, ALONG WITH INTERNAL AUDITS AND OTHER CONTROLS (INCLUDING THE CONTRACT REVIEW PROCESS). THE FINCA CODE OF CONDUCT, APPLICABLE TO ALL FINCA PERSONS GLOBALLY, PROVIDES A CONFIDENTIAL REPORTING MECHANISM ("HOTLINE") FOR REPORTING VIOLATIONS OF THE CODE, INCLUDING OF INTERESTS.

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

COMPENSATION FOR THE PRESIDENT & CEO IS DETERMINED ANNUALLY BY THE EXECUTIVE COMMITTEE. THE PRESIDENT & CEO RECUSES HIMSELF FROM THAT CONVERSATION.

THE PROCESS FOR DETERMINING ALL OFFICERS' COMPENSATION IS PERFORMED BY THE HUMAN RESOURCES DEPARTMENT AND REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS EXECUTIVE COMMITTEE. THE PROCESS INCLUDES A REVIEW OF OTHER FORM 990S AND COMPENSATION SURVEYS, AND THERE IS CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION. THE REVIEW IS PERFORMED ANNUALLY.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK, AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, LA, MA, MD, MI, MN, MS, NH, NJ, NM, NY, OK, OR, PA, RI SC, TN, UT, VA, WI, WV

Name of the organization FINCA INTERNATIONAL, INC.	Employer identification number 13-3240109
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FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST  
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE GENERAL PUBLIC UPON  
REQUEST AND ON ITS OWN WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

UNAMORTIZED PENSION PRIOR SERVICE COSTS	366,016.
CURRENCY TRANSLATION ADJUSTMENTS	-521,595.
ADDITIONAL SHARE CAPITAL	399,982.
TOTAL TO FORM 990, PART XI, LINE 9	244,403.

PART XII, LINE 2B

THE CONSOLIDATED FINANCIAL STATEMENTS HAVE NOT BEEN ISSUED AS OF THE  
DATE FORM 990 WAS FILED, HOWEVER FINCA IMPACT FINANCE, FINCA KOSOVO,  
AND FINCA PLUS INDIVIDUAL AUDIT REPORTS HAVE BEEN ISSUED AND APPROVED  
BY THEIR RESPECTIVE AUDIT COMMITTEES.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**  
**Open to Public Inspection**

Name of the organization <p style="text-align: center;">FINCA INTERNATIONAL, INC.</p>	Employer identification number <p style="text-align: center;">13-3240109</p>
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**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
FINCA PLUS, LLC - 46-4312538 1201 15TH ST NW, 8TH FLOOR WASHINGTON, DC 20005	SOLAR ENERGY PRODUCTS	DELAWARE	417,839.	498,415.	FINCA INTERNATIONAL, INC.
FINCA CAPITAL FUND, LLC - 26-0648736 1201 15TH ST NW, 8TH FLOOR WASHINGTON, DC 20005	DORMANT	DELAWARE	0.	0.	FINCA INTERNATIONAL, INC.
FINCA LICENSING & SUPPORT LLC 1201 15TH ST NW, 8TH FLOOR WASHINGTON, DC 20005	DORMANT	DELAWARE	0.	0.	FINCA INTERNATIONAL, INC.

**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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
FUNDACION INTEGRAL COMUNITARIA, AC AV. GUSTAVO DIAZ ORDAZ 12, COL CANTARRANAS CUERNAVACA, MEXICO	MICROFINANCE OPERATIONS	MEXICO			FINCA MICROFINANCE HOLDING COMPANY	X	
ASOCIACION DE FOMENTO INTEGRAL COMUNITARIA DE EL SALVADOR, PASEO GENERAL ESCALON Y CALLE CIRCUNVALACION, SAN SALVADOR, EL	DORMANT	EL SALVADOR			FINCA MICROFINANCE HOLDING COMPANY	X	
FUNDACION INTERNACIONAL PARA LA ASISTENCIA COMUNITARIA DEL ECUADOR, AVDA. AMAZONAS N39-123 Y JOSE ARIZAGA, EDIFICIO AMAZONAS, FINCA HAITI	DORMANT	ECUADOR			FINCA INTERNATIONAL, INC.	X	
26, RUE METELLUS, PETIONVILLE PORT-AU-PRINCE, HAITI	DORMANT	HAITI			FINCA MICROFINANCE HOLDING COMPANY	X	

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

**Schedule R (Form 990) 2018**

SEE PART VII FOR CONTINUATIONS



**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)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
FINCA MICROFINANCE HOLDING COMPANY LLC - 45-0793602, 1201 15TH ST NW, 8TH FLOOR, WASHINGTON, DC 20005	HOLDING COMPANY	DC	FINCA INTERNATIONAL, INC.	RELATED	6,684,647.	160,431,607.		X	N/A	X		62.93%

**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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
FINCA AFGHANISTAN HOUSE NO. 14, ST NO. 4, TAIMANI KABUL, AFGHANISTAN	MICROFINANCE OPERATIONS	AFGHANISTAN	FINCA MICROFINANCE COOPERATIEF	C CORP	3,925,600.	12,326,970.	62.93%	X	
FINCA UNIVERSAL CREDIT ORGANIZATION CJSC AGATANGEGHOS STREET, 2A YEREVAN, ARMENIA	MICROFINANCE OPERATIONS	ARMENIA	FINCA MICROFINANCE COOPERATIEF	C CORP	10,228,937.	35,165,513.	62.93%	X	
FINCA AZERBAIJAN LLC 44 JAFAR JABBARLI STREET BAKU, AZERBAIJAN	MICROFINANCE OPERATIONS	AZERBAIJAN	FINCA MICROFINANCE COOPERATIEF	C CORP	382,039.	3,088,230.	62.93%	X	
FINCA D.R. CONGO SARL 1286 AVE TOMBALBAYE KINSHASA, CONGO (KINSHASA)	MICROFINANCE OPERATIONS	CONGO (KINSHASA)	FINCA MICROFINANCE HOLDING	C CORP	22,006,339.	55,619,730.	62.93%	X	
FINCA TRANSFERT SARL 1286 AVE TOMBALBAYE KINSHASA, CONGO (KINSHASA)	MICROFINANCE OPERATIONS	CONGO (KINSHASA)	FINCA D.R. CONGO SARL	C CORP	265.	56,254.	58.92%	X	

**Part IV** Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
BANCO PARA LA ASISTENCIA COMUNITARIA FINCA S.A., AVDA. AMAZONAS N39-123 Y JOSE ARIZAGA, QUITO, ECUADOR	MICROFINANCE OPERATIONS	ECUADOR	FINCA MICROFINANCE HOLDING	C CORP	9,631,391.	48,727,728.	62.93%	X	
JSC MFO FINCA 71 VAZHA-PSHAVELA AVENUE TBILISI, GEORGIA	MICROFINANCE OPERATIONS	GEORGIA	FINCA MICROFINANCE COOPERATIEF	C CORP	16,044,704.	69,830,493.	62.93%	X	
FINCASERVICIOS - LATINOAMERICA SA CALZADA ROOSEVELT 22-43, ZONA 11 GUATEMALA CITY, GUATEMALA	DORMANT	GUATEMALA	FINCA MICROFINANCE HOLDING	C CORP	0.	2,185.	62.93%	X	
FINCA MICROFINANZAS, S.A. 3 AVE. 10-35, ZONA 09 GUATEMALA CITY, GUATEMALA	DORMANT	GUATEMALA	FINCA MICROFINANCE HOLDING	C CORP	0.	0.	62.93%	X	
FINCA HAITI SA 26, RUE METELLUS PORT-AU-PRINCE, HAITI	MICROFINANCE OPERATIONS	HAITI	FINCA MICROFINANCE HOLDING	C CORP	5,026,253.	10,146,597.	62.93%	X	
FINANCIERA FINCA HONDURAS, S.A. COL. TEPEYAC, AVE. LAS MINITAS TEGUCIGALPA, HONDURAS	MICROFINANCE OPERATIONS	HONDURAS	FINCA MICROFINANCE HOLDING	C CORP	6,657,312.	18,235,979.	62.93%	X	
SPECIALIZED MICRO LOANS (PRIVATE SHAREHOLDING COMPANY), 4TH FL. DURRET, KHALDA, AMMAN, JORDAN	MICROFINANCE OPERATIONS	JORDAN	FINCA MICROFINANCE HOLDING	C CORP	6,915,973.	23,821,281.	62.93%	X	
FINCA KOSOVE S.H.A. ROBERT DOLL ST. NR. 112 PRISHTINA, OTHER COUNTRY	DORMANT	KOSOVO	FINCA MICROFINANCE HOLDING	C CORP	0.	7,650.	62.93%	X	
FINCA MICRO-CREDIT COMPANY CJSC 93/2 SHOPOKOV STREET BISHKEK, KYRGYZSTAN	MICROFINANCE OPERATIONS	KYRGYZSTA	FINCA MICROFINANCE HOLDING	C CORP	18,916,520.	72,060,386.	62.93%	X	
FINCA LIMITED (MALAWI) HENDERSON STREET BLANTYRE, MALAWI	MICROFINANCE OPERATIONS	MALAWI	FINCA MICROFINANCE COOPERATIEF	C CORP	5,537,783.	10,775,051.	62.93%	X	
TENEDORA FINCA, S.A.P.I. DE C.V. AV. GUSTAVO DIAZ ORDAZ NO. 12 CUERNAVACA, MEXICO	DORMANT	MEXICO	FINCA MICROFINANCE HOLDING	C CORP	25.	200,406.	62.93%	X	
FINCA MICROFINANCE COOPERATIEF U.A. DE ENTRE 99-197 AMSTERDAM, NETHERLANDS	HOLDING COMPANY	NETHERLAN	FINCA MICROFINANCE HOLDING	C CORP	5,717,112.	78,469,340.	62.93%	X	

**Part IV** Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
FINCA NETWORK SUPPORT BV DE ENTRE 99-197 AMSTERDAM, NETHERLANDS	IT SERVICES	NETHERLANDS	FINCA MICROFINANCE COOPERATIEF	C CORP	4,493,551.	3,240,284.	62.93%	X	
FINANCIERA FINCA NICARAGUA, S.A. DE LA ROTONDA DEL GUEGUENSE MANAGUA, NICARAGUA	MICROFINANCE OPERATIONS	NICARAGUA	FINCA MICROFINANCE HOLDING	C CORP	8,617,493.	25,242,410.	62.93%	X	
FINCA MICROFINANCE BANK LIMITED PLOT 20 WETHERAL ROAD OWERRI, NIGERIA	MICROFINANCE OPERATIONS	NIGERIA	FINCA MICROFINANCE COOPERATIEF	C CORP	1,534,737.	3,723,820.	62.93%	X	
FINCA MICROFINANCE BANK LIMITED 387-E, JOHAR TOWN LAHORE, PAKISTAN	MICROFINANCE OPERATIONS	PAKISTAN	FINCA MICROFINANCE COOPERATIEF	C CORP	32,675,690.	125,571,512.	54.37%	X	
FINCA MICRO-CREDIT DEPOSIT ORGANIZATION LLC 9, JABBOR RASULOV STREET DUSHANBE, TAJIKISTAN	MICROFINANCE OPERATIONS	TAJKISTA	FINCA MICROFINANCE HOLDING	C CORP	3,208,206.	10,571,684.	62.93%	X	
FINCA MICROFINANCE BANK LIMITED BAGAMOYO ROAD, PLOT NO. 34 DAR ES SALAAM, TANZANIA	MICROFINANCE OPERATIONS	TANZANIA	FINCA MICROFINANCE HOLDING	C CORP	8,372,994.	27,532,490.	62.93%	X	
FINCA UGANDA LIMITED PLOT 11A ACACIA AVENUE KAMPALA, UGANDA	MICROFINANCE OPERATIONS	UGANDA	FINCA MICROFINANCE COOPERATIEF	C CORP	8,598,760.	25,899,339.	62.93%	X	
FINCA ZAMBIA LIMITED PLOT NO. 22768 ACACIA PARK LUSAKA, ZAMBIA	MICROFINANCE OPERATIONS	ZAMBIA	FINCA MICROFINANCE COOPERATIEF	C CORP	5,472,040.	14,379,801.	62.93%	X	
FINCA ZAMBIA HOLDING LIMITED PLOT NO. 22768 ACACIA PARK LUSAKA, ZAMBIA	DORMANT	ZAMBIA	FINCA MICROFINANCE HOLDING	C CORP	0.	931.	62.93%	X	
FINCASERVICES USA, LLC - 90-0866365 21635 RED RUM DRIVE ASHBURN, VA 20147	IT SERVICES	VA	FINCA MICROFINANCE HOLDING	C CORP	935,084.	2,843,507.	62.93%	X	
FINCA MICROFINANCE GLOBAL SERVICES, LLC - 81-1408194, 1201 15TH ST NW, WASHINGTON, DC 20005	SUPPORT SERVICES	DC	FINCA MICROFINANCE HOLDING	C CORP	11,660,458.	3,323,123.	62.93%	X	
MICRO-FINANCE SOLUTIONS, INC. PO BOX 309GT, UGLAND HOUSE, SOUTH CHURCH ST. GEORGETOWN, CAYMAN ISLANDS	DORMANT	CAYMAN ISLANDS	FINCA INTERNATIONAL, INC.	C CORP	0.	0.	100.00%	X	





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

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....	X	
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	X	
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FINCA MICROFINANCE GLOBAL SERVICES, LLC	M	905,831.	FMV
(2) FINCA NETWORK SUPPORT BV	M	222,736.	FMV
(3) FINCA MICROFINANCE HOLDING COMPANY LLC	M	209,123.	FMV
(4) FINCA HAITI SA FUNDACION INTERNACIONAL PARA LA ASISTENCIA COMUNITARIA DE	D	148,540.	FMV
(5) GUATEMALA	D	2,552,227.	FMV
(6) FINCA HAITI SA	A	10,380.	FMV

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) FUNDACION INTERNACIONAL PARA LA ASISTENCIA COMUNITARIA DE GUATEMALA	A	170,870.	FMV
(8) FINCA MICROFINANCE BANK LIMITED	M	237,045.	FMV
(9) FINCA HAITI SA	M	64,326.	FMV
(10) FINCA MICROFINANCE GLOBAL SERVICES, LLC	N	783,908.	FMV
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			



**Part VII Supplemental Information.**

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

**PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**

NAME OF RELATED ORGANIZATION:

FUNDACION INTEGRAL COMUNITARIA, AC

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

NAME AND ADDRESS OF RELATED ORGANIZATION:

ASOCIACION DE FOMENTO INTEGRAL COMUNITARIA DE EL SALVADOR

PASEO GENERAL ESCALON Y CALLE CIRCUNVALACION

SAN SALVADOR, EL SALVADOR

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

NAME AND ADDRESS OF RELATED ORGANIZATION:

FUNDACION INTERNACIONAL PARA LA ASISTENCIA COMUNITARIA DEL

ECUADOR

AVDA. AMAZONAS N39-123 Y JOSE ARIZAGA, EDIFICIO AMAZONAS

QUITO, ECUADOR

NAME OF RELATED ORGANIZATION:

FINCA HAITI

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

NAME OF RELATED ORGANIZATION:

FUNDACION INTERNACIONAL PARA LA ASISTENCIA COMUNITARIA DE

NICARAGUA

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

NAME OF RELATED ORGANIZATION:

**Part VII Supplemental Information.**

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

FUNDACION INTERNACIONAL PARA LA ASISTENCIA COMUNITARIA DE

GUATEMALA

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

FINCA AFGHANISTAN

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE COOPERATIEF U.A.

NAME OF RELATED ORGANIZATION:

FINCA UNIVERSAL CREDIT ORGANIZATION CJSC

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE COOPERATIEF U.A.

NAME OF RELATED ORGANIZATION:

FINCA AZERBAIJAN LLC

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE COOPERATIEF U.A.

NAME OF RELATED ORGANIZATION:

FINCA D.R. CONGO SARL

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

NAME OF RELATED ORGANIZATION:

BANCO PARA LA ASISTENCIA COMUNITARIA FINCA S.A.

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

NAME OF RELATED ORGANIZATION:

JSC MFO FINCA

**Part VII Supplemental Information.**

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

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE COOPERATIEF U.A.

NAME OF RELATED ORGANIZATION:

FINCASERVICIOS - LATINOAMERICA SA

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

NAME OF RELATED ORGANIZATION:

FINCA MICROFINANZAS, S.A.

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

NAME OF RELATED ORGANIZATION:

FINCA HAITI SA

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

NAME OF RELATED ORGANIZATION:

FINANCIERA FINCA HONDURAS, S.A.

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

NAME OF RELATED ORGANIZATION:

SPECIALIZED MICRO LOANS (PRIVATE SHAREHOLDING COMPANY)

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

NAME OF RELATED ORGANIZATION:

FINCA KOSOVE S.H.A.

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

NAME OF RELATED ORGANIZATION:

FINCA MICRO-CREDIT COMPANY CJSC

**Part VII Supplemental Information.**

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

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

NAME OF RELATED ORGANIZATION:

FINCA LIMITED (MALAWI)

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE COOPERATIEF U.A.

NAME OF RELATED ORGANIZATION:

TENEDORA FINCA, S.A.P.I. DE C.V.

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

NAME OF RELATED ORGANIZATION:

FINCA MICROFINANCE COOPERATIEF U.A.

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

NAME OF RELATED ORGANIZATION:

FINCA NETWORK SUPPORT BV

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE COOPERATIEF U.A.

NAME OF RELATED ORGANIZATION:

FINANCIERA FINCA NICARAGUA, S.A.

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

NAME OF RELATED ORGANIZATION:

FINCA MICROFINANCE BANK LIMITED

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE COOPERATIEF U.A.

NAME OF RELATED ORGANIZATION:

FINCA MICROFINANCE BANK LIMITED



**Part VII Supplemental Information.**

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

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE COOPERATIEF U.A.

NAME OF RELATED ORGANIZATION:

FINCA MICRO-CREDIT DEPOSIT ORGANIZATION LLC

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

NAME OF RELATED ORGANIZATION:

FINCA MICROFINANCE BANK LIMITED

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

NAME OF RELATED ORGANIZATION:

FINCA UGANDA LIMITED

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE COOPERATIEF U.A.

NAME OF RELATED ORGANIZATION:

FINCA ZAMBIA LIMITED

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE COOPERATIEF U.A.

NAME OF RELATED ORGANIZATION:

FINCA ZAMBIA HOLDING LIMITED

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

NAME OF RELATED ORGANIZATION:

FINCASERVICES USA, LLC

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

NAME OF RELATED ORGANIZATION:

FINCA MICROFINANCE GLOBAL SERVICES, LLC

**Part VII Supplemental Information.**

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

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

NAME OF RELATED ORGANIZATION:

ASESORA DE MICROFINANZAS ASEMICROFIN SA

DIRECT CONTROLLING ENTITY: FUNDACION INTERNACIONAL PARA LA ASISTENCIA

COMUNITARIA DE ECUADOR