

Form 8453-EO

Exempt Organization Declaration and Signature for Electronic Filing

OMB No. 1545-1879

2015

For calendar year 2015, or tax year beginning _____, 2015, and ending _____, 20____

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

Department of the Treasury Internal Revenue Service

Name of exempt organization

FINCA INTERNATIONAL, INC.

Employer identification number

13-3240109

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.

1a Form 990 check here [X] b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 62,344,278.
2a Form 990-EZ check here [] b Total revenue, if any (Form 990-EZ, line 9) 2b
3a Form 1120-POL check here [] b Total tax (Form 1120-POL, line 22) 3b
4a Form 990-PF check here [] b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b
5a Form 8868 check here [] b Balance due (Form 8868, Part I, line 3c or Part II, line 8c) 5b

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 2015 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.

Sign Here [Signature] 10/20/16 CFO
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.

ERO's signature [Signature] Date 10/7/2016 Check if also paid preparer [X] Check if self-employed [] ERO's SSN or PTIN P00540589
Firm's name (or yours if self-employed), address, and ZIP code DELOITTE TAX LLP EIN 86-1065772
191 PEACHTREE STREET NE, STE 2000 Phone no. (404) 220-1500
ATLANTA, GA 30303

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.

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check [] if self-employed 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.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning and ending

| | | |
|--|---|---|
| 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 | C Name of organization FINCA INTERNATIONAL, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1201 15TH ST. NW, 8TH FLOOR City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20005 F Name and address of principal officer: RUPERT W. SCOFIELD SAME AS C ABOVE | D Employer identification number 13-3240109 E Telephone number (202) 682-1510 G Gross receipts \$ 62,344,278. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ |
| I Tax-exempt status: <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 | | |
| J Website: ▶ WWW.FINCA.ORG | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | |
| L Year of formation: 1984 | | M State of legal domicile: NY |

Part I Summary

| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: ALLEVIATE POVERTY BY HELPING PEOPLE BUILD ASSETS, CREATE JOBS AND RAISE STANDARD OF LIVING. 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 13 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 11 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 163 6 Total number of volunteers (estimate if necessary) 6 68 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 10,000. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 8,100. | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|---------------------------|--------------|---|--------------|--------------|---|-------------|-------------|--|-------------|-------------|--|------------|------------|--|-------------|-------------|---|-------------|-------------|--|------------|------------|--|
| Revenue | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">25,288,005.</td> <td style="text-align: right;">20,354,935.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">32,682,014.</td> <td style="text-align: right;">30,159,885.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">3,325,221.</td> <td style="text-align: right;">7,017,667.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">5,295,341.</td> <td style="text-align: right;">4,811,791.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">66,590,581.</td> <td style="text-align: right;">62,344,278.</td> </tr> </tbody> </table> | | Prior Year | Current Year | 8 Contributions and grants (Part VIII, line 1h) | 25,288,005. | 20,354,935. | 9 Program service revenue (Part VIII, line 2g) | 32,682,014. | 30,159,885. | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 3,325,221. | 7,017,667. | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 5,295,341. | 4,811,791. | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 66,590,581. | 62,344,278. | | | | | | | |
| | Prior Year | Current Year | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 Contributions and grants (Part VIII, line 1h) | 25,288,005. | 20,354,935. | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 Program service revenue (Part VIII, line 2g) | 32,682,014. | 30,159,885. | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 3,325,221. | 7,017,667. | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 5,295,341. | 4,811,791. | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 66,590,581. | 62,344,278. | | | | | | | | | | | | | | | | | | | | | | | | |
| Expenses | <table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td> <td style="text-align: right;">26,487,471.</td> <td style="text-align: right;">23,137,692.</td> </tr> <tr> <td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td> <td style="text-align: right;">289,592.</td> <td style="text-align: right;">301,392.</td> </tr> <tr> <td>b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,500,800.</td> <td></td> <td></td> </tr> <tr> <td>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)</td> <td style="text-align: right;">34,638,294.</td> <td style="text-align: right;">30,870,804.</td> </tr> <tr> <td>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</td> <td style="text-align: right;">61,415,357.</td> <td style="text-align: right;">54,309,888.</td> </tr> <tr> <td>19 Revenue less expenses. Subtract line 18 from line 12</td> <td style="text-align: right;">5,175,224.</td> <td style="text-align: right;">8,034,390.</td> </tr> </tbody> </table> | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0. | 0. | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 26,487,471. | 23,137,692. | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 289,592. | 301,392. | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,500,800. | | | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 34,638,294. | 30,870,804. | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 61,415,357. | 54,309,888. | 19 Revenue less expenses. Subtract line 18 from line 12 | 5,175,224. | 8,034,390. | |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0. | 0. | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 26,487,471. | 23,137,692. | | | | | | | | | | | | | | | | | | | | | | | | |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 289,592. | 301,392. | | | | | | | | | | | | | | | | | | | | | | | | |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,500,800. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 34,638,294. | 30,870,804. | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 61,415,357. | 54,309,888. | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 5,175,224. | 8,034,390. | | | | | | | | | | | | | | | | | | | | | | | | |
| Net Assets or Fund Balances | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Beginning of Current Year</th> <th style="text-align: center;">End of Year</th> </tr> </thead> <tbody> <tr> <td>20 Total assets (Part X, line 16)</td> <td style="text-align: right;">135,162,784.</td> <td style="text-align: right;">140,032,171.</td> </tr> <tr> <td>21 Total liabilities (Part X, line 26)</td> <td style="text-align: right;">52,104,204.</td> <td style="text-align: right;">48,412,575.</td> </tr> <tr> <td>22 Net assets or fund balances. Subtract line 21 from line 20</td> <td style="text-align: right;">83,058,580.</td> <td style="text-align: right;">91,619,596.</td> </tr> </tbody> </table> | | Beginning of Current Year | End of Year | 20 Total assets (Part X, line 16) | 135,162,784. | 140,032,171. | 21 Total liabilities (Part X, line 26) | 52,104,204. | 48,412,575. | 22 Net assets or fund balances. Subtract line 21 from line 20 | 83,058,580. | 91,619,596. | | | | | | | | | | | | | |
| | Beginning of Current Year | End of Year | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 Total assets (Part X, line 16) | 135,162,784. | 140,032,171. | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 Total liabilities (Part X, line 26) | 52,104,204. | 48,412,575. | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 83,058,580. | 91,619,596. | | | | | | | | | | | | | | | | | | | | | | | | |

Part II Signature Block

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

| | | |
|-------------------------------|---|---|
| Sign Here | Signature of officer ROMAN HINGORANI, CHIEF FINANCIAL OFFICER Type or print name and title | Date |
| Paid Preparer Use Only | Print/Type preparer's name JOHN W. SADOFF, JR. | Preparer's signature Date |
| | Firm's name ▶ DELOITTE TAX LLP Firm's address ▶ 191 PEACHTREE STREET NE, STE 2000 ATLANTA, GA 30303 | Check if self-employed <input type="checkbox"/> PTIN P00540589 Firm's EIN ▶ 86-1065772 Phone no. (404) 220-1500 |

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:
FINCA'S MISSION IS TO ALLEVIATE POVERTY THROUGH LASTING SOLUTIONS THAT HELP PEOPLE BUILD ASSETS, CREATE JOBS, AND RAISE THEIR STANDARD OF LIVING.

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 \$ 40,968,105. including grants of \$) (Revenue \$ 34,961,676.)
OVER THE COURSE OF 2015, 12,000 EMPLOYEES AT FINCA INTERNATIONAL AND ITS AFFILIATES DISBURSED \$1.3 BILLION IN LOANS AVERAGING \$831 TO ITS CLIENTS, THE MAJORITY OF WHOM ARE WOMEN. MORE THAN 1.1 MILLION INDIVIDUALS VOLUNTARILY SAVED ON A REGULAR BASIS, WITH TOTAL SAVINGS OF OVER \$168 MILLION, EQUATING TO AN AVERAGE SAVINGS OF \$147 PER CLIENT. SEE SCHEDULE O FOR MORE DETAILED INFORMATION.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 40,968,105.

Part IV Checklist of Required Schedules

| | Yes | No |
|---|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | X | |
| 3 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 |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | | X |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 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 |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 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 |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a 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 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 |
| c 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 | |
| d 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 |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 12a 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 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 | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | X | |
| 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 | |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | X | |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | | X |
| 19 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 |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | | X |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | X | |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | X | |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | X | |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | X | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | X | |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | X | |

Note. All Form 990 filers are required to complete Schedule O

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 columns for question number, description, and Yes/No boxes. Includes sections for backup withholding, employee reporting, 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

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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: ROMAN HINGORANI, CFO - (202) 682-1510 1201 15TH STREET 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) ROBERT W. HATCH CHAIRMAN | 10.00 | X | | | | | 0. | 0. | 0. | |
| (2) JOHN K. HATCH DIRECTOR | 10.00 | X | | | | | 87,438. | 0. | 0. | |
| (3) RICHARD M. WILLIAMSON DIRECTOR | 5.00 | X | | | | | 0. | 0. | 0. | |
| (4) JOHN ELKINS DIRECTOR | 5.00 | X | | | | | 0. | 0. | 0. | |
| (5) JOANN FIELD DIRECTOR | 5.00 | X | | | | | 0. | 0. | 0. | |
| (6) SHAWN HASSEL DIRECTOR | 5.00 | X | | | | | 0. | 0. | 0. | |
| (7) AGRINA MUSSA DIRECTOR | 5.00 | X | | | | | 0. | 0. | 0. | |
| (8) JAMES SEMAKADDE DIRECTOR | 5.00 | X | | | | | 0. | 0. | 0. | |
| (9) DAVID E. WEISMAN DIRECTOR | 5.00 | X | | | | | 0. | 0. | 0. | |
| (10) RITA E. SPILLMAN DIRECTOR | 5.00 | X | | | | | 0. | 0. | 0. | |
| (11) HAROLD D. JASTRAM DIRECTOR | 5.00 | X | | | | | 0. | 0. | 0. | |
| (12) FRED SEYMOUR DIRECTOR | 5.00 | X | | | | | 0. | 0. | 0. | |
| (13) RUPERT W. SCOFIELD PRESIDENT & CEO | 50.00 | X | | X | | | 377,154. | 0. | 35,355. | |
| (14) ROMAN HINGORANI VP & CFO BEG 8/15 | 50.00 | | | X | | | 244,621. | 0. | 22,900. | |
| (15) ANDREE SIMON VP & COO | 50.00 | | | X | | | 225,392. | 0. | 24,797. | |
| (16) DANE S. MCGUIRE VP & CFO THROUGH 7/15 | 50.00 | | | X | | | 167,764. | 0. | 11,125. | |
| (17) P. DANIEL SMITH VP & GENERAL COUNSEL | 50.00 | | | X | | | 254,585. | 0. | 16,237. | |

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) CHIKAKO KUNO DIRECTOR, TEMA | 50.00 | | | | X | | | 190,420. | 0. | 20,395. |
| (19) STEFAN QUECK REGIONAL DIRECTOR | 50.00 | | | | X | | | 170,176. | 0. | 22,917. |
| (20) RONALD AIZER DEPUTY CFO | 50.00 | | | | X | | | 179,873. | 0. | 22,362. |
| (21) ZARLASHT WARDAK REGIONAL DIRECTOR | 50.00 | | | | X | | | 248,292. | 0. | 30,055. |
| (22) JEFFREY SMITH GLOBAL CHIEF AUDITOR | 50.00 | | | | X | | | 172,851. | 0. | 26,099. |
| (23) FRANCA ROFE VP - HR | 50.00 | | | | X | | | 155,100. | 0. | 9,325. |
| (24) BRAULIO OLIVEIRA VP & CIO | 50.00 | | | | X | | | 251,865. | 0. | 31,912. |
| (25) SOLEDAD GOMPF VP - NEW BUSINESS DEV. | 50.00 | | | | X | | | 174,517. | 0. | 194,156. |
| (26) JEFFREY A. FLOWERS REGIONAL DIRECTOR | 50.00 | | | | X | | | 197,164. | 0. | 29,975. |
| 1b Sub-total | | | | | | | | 3,097,212. | 0. | 497,610. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 2,091,146. | 359,405. | 260,299. |
| d Total (add lines 1b and 1c) | | | | | | | | 5,188,358. | 359,405. | 757,909. |

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 54

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | X | |
| 4 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 | |
| 5 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, STE 15, OAK HILL, VA 20171 | PRINTING AND MAILING | 3,522,047. |
| FINCA TANZANIA LIMITED, PLOT 84, MOROGORO ROAD, DAR ES SALAAM, TANZANIA | PROGRAM SERVICES | 2,455,302. |
| FINCA MICROFINZAS, SA DE CV, PASEO GENERAL ESCALON Y CALLE CIRCUNVALACION, SAN | PROGRAM SERVICES | 1,249,109. |
| FINCA HAITI S.A., 26, RUE METELLUS, PETIONVILLE, PORT-AU-PRINCE, HAITI | PROGRAM SERVICES | 1,144,353. |
| DELOITTE & TOUCHE LLP, 7900 TYSONS ONE PLACE, STE 800, MCLEAN, VA 22102-4219 | AUDIT AND TAX SERVICES | 782,240. |

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 22

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 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 3,049,983. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 17,304,952. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | 3,158,734. | | | | |
| | h Total. Add lines 1a-1f | | 20,354,935. | | | | |
| Program Service Revenue | 2 a MANAGEMENT FEES | Business Code | 900099 | 20,038,523. | 20,038,523. | | |
| | b INTEREST REV -BRANCHES | | 522298 | 4,979,577. | 4,979,577. | | |
| | c AFFIL LOAN PORT. REV. | | 900099 | 4,398,406. | 4,398,406. | | |
| | d OTHER REVENUE | | 900099 | 743,379. | 743,379. | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | | 30,159,885. | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 7,017,667. | | 7,017,667. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | 4,801,791. | 4,801,791. | | |
| | 6 a Gross rents | (i) Real | (ii) Personal | | | | |
| | | b Less: rental expenses | | | | | |
| | | c Rental income or (loss) | | | | | |
| | | d Net rental income or (loss) | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | b Less: cost or other basis and sales expenses | | | | | |
| | | c Gain or (loss) | | | | | |
| | | d Net gain or (loss) | | | | | |
| | 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a | | | | | |
| | | b Less: direct expenses | | | | | |
| | | c Net income or (loss) from fundraising events | | | | | |
| | 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| b Less: direct expenses | | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | | | | | |
| | b Less: cost of goods sold | | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11 a INSURANCE INCOME - UBI | | 524298 | 10,000. | | 10,000. | | |
| b | | | | | | | |
| c | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | | 10,000. | | | | |
| 12 Total revenue. See instructions. | | | 62,344,278. | 34,961,676. | 10,000. | 7,017,667. | |

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 |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 3,665,765. | 2,740,018. | 845,974. | 79,773. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 81,009. | 81,009. | | |
| 7 Other salaries and wages | 14,465,350. | 13,951,241. | 33,985. | 480,124. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 366,813. | | 366,813. | |
| 9 Other employee benefits | 3,582,588. | 88,151. | 3,514,556. | -20,119. |
| 10 Payroll taxes | 976,167. | | 976,167. | |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 238,112. | 226,253. | 11,859. | |
| c Accounting | 1,890,337. | 463,666. | 1,426,671. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | 301,392. | | | 301,392. |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 4,959,739. | 4,112,532. | 249,847. | 597,360. |
| 12 Advertising and promotion | 296,453. | 99,486. | 6,266. | 190,701. |
| 13 Office expenses | 4,667,924. | 1,944,299. | 1,089,616. | 1,634,009. |
| 14 Information technology | 3,675,782. | 1,750,738. | 1,925,044. | |
| 15 Royalties | | | | |
| 16 Occupancy | 1,577,837. | 632,108. | 945,729. | |
| 17 Travel | 2,225,451. | 1,840,086. | 343,925. | 41,440. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 196,139. | 136,802. | 57,267. | 2,070. |
| 20 Interest | 4,064,236. | 3,915,195. | 149,041. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 405,083. | 140,499. | 264,584. | |
| 23 Insurance | 1,916. | 1,330. | 586. | |
| 24 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.) | | | | |
| a LOAN CAPITAL | 2,428,309. | 2,428,309. | | |
| b FOREIGN WITHHOLDING TAX | 1,344,741. | 1,344,741. | | |
| c TRAINING | 374,712. | 359,326. | 15,386. | |
| d ALLOCATION OF INDIRECT | 0. | 1,227,863. | -1,413,078. | 185,215. |
| e All other expenses | 2,524,033. | 3,484,453. | -969,255. | 8,835. |
| 25 Total functional expenses. Add lines 1 through 24e | 54,309,888. | 40,968,105. | 9,840,983. | 3,500,800. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

| | | (A) | | (B) |
|--|--|-----------------------|--------------|-------------|
| | | Beginning of year | | End of year |
| Assets | 1 Cash - non-interest-bearing | 9,387,640. | 1 | 7,332,242. |
| | 2 Savings and temporary cash investments | 6,702,921. | 2 | 6,118,305. |
| | 3 Pledges and grants receivable, net | 2,611,426. | 3 | 2,482,430. |
| | 4 Accounts receivable, net | 2,963,818. | 4 | 7,065,146. |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 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 | | 6 | |
| | 7 Notes and loans receivable, net | 24,425,835. | 7 | 22,121,939. |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 26,413. | 9 | 492,674. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 3,628,046. | | |
| | b Less: accumulated depreciation | 10b 1,777,120. | | |
| | 11 Investments - publicly traded securities | 1,857,867. | 10c | 1,850,926. |
| | 12 Investments - other securities. See Part IV, line 11 | 8,457. | 11 | 7,584. |
| | 13 Investments - program-related. See Part IV, line 11 | | 12 | |
| | 14 Intangible assets | 86,934,071. | 13 | 92,326,463. |
| | 15 Other assets. See Part IV, line 11 | 159,272. | 14 | 76,899. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 85,064. | 15 | 157,563. | |
| | 135,162,784. | 16 | 140,032,171. | |
| Liabilities | 17 Accounts payable and accrued expenses | 10,200,323. | 17 | 11,004,269. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 5,106,323. | 19 | 2,340,187. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 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 | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 29,080,033. | 23 | 28,486,060. |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 7,717,525. | 25 | 6,582,059. |
| | 26 Total liabilities. Add lines 17 through 25 | 52,104,204. | 26 | 48,412,575. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 81,842,777. | 27 | 90,661,295. |
| | 28 Temporarily restricted net assets | 1,215,803. | 28 | 958,301. |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 83,058,580. | 33 | 91,619,596. | |
| 34 Total liabilities and net assets/fund balances | 135,162,784. | 34 | 140,032,171. | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 62,344,278. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 54,309,888. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 8,034,390. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 83,058,580. |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 526,626. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 91,619,596. |

Part XII Financial Statements and Reporting

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

| | Yes | No |
|---|-----|----|
| 1 Accounting method used to prepare the Form 990: <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. | | |
| 2a 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 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 | |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X | |
| 3a 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 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 _____ | X | |

Form 990 (2015)

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) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|--|-------------|-------------|-------------|-------------|-------------|--------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 25,743,712. | 18,743,053. | 27,525,208. | 22,225,233. | 20,354,935. | 114,592,141. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge ... | | | | | | |
| 4 Total. Add lines 1 through 3 | 25,743,712. | 18,743,053. | 27,525,208. | 22,225,233. | 20,354,935. | 114,592,141. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 3,892,064. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 110,700,077. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|--|-------------|-------------|-------------|-------------|-------------|--------------------------|
| 7 Amounts from line 4 | 25,743,712. | 18,743,053. | 27,525,208. | 22,225,233. | 20,354,935. | 114,592,141. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ... | 6,116,999. | 12,559,057. | 12,793,365. | 8,536,137. | 11,819,458. | 51,825,016. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on ... | 38,275. | 23,580. | 38,101. | 38,461. | 10,000. | 148,417. |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 2,435,260. | | | | | 2,435,260. |
| 11 Total support. Add lines 7 through 10 | | | | | | 169,000,834. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 134,014,464. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) | 14 | 65.50 % |
| 15 Public support percentage from 2014 Schedule A, Part II, line 14 | 15 | 70.10 % |
| 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2014. 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 stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. 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 9 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) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (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

| | | |
|--|-----------|---------|
| 15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2014 Schedule A, Part III, line 15 | 16 | 70.10 % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2014 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2015. 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 - 2014. 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 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 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> | | |
| 2 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> | | |
| 3a 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 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> | | |
| c 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> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i> | | |
| 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> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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> | | |
| 5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 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> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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> | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i> | | |
| 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 |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a 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 A family member of a person described in (a) above? | | |
| c 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 |
|---|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | | |

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | | |

Section E. Type III Functionally-Integrated Supporting Organizations

| | | |
|---|-----|----|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 Activities Test. Answer (a) and (b) below. | | |
| a 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 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. | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a 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 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. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|--|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | (A) Prior Year | Current Year |
|---|---|----------------|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <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 |
|---|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2015 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2015 | (iii) Distributable Amount for 2015 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2015 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) | | | |
| 3 Excess distributions carryover, if any, to 2015: | | | |
| a | | | |
| b | | | |
| c | | | |
| d From 2013 | | | |
| e From 2014 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2015 distributable amount | | | |
| i Carryover from 2010 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2015 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2015 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). | | | |
| 6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). | | | |
| 7 Excess distributions carryover to 2016. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a | | | |
| b | | | |
| c Excess from 2013 | | | |
| d Excess from 2014 | | | |
| e Excess from 2015 | | | |

Schedule A (Form 990 or 990-EZ) 2015

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

OMB No. 1545-0047

2015

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, 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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

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 | <hr/> <hr/> <hr/> | \$ 2,902,679. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | <hr/> <hr/> <hr/> | \$ 2,899,023. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | <hr/> <hr/> <hr/> | \$ 694,178. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | <hr/> <hr/> <hr/> | \$ 574,667. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | <hr/> <hr/> <hr/> | \$ 540,986. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> | \$ _____ | 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 |
|---|--|

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 |
|------------------------------|--|--|----------------------|
| 2 | SOFTWARE LICENSES _____ _____ _____ | \$ 2,899,023. | 01/01/15 |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |

| | |
|---|--|
| 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 |
|---|---------------------|--|-------------------------------------|
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| 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.

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

OMB No. 1545-0047

2015

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring details.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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 | | 1,877,728. | 377,825. | 1,499,903. |
| d Equipment | | 1,750,318. | 1,399,295. | 351,023. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 1,850,926. |

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) INVESTMENT IN PARTNERSHIP AND SUBS | 92,326,463. | COST |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | 92,326,463. | |

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) | |
| Total. (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 | 3,607,816. |
| (3) OTHER LIABILITIES | 2,974,243. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 6,582,059. |

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.

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

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.

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

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, 2015, FINCA DID NOT RECORD ANY ADDITIONAL UNRECOGNIZED TAX BENEFITS.

AS A RESULT OF A LAPSE OF A STATUTE OF LIMITATIONS, AN UNRECOGNIZED TAX

BENEFIT OF \$0.7 MILLION WAS RECOGNIZED. FINCA BELIEVES THAT IT IS NOT

Part XIII Supplemental Information (continued)

REASONABLY POSSIBLE THAT ANY UNRECOGNIZED TAX BENEFITS WILL SIGNIFICANTLY INCREASE OR DECREASE WITHIN 12 MONTHS OF THE REPORTING DATE.

AT DECEMBER 31, 2015, NO ESTIMATED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS WERE ACCRUED. AS A RESULT OF A LAPSE OF A STATUTE OF LIMITATIONS, \$0.7 MILLION BENEFIT WAS RECOGNIZED AS A REVERSAL OF ESTIMATED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS THAT HAD BEEN ACCRUED IN PRIOR YEARS. THE BENEFIT WAS NOT INCLUDED IN THE INCOME TAX EXPENSE LINE ITEM, BUT IT WAS ACCRUED IN THE OTHER OPERATING EXPENSES UNDER GENERAL AND ADMINISTRATIVE EXPENSES IN THE CONSOLIDATED STATEMENT OF ACTIVITIES. 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 IN THE UNITED STATES AND VARIOUS STATES AND FOREIGN JURISDICTIONS. AS OF DECEMBER 31, 2015, FINCA'S TAX YEARS 2008-2015 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.

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

OMB No. 1545-0047

2015

Open to Public Inspection

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

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 region | (d) Activities conducted in region (by type) (e.g., 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 region | (f) Total expenditures for and investments in region |
|---|-------------------------------------|--|---|--|--|
| SUB-SAHARAN AFRICA | 1 | 14 | PROGRAM SERVICES | FINANCIAL SERVICES FOR THE POOR | 9,943,932. |
| EUROPE (INCLUDING ICELAND AND GREENLAND) | 1 | 166 | PROGRAM SERVICES | FINANCIAL SERVICES FOR THE POOR | 4,698,493. |
| CENTRAL AMERICA & THE CARIBBEAN | 0 | 5 | PROGRAM SERVICES | FINANCIAL SERVICES FOR THE POOR | 3,749,915. |
| RUSSIA AND NEIGHBORING STATES | 1 | 10 | PROGRAM SERVICES | FINANCIAL SERVICES FOR THE POOR | 2,548,968. |
| SOUTH ASIA | 0 | 2 | PROGRAM SERVICES | FINANCIAL SERVICES FOR THE POOR | 762,103. |
| SOUTH AMERICA | 0 | 1 | PROGRAM SERVICES | FINANCIAL SERVICES FOR THE POOR | 350,807. |
| NORTH AMERICA | 0 | 1 | PROGRAM SERVICES | FINANCIAL SERVICES FOR THE POOR | 50,151. |
| MIDDLE EAST AND NORTH AFRICA | 0 | 1 | PROGRAM SERVICES | FINANCIAL SERVICES FOR THE POOR | 49,256. |
| 3 a Sub-total | 3 | 200 | | | 22,153,625. |
| b Total from continuation sheets to Part I | 1 | 1 | | | 2,131,471. |
| c Totals (add lines 3a and 3b) | 4 | 201 | | | 24,285,096. |

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

Schedule F (Form 990) 2015

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; do not 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; do not 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.

Multiple horizontal lines for supplemental information.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

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 ten 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, INC. - 7700 | TELEMARKETING | | X | 46,813. | 77,207. | -30,394. |
| SD&A TELESERVICES, INC. - 5757 W. CENTURY BLVD., #300, | TELEMARKETING | | X | 7,324. | 38,712. | -31,388. |
| INTEGRATED DIRECT MARKETING, LLC - 1250 CONNECTICUT AVE | FUNDRAISING CONSULTING | | X | 0. | 206,683. | -206,683. |
| KOSOVO ADDIS - 1205 CARDINAL LANE, CHERRY HILL, NJ 08003 | FUNDRAISING CONSULTING | | X | 0. | 42,000. | -42,000. |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | 54,137. | 364,602. | -310,465. |

- 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, AZ, CA, CO, CT, DC, FL, GA, HI, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NC, ND
NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, WA, WI, WV, NV, VT, WY, DE, ID, IA, MT, NE
SD

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.

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

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|--|-----------------------------|---|---|---|
| | | 1 | Gross revenue | | |
| Direct Expenses | 2 | Cash prizes | | | |
| | 3 | Noncash prizes | | | |
| | 4 | Rent/facility costs | | | |
| | 5 | Other direct expenses | | | |
| | 6 | 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 |
| 7 | Direct expense summary. Add lines 2 through 5 in column (d) | | | | |
| 8 | 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 | | 13a | % |
| b An outside facility | | 13b | % |
- 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, INC.

(I) ADDRESS OF FUNDRAISER:

7700 LEESBURG PIKE, #301, FALLS CHURCH, VA 22043

(I) NAME OF FUNDRAISER: SD&A TELESERVICES, INC.

(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, LLC

(I) ADDRESS OF FUNDRAISER:

1250 CONNECTICUT AVE NW, #200, WASHINGTON, DC 20036

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2015

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

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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 checked="" 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 checked="" 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 (e.g., 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 in 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 checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" 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" to 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 non-fixed 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" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----|
| 1b | X | |
| 2 | X | |
| 4a | X | |
| 4b | X | |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2015

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 are not 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 W. SCOFIELD PRESIDENT & CEO | (i) | 376,362. | 0. | 792. | 21,406. | 13,949. | 412,509. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) ROMAN HINGORANI VP & CFO BEG 8/15 | (i) | 244,107. | 0. | 514. | 0. | 22,900. | 267,521. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) ANDREE SIMON VP & COO | (i) | 225,272. | 0. | 120. | 15,708. | 9,089. | 250,189. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) DANE S. MCGUIRE VP & CFO THROUGH 7/15 | (i) | 167,312. | 0. | 452. | 0. | 11,125. | 178,889. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) P. DANIEL SMITH VP & GENERAL COUNSEL | (i) | 254,585. | 0. | 0. | 914. | 15,323. | 270,822. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) CHIKAKO KUNO DIRECTOR, TEMA | (i) | 189,904. | 0. | 516. | 15,479. | 4,916. | 210,815. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) STEFAN QUECK REGIONAL DIRECTOR | (i) | 82,462. | 0. | 87,714. | 0. | 22,917. | 193,093. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) RONALD AIZER DEPUTY CFO | (i) | 179,597. | 0. | 276. | 11,760. | 10,602. | 202,235. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (9) ZARLASHT WARDAK REGIONAL DIRECTOR | (i) | 146,246. | 0. | 102,046. | 12,377. | 17,678. | 278,347. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (10) JEFFREY SMITH GLOBAL CHIEF AUDITOR | (i) | 172,180. | 0. | 671. | 225. | 25,874. | 198,950. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (11) FRANCA ROFE VP - HR | (i) | 131,712. | 0. | 23,388. | 763. | 8,562. | 164,425. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (12) BRAULIO OLIVEIRA VP & CIO | (i) | 159,289. | 0. | 92,576. | 13,181. | 18,731. | 283,777. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (13) SOLEDAD GOMPF VP - NEW BUSINESS DEV. | (i) | 174,001. | 0. | 516. | 165,924. | 28,232. | 368,673. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (14) JEFFREY A. FLOWERS REGIONAL DIRECTOR | (i) | 171,412. | 0. | 25,752. | 11,207. | 18,768. | 227,139. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (15) SONAL GANDHI LOCAL COUNTRY CEO | (i) | 166,650. | 0. | 25,920. | 16,000. | 28,310. | 236,880. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (16) ALEJANDRO JAKUBOWICZ DEPUTY REGIONAL DIRECTOR | (i) | 153,703. | 0. | 32,768. | 812. | 23,210. | 210,493. | 0. |
| | (ii) | 117,739. | 0. | 0. | 0. | 0. | 117,739. | 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 are not 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) SYED MAHMOOD VP, SOCIAL ENTERPRISE | (i) | 184,997. | 0. | 418. | 375. | 22,133. | 207,923. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (18) EMILIO GHERSI DIRECTOR, CAP. MARKETS | (i) | 181,639. | 0. | 276. | 0. | 25,567. | 207,482. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (19) JEREMY DANFORD GLOBAL TAX DIRECTOR | (i) | 179,400. | 0. | 120. | 1,050. | 10,164. | 190,734. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (20) GWEN ANDREOTTI FORMER OFFICER | (i) | 0. | 0. | 676,087. | 0. | 3,026. | 679,113. | 170,244. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (21) MICHAEL A. GAMA-LOBO FORMER OFFICER | (i) | 149,571. | 0. | 108. | 10,477. | 58,531. | 218,687. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (22) SCOTT TINDALL FORMER OFFICER | (i) | 168,141. | 0. | 1,455. | 0. | 22,682. | 192,278. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (23) LEONARDO POLIT FORMER KEY EMPLOYEE | (i) | 169,169. | 0. | 724. | 14,000. | 23,962. | 207,855. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (24) VOLKER RENNER FORMER OFFICER | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 241,666. | 0. | 0. | 0. | 0. | 241,666. | 0. |
| | (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, LINE 1A:

FINCA INTERNATIONAL PROVIDED TAX GROSS-UP PAYMENTS FOR EXPATRIATE EMPLOYEES

PHILIP TAKYI, LESLIE ENRIGHT, AND MICHAEL GAMA-LOBO IN 2015. HOUSING

ALLOWANCES WERE PROVIDED FOR HOUSING COSTS PAID TO ONE DOMESTIC EMPLOYEE

(FRANCA ROFE) AND THE FOLLOWING EXPATRIATE EMPLOYEES: JEFFREY FLOWERS,

SONAL GANDHI, MICHAEL GAMA LOBO, AND ALEJANDRO JAKUBOWICZ. THE GROSS-UP

PAYMENTS AND HOUSING ALLOWANCES WERE TREATED AS TAXABLE COMPENSATION.

PART I, LINES 4A-B:

SEVERANCE PAYMENTS WERE MADE TO THE FOLLOWING PERSONS: BRAULIO OLIVEIRA

(\$92,369), STEFAN QUECK (\$87,530)

PART I, LINES 4A-B:

THE FOLLOWING PERSONS PARTICIPATED IN A SECTION 457(F) SUPPLEMENTAL

NONQUALIFIED DEFERRED COMPENSATION PLAN AND ARE NOT VESTED: SOLEDAD GOMPF

(\$154,457 DEFERRED COMPENSATION ACCRUAL) AND VOLKER RENNER (\$7,114 DEFERRED

COMPENSATION ACCRUAL). RUPERT SCOFIELD AND JOHN HATCH HAD PREVIOUSLY VESTED

IN THE PLAN. JOHN HATCH RECEIVED A PAYMENT OF \$78,333 DURING 2015; NO OTHER

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.

LISTED PERSON RECEIVED PAYMENT DURING 2015, EXCEPT AS NOTED BELOW. THE PLAN IS A DEFINED BENEFITS PENSION PLAN.

THE COMPENSATION LISTED ON GWEN ANDREOTTI'S 2015 FORM W-2 REFLECTS A LUMP-SUM SETTLEMENT PAYMENT OF \$676,087 IN ORDER TO DISCHARGE ALL OF FINCA'S PENSION PLAN BENEFIT OBLIGATION IN RELATION TO MS. ANDREOTTI. SHE HAD WORKED WITH FINCA INTERNATIONAL FOR OVER TWENTY YEARS. \$170,244 OF THIS AMOUNT WAS PREVIOUSLY REPORTED AS DEFERRED COMPENSATION TO MS. ANDREOTTI ON PRIOR YEAR FORM 990S.

SCHEDULE J, PART III: COMPENSATION FROM UNRELATED ORGANIZATIONS:

VOLKER RENNER, A FORMER OFFICER OF FINCA INTERNATIONAL, INC. ("FINCA"), RECEIVED COMPENSATION FOR SERVICES RENDERED TO FINCA FROM EAFS CONSULTING GMBH, AN ORGANIZATION THAT IS UNRELATED TO FINCA. THE AMOUNT OF COMPENSATION PAID DURING TAX YEAR 2015 WAS \$241,666

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

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

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 | 70 | 259,711. | 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 (COMPUTER SOFT) | X | 1 | 2,899,023. | COST OR SELLING PRIC |
| 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** 0

| | 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 is not 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 non-standard 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 did not 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) (2015)

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):

THE AMOUNT IN COLUMN (B) REFERS TO THE NUMBER OF CONTRIBUTIONS

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.

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

OMB No. 1545-0047

2015

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:

AS OF DECEMBER 31, 2015, FINCA'S AFFILIATES OPERATED IN THE FOLLOWING

COUNTRIES AND HAD THE FOLLOWING NUMBER OF BENEFICIARIES:

AFRICA:

* DEMOCRATIC REPUBLIC OF CONGO: 274,156 BENEFICIARIES

* MALAWI: 51,413 BENEFICIARIES

* NIGERIA: 13,705 BENEFICIARIES

* TANZANIA: 107,198 BENEFICIARIES

* UGANDA: 149,875 BENEFICIARIES

* ZAMBIA: 90,429 BENEFICIARIES

LATIN AMERICA & THE CARIBBEAN:

* ECUADOR: 29,138 BENEFICIARIES

* EL SALVADOR: 8,428 BENEFICIARIES

* GUATEMALA: 29,973 BENEFICIARIES

* HAITI: 34,761 BENEFICIARIES

* HONDURAS: 38,424 BENEFICIARIES

* MEXICO: 127,764 BENEFICIARIES

* NICARAGUA: 49,743 BENEFICIARIES

GREATER MIDDLE EAST:

* AFGHANISTAN: 34,034 BENEFICIARIES

* JORDAN: 25,491 BENEFICIARIES

* PAKISTAN: 326,734 BENEFICIARIES

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

EURASIA:

* ARMENIA: 52,390 BENEFICIARIES

* AZERBAIJAN: 121,741 BENEFICIARIES

* GEORGIA: 89,688 BENEFICIARIES

* KOSOVO: 12,494 BENEFICIARIES

* KYRGYZSTAN: 122,262 BENEFICIARIES

* RUSSIA: 6,714 BENEFICIARIES

* TAJIKISTAN: 40,836 BENEFICIARIES

FINCA HAS EMBARKED ON A COMPREHENSIVE INITIATIVE TO MONITOR AND MANAGE SOCIAL PERFORMANCE THAT INCLUDES IDENTIFYING AND TRACKING SOCIAL PERFORMANCE INDICATORS ON AN ONGOING BASIS TO ENSURE THAT FINCA REMAINS FOCUSED ON CLIENT WELFARE AND PROTECTION, INCREASES TRANSPARENCY WITH PARTNERS, AND DEVELOPS NEW PRODUCTS THAT ARE TAILORED TO ENHANCE CLIENT WELL-BEING. THE EXISTENCE OF A BOARD LEVEL SOCIAL PERFORMANCE AUDIT COMMITTEE SIGNIFIES THE ORGANIZATION'S UNWAVERING COMMITMENT TO IMPROVE THE LIVELIHOODS OF CLIENTS THROUGH THE PROVISION OF PRODUCTS AND SERVICES THAT CLIENTS SAY THEY NEED.

BUILDING ON THE PIONEERING CLIENT ASSESSMENT TOOL THAT FINCA INTERNATIONAL USES TO MEASURE THE IMPACT OF OUR PRODUCTS AND SERVICES ON THE LIVES OF OUR CLIENTS AND THEIR FAMILIES, THE SOCIAL PERFORMANCE AUDIT COMMITTEE HAS CREATED A SPECIFIC, COMPREHENSIVE AND MEASURABLE DEFINITION OF FINCA INTERNATIONAL'S SOCIAL PERFORMANCE. TO BE SUCCESSFUL IN ITS COMMITMENT TO SOCIAL PERFORMANCE, FINCA INTERNATIONAL NEEDS TO SHOW THAT IT HAS:

* EXPANDED ACCESS TO FINANCIAL SERVICES, PRIMARILY AMONG UNDERSERVED,

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

LOW-INCOME PEOPLE AND COMMUNITIES;

* INCREASED EMPLOYMENT AND INCOMES;

* IMPROVED LIVING STANDARDS; AND,

* EMPOWERED OUR CLIENTS AND HELPED THEM ACHIEVE THEIR PERSONAL ASPIRATIONS.

FORM 990, PART V, LINE 3B:

THE FORM 990-T WILL BE FILED FOR THE 2015 TAX YEAR. HOWEVER, IT WILL BE FILED AFTER THE FORM 990 HAS BEEN FILED AND PRIOR TO THE REQUIRED FILING DATE FOR THE FORM 990-T WITH EXTENSIONS.

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

AFGHANISTAN, ARMENIA, AZERBAIJAN, CAYMAN ISLANDS,
 CONGO, DEM REP, EL SALVADOR, ECUADOR, GEORGIA,
 GERMANY, GUATEMALA, HAITI, HONDURAS,
 JORDAN, KOSOVO, KYRGYZSTAN, MALAWI,
 MEXICO, NETHERLANDS, NICARAGUA, PAKISTAN,
 RUSSIA, TAJIKISTAN, TANZANIA, UGANDA,
 NIGERIA, ZAMBIA

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

THE CHAIRMAN OF THE BOARD, ROBERT W. HATCH, IS THE BROTHER OF THE FOUNDER, JOHN HATCH, WHO IS ALSO A DIRECTOR AND A RETIRED EMPLOYEE. ROBERT HATCH, GIVEN SIGNIFICANT MANAGEMENT EXPERIENCE, ASSISTED IN FOUNDING THE ORGANIZATION AND IN PROVIDING LEADERSHIP AS BOARD CHAIRMAN THROUGHOUT FINCA'S HISTORY. JOHN HATCH, 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, THE CHAIRMAN OF

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

FINCA INTERNATIONAL'S BOARD OF DIRECTORS. RICHARD WILLIAMSON HAS A FINANCIAL TRANSACTION WITH CEREAL INGREDIENTS, INC. RICHARD WILLIAMSON AND ROBERT HATCH ARE ALSO BOTH DIRECTORS OF THE HEALTHY BACK STORE. SHAWN HASSEL IS A DIRECTOR AND HAS A MINOR SHAREHOLDING IN THE HEALTHY BACK STORE.

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

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

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

THE MEMBERS, AS DESCRIBED IN LINE 6, ELECT THE GOVERNING BODY OF FINCA, WHICH IS FINCA INTERNATIONAL'S BOARD OF DIRECTORS.

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

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

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

THE FORM 990 IS PRESENTED TO THE 990 REVIEW TEAM WHICH COMPRISES THE AUDIT COMMITTEE, AND REPRESENTATIVES FROM HUMAN RESOURCES, LEGAL, AND FINANCE. THE TEAM REVIEWS THE DOCUMENT AND A MEETING IS SCHEDULED TO DISCUSS PENDING QUESTIONS WITH THE DIRECTOR OF TAX. THIS PROCESS INCLUDES REVIEWING AND

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

GIVING FINAL APPROVAL OF ALL SECTIONS, SCHEDULES, CHECKLISTS, AND ALL

DISCLOSURES ON THE RETURN.

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. CONFLICTS OF INTERESTS ARE PROHIBITED BY THE FINCA CODE OF CONDUCT AND PERSONNEL MANUAL, SUBJECT TO ANY EXCEPTIONS BASED ON A STANDARD OF FAIRNESS AND BEST INTERESTS OF THE COMPANY BY AN INDEPENDENT AUDIT COMMITTEE. CONFLICTS, INCLUDING RELATED PARTY TRANSACTIONS, ARE STRONGLY DISCOURAGED AND APPROVED, IF AT ALL, ON AN EXCEPTIONAL BASIS. THE PROCESS IS MONITORED THROUGH ACKNOWLEDGMENT 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 CONFLICTS OF INTERESTS.

FORM 990, PART VI, LINE 13:

THE FINCA GLOBAL CODE OF CONDUCT CONTAINS A FORMAL CONFIDENTIAL REPORTING MECHANISM, OR "WHISTLEBLOWER" PROCESS, FOR REPORTING SUSPECTED VIOLATIONS OF THE CODE OR OF LAW. THE CODE OF CONDUCT PROVIDES A SET OF STANDARDS FOR ETHICAL BUSINESS CONDUCT FOR ALL FINCA PERSONS WORLDWIDE. EMPLOYEES HAVE BEEN TRAINED ON THE CODE AND ON THE REPORTING MECHANISM, INCLUDING REINFORCEMENT BY THE CHIEF EXECUTIVE OFFICER THAT THE CODE REPRESENTS FINCA STANDARDS. REPORTS MAY BE MADE TO LOCAL MANAGEMENT OR DIRECTLY THROUGH A CONFIDENTIAL REPORTING LINE TO THE GLOBAL VICE PRESIDENT AND GENERAL COUNSEL OR THE GLOBAL VICE PRESIDENT - HUMAN RESOURCES.

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

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

THE PROCESS FOR DETERMINING THE CEO AND OTHER OFFICERS' COMPENSATION IS PERFORMED BY THE HUMAN RESOURCES DEPARTMENT AND REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS' COMPENSATION COMMITTEE. THE CEO IS EXCLUDED FROM THE COMPENSATION COMMITTEE DURING THE REVIEW AND APPROVAL OF THE CEO'S COMPENSATION. 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 15B:

THE PROCESS FOR DETERMINING ALL OFFICERS' COMPENSATION IS PERFORMED BY THE HUMAN RESOURCES DEPARTMENT AND REVIEWED AND APPROVED BY THE THE BOARD OF DIRECTORS' COMPENSATION 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,MS,MN,NJ,NH,NM,NY,OK,OR,PA,RI
SC,TN,UT,VA,WI,WV

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.

PART VII

THE COMPENSATION LISTED ON GWEN ANDREOTTI'S 2015 FORM W-2 REFLECTS A

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

LUMP-SUM SETTLEMENT PAYMENT OF \$676,087 IN ORDER TO DISCHARGE ALL OF
 FINCA'S PENSION PLAN BENEFIT OBLIGATION IN RELATION TO MS. ANDREOTTI.
 SHE HAD WORKED WITH FINCA INTERNATIONAL FOR OVER TWENTY YEARS. \$170,244
 OF THIS AMOUNT WAS PREVIOUSLY REPORTED AS DEFERRED COMPENSATION TO MS.
 ANDREOTTI ON PRIOR YEAR FORM 990S.

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

| | |
|---|----------|
| UNAMORTIZED PENSION PRIOR SERVICE COSTS | 93,838. |
| PARTNERSHIP K-1 INCOME | 283,306. |
| OTHER | 149,482. |
| TOTAL TO FORM 990, PART XI, LINE 9 | 526,626. |

FORM 990, PART XII, LINE 2:

FINCA INTERNATIONAL'S FINANCIAL STATEMENTS WERE AUDITED ON A
 CONSOLIDATED BASIS.

**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.

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

OMB No. 1545-0047

2015

Open to Public Inspection

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

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 | 85,535. | 183,386. | FINCA INTERNATIONAL, INC. |
| FINCA LICENSING & SUPPORT LLC 1201 15TH ST NW, 8TH FLOOR WASHINGTON, DC 20005 | DORMANT | DELAWARE | 0. | 0. | 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. |
| | | | | | |
| | | | | | |

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 NO. 12, COL. CANTARRA 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 | MICROFINANCE OPERATIONS | EL SALVADOR | | | FINCA MICROFINANCE HOLDING COMPANY, | X | |
| FINCA HAITI 26, RUE METELLUS, PETIONVILLE PORT-AU-PRINCE, HAITI | MICROFINANCE OPERATIONS | HAITI | | | FINCA MICROFINANCE HOLDING COMPANY, | X | |
| FINCA HONDURAS COL. TEPEYAC, AVE. LAS MINITAS TEGUCIGALPA, HONDURAS | DORMANT | HONDURAS | | | FINCA INTERNATIONAL, INC. | X | |

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

Schedule R (Form 990) 2015

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 | DE | FINCA INTERNATIONAL, INC. | RELATED | 23,900,564. | 186,716,060. | X | | N/A | X | | 62.64% |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

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. 100, ST NO. 8, QALA-E-FATHULLAH KABUL, AFGHANISTAN | MICROFINANCE OPERATIONS | AFGHANISTAN | FINCA MICROFINANCE COOPERATIEF | C CORP | 3,811,378. | 10,891,440. | 62.64% | X | |
| FINCA UNIVERSAL CREDIT ORGANIZATION CJSC AGATANGEGHOS STREET, 2A YEREVAN, ARMENIA 0023 | MICROFINANCE OPERATIONS | ARMENIA | FINCA MICROFINANCE COOPERATIEF | C CORP | 10,726,256. | 40,524,542. | 62.64% | X | |
| FINCA AZERBAIJAN, LLC 44 JAFAR JABBARLI STREET, CASPIAN PLAZA, 8TH BAKU, AZERBAIJAN 1065 | MICROFINANCE OPERATIONS | AZERBAIJAN | FINCA MICROFINANCE COOPERATIEF | C CORP | 53,821,434. | 92,639,727. | 62.64% | X | |
| MICRO-FINANCE SOLUTIONS, INC. PO BOX 309GT, UGLAND HOUSE, SOUTH CHURCH ST. GEORGE TOWN, CAYMAN ISLANDS FC1 | IT SERVICES | CAYMAN ISLANDS | FINCA INTERNATIONAL, INC. | C CORP | 28,655. | 0. | 100.00% | X | |
| FINCA D.R. CONGO SARL 1286 AVE. TOMBALBAYE, BP KINSHASA, CONGO (KINSHASA) 13447 | MICROFINANCE OPERATIONS | CONGO (KINSHASA) | FINCA MICROFINANCE HOLDING | C CORP | 23,196,934. | 53,859,910. | 62.64% | 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 |
| FINCASERVICES - EURASIA, LLC 71 VAZHA-PSHAVELA AVENUE TBILISI, GEORGIA 0186 | DORMANT | GEORGIA | FINCA MICROFINANCE HOLDING | C CORP | 0. | 2,234. | 62.64% | X | |
| JSC MFO FINCA 71 VAZHA-PSHAVELA AVENUE TBILISI, GEORGIA 0186 | MICROFINANCE OPERATIONS | GEORGIA | FINCA MICROFINANCE COOPERATIEF | C CORP | 15,215,915. | 56,875,978. | 62.64% | X | |
| FINCA MICROFINANZAS, SA DE CV PASEO GENERAL ESCALON Y CALLE CIRCUNVALACION SAN SALVADOR, EL SALVADOR | MICROFINANCE OPERATIONS | EL SALVADOR | FINCA MICROFINANCE HOLDING | C CORP | 2,062,401. | 8,696,508. | 62.64% | X | |
| BANCO PARA LA ASISTENCIA COMUNITARIA FINCA SA, AVDA. AMAZONAS N39-123 Y JOSE ARIZAGA, QUITO, ECUADOR | MICROFINANCE OPERATIONS | ECUADOR | FINCA MICROFINANCE HOLDING | C CORP | 6,937,852. | 27,064,181. | 62.64% | X | |
| FINCA TRANSFERT SARL 1286 AVE. TOMBALBAYE, BP KINSHASA, CONGO (KINSHASA) | MICROFINANCE OPERATIONS | CONGO (KINSHASA) | FINCA D. R. CONGO SARL | C CORP | 111. | 14,465. | 62.64% | X | |
| FINANCIERA FINCA HONDURAS, SA COL. TEPEYAC, AVE. LAS MINITAS TEGUCIGALPA, HONDURAS | MICROFINANCE OPERATIONS | HONDURAS | FINCA MICROFINANCE HOLDING | C CORP | 4,720,090. | 14,979,645. | 62.64% | X | |
| FINCA HAITI SA 26, RUE METELLUS, PETIONVILLE PORT-AU-PRINCE, HAITI | MICROFINANCE OPERATIONS | HAITI | FINCA MICROFINANCE HOLDING | C CORP | 3,250,266. | 7,746,236. | 62.64% | X | |
| FINCA MICROFINANZAS SA 3 AVE. 10-35, ZONA 09 GUATEMALA CITY, GUATEMALA | DORMANT | GUATEMALA | FINCA MICROFINANCE HOLDING | C CORP | 0. | 0. | 62.64% | X | |
| MFSI GUATEMALA SA CALZADA ROOSEVELT 22-43, ZONA 11 GUATEMALA CITY, GUATEMALA 01011 | IT SERVICES | GUATEMALA | MICRO FINANCE SOLUTIONS, INC. | C CORP | 11,286. | 89,614. | 100.00% | X | |
| FINCASERVICIOS - LATINOAMERICA SA CALZADA ROOSEVELT 22-43, ZONA 11 GUATEMALA CITY, GUATEMALA | DORMANT | GUATEMALA | FINCA MICROFINANCE HOLDING | C CORP | 2. | 2,495. | 62.64% | X | |
| TENEDORA FINCA, S.A.P.I. DE C.V. AV. GUSTAVO DIAZ ORDAZ NO. 12 CUERNAVACA, MEXICO CP 62448 | HOLDING COMPANY | MEXICO | FINCA MICROFINANCE HOLDING | C CORP | 365,963. | 8,928,830. | 62.64% | X | |
| FINCA LIMITED (MALAWI) HENDERSON ST., PRIVATE BAG 382 BLANTYRE, MALAWI 3 | MICROFINANCE OPERATIONS | MALAWI | FINCA MICROFINANCE COOPERATIEF | C CORP | 5,525,693. | 8,583,630. | 62.64% | 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 MICRO-CREDIT COMPANY CJSC 93/2 SHOPOKOV STREET BISHKEK, KYRGYZSTAN | MICROFINANCE OPERATIONS | KYRGYZSTA | FINCA MICROFINANCE HOLDING | C CORP | 26,641,423. | 85,857,364. | 62.64% | X | |
| FINCA KOSOVE S.H.A. ROBERT DOLL 5 PRISHTINA, OTHER COUNTRY | DORMANT | KOSOVO | FINCA MICROFINANCE HOLDING | C CORP | 0. | 7,616. | 62.64% | X | |
| SPECIALIZED MICRO LOANS (PRIVATE SHAREHOLDING COMPANY), OFFICE 23 AND 24, 4TH FL. DURRET KHALDA, AMMAN, JORDAN | MICROFINANCE OPERATIONS | JORDAN | FINCA MICROFINANCE HOLDING | C CORP | 4,437,086. | 15,738,518. | 62.64% | X | |
| FINCA MICROFINANCE BANK LIMITED 20 WETHERAL ROAD OWERRI, NIGERIA | MICROFINANCE OPERATIONS | NIGERIA | FINCA MICROFINANCE COOPERATIEF | C CORP | 1,115,156. | 3,218,819. | 62.64% | X | |
| FINANCIERA FINCA NICARAGUA, SA DE LA ROTUNDA DEL GUEGUENSE 3 CUADRAS AL LAGO MANAGUA, NICARAGUA | MICROFINANCE OPERATIONS | NICARAGUA | FINCA MICROFINANCE HOLDING | C CORP | 8,716,876. | 26,395,285. | 62.64% | X | |
| FINCA NETWORK SUPPORT BV DE ENTREE 99-197, ZUIDOOST AMSTERDAM, NETHERLANDS 1101HE | IT SERVICES | NETHERLAN | FINCA MICROFINANCE COOPERATIEF | C CORP | 3,540,079. | 2,498,022. | 62.64% | X | |
| FINCA MICROFINANCE COOPERATIEF U.A. DE ENTREE 99-197, ZUIDOOST AMSTERDAM, NETHERLANDS 1101HE | HOLDING COMPANY | NETHERLAN | FINCA MICROFINANCE HOLDING | C CORP | 6,700,683. | 75,276,616. | 62.64% | X | |
| FINANCIERA FINCA S.A. DE C.V. SOFOM AV. GUSTAVO DIAZ ORDAZ NO. 12 CUERNAVACA, MEXICO CP 62448 | MICROFINANCE OPERATIONS | MEXICO | TENEDORA FINCA, S.A.P.I. DE | C CORP | 21,076,498. | 32,863,617. | 62.64% | X | |
| FINCA UGANDA LIMITED PLOT 11A ACACIA AVENUE, KOLOLO KAMPALA, UGANDA | MICROFINANCE OPERATIONS | UGANDA | FINCA MICROFINANCE COOPERATIEF | C CORP | 9,477,472. | 23,868,011. | 62.64% | X | |
| FINCA TANZANIA LIMITED PLOT 84, MOROGORO ROAD, PO BOX 78783 DAR ES SALAAM, TANZANIA | MICROFINANCE OPERATIONS | TANZANIA | FINCA MICROFINANCE HOLDING | C CORP | 11,234,882. | 24,159,839. | 62.64% | X | |
| FINCA MICRO-CREDIT DEPOSIT ORGANIZATION LLC 9, JABBOR RASULOV STREET DUSHANBE, TAJIKISTAN | MICROFINANCE OPERATIONS | TAJIKISTA | FINCA MICROFINANCE HOLDING | C CORP | 8,109,540. | 22,671,103. | 62.64% | X | |
| FINCA CJSC 111 REVOLUTSIONNAYA ST. SAMARA, RUSSIA 443079 | MICROFINANCE OPERATIONS | RUSSIA | FINCA MICROFINANCE HOLDING | C CORP | 3,548,437. | 6,686,050. | 62.64% | 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 |
|--|-----|----|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | X | |
| b Gift, grant, or capital contribution to related organization(s) | X | |
| c Gift, grant, or capital contribution from related organization(s) | | X |
| d Loans or loan guarantees to or for related organization(s) | X | |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | X | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | X | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | X |
| o Sharing of paid employees with related organization(s) | | X |
| p Reimbursement paid to related organization(s) for expenses | | X |
| q Reimbursement paid by related organization(s) for expenses | X | |
| r Other transfer of cash or property to related organization(s) | | X |
| s 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) FUNDACION INTERNACIONAL PARA LA ASISTENCIA COMUNITARIA DE GUATEMALA | A | 210,023. | FMV |
| (2) FINCA HAITI, SA | A | 78,904. | FMV |
| (3) FINCA MICROFINANCE HOLDING COMPANY, LLC | B | 5,871,651. | FMV |
| (4) FINCA AFGHANISTAN | D | 850,000. | FMV |
| (5) FUNDACION INTERNACIONAL PARA LA ASISTENCIA COMUNITARIA DE GUATEMALA | D | 3,580,502. | FMV |
| (6) FINCA HAITI, SA | D | 1,900,005. | 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)FINANCIERA FINCA NICARAGUA, SA | D | 500,000. | FMV |
| FUNDACION INTERNACIONAL PARA LA ASISTENCIA COMUNITARIA DE (8)NICARAGUA | D | 433,492. | FMV |
| (9)FINCA MICROFINANCE HOLDING COMPANY, LLC | L | 16,498,803. | FMV |
| (10)FINCA SERVICES USA, LLC | M | 624,583. | FMV |
| (11)ASOCIACION DE FOMENTO INTEGRAL COMUNITARIA DE EL SALVADOR | M | 1,249,109. | FMV |
| (12)FINCA HAITI, SA | M | 1,144,353. | FMV |
| (13)FINCA MICRO-CREDIT COMPANY CJSC (KYRGYZSTAN) | M | 81,516. | FMV |
| (14)FINCA LIMITED (MALAWI) | M | 657,144. | FMV |
| (15)FINCA MICROFINANCE BANK LIMITED (NIGERIA) | M | 134,193. | FMV |
| (16)FINCA CJSC (RUSSIA) | M | 93,800. | FMV |
| (17)FINCA MICRO-CREDIT DEPOSIT ORGANIZATION, LLC (TAJIKISTAN) | M | 125,200. | FMV |
| (18)FINCA TANZANIA LIMITED | M | 2,455,302. | FMV |
| (19)FINCA ZAMBIA LIMITED | M | 572,979. | FMV |
| (20)FINCA D.R. CONGO SARL | M | 445,879. | FMV |
| (21)FINCA MICROFINANCE BANK LIMITED (PAKISTAN) | M | 59,514. | FMV |
| (22)FINCA D.R. CONGO SARL | Q | 68,060. | FMV |
| (23)FINCA LIMITED (MALAWI) | Q | 61,930. | FMV |
| FUNDACION INTERNACIONAL PARA LA ASISTENCIA COMUNITARIA DE (24)GUATEMALA | Q | 67,316. | 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) FINCA HAITI, SA | Q | 53,033. | FMV |
| (8) FINCA AZERBAIJAN, LLC | Q | 76,069. | FMV |
| (9) FINCA AFGHANISTAN | Q | 83,993. | FMV |
| (10) FINCA MICRO-CREDIT DEPOSIT ORGANIZATION, LLC | Q | 57,857. | FMV |
| (11) FINANCIERA FINCA HONDURAS, SA | D | 948,221. | FMV |
| (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 OF RELATED ORGANIZATION:

FINCA HAITI

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY, LLC

NAME OF RELATED ORGANIZATION:

FUNDACION INTERNACIONAL PARA LA ASISTENCIA COMUNITARIA

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY, LLC

NAME OF RELATED ORGANIZATION:

FUNDACION INTERNACIONAL PARA LA ASISTENCIA COMUNITARIA

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY, LLC

NAME OF RELATED ORGANIZATION:

FUNDACION INTERNACIONAL PARA LA ASISTENCIA COMUNITARIA

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY, LLC

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

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:

FINCASERVICES - EURASIA, LLC

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY, LLC

NAME OF RELATED ORGANIZATION:

JSC MFO FINCA

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE COOPERATIEF U.A.

NAME OF RELATED ORGANIZATION:

FINCA MICROFINANZAS, SA DE CV

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:

BANCO PARA LA ASISTENCIA COMUNITARIA FINCA SA

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY, LLC

NAME OF RELATED ORGANIZATION:

FINANCIERA FINCA HONDURAS, SA

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:

FINCA MICROFINANZAS SA

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY, LLC

NAME OF RELATED ORGANIZATION:

FINCASERVICIOS - LATINOAMERICA SA

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY, LLC

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 LIMITED (MALAWI)

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 COMPANY CJSC

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:

SPECIALIZED MICRO LOANS (PRIVATE SHAREHOLDING COMPANY)

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:

FINANCIERA FINCA NICARAGUA, SA

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:

FINCA MICROFINANCE COOPERATIEF U.A.

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:

FINANCIERA FINCA S.A. DE C.V. SOFOM

DIRECT CONTROLLING ENTITY: TENEDORA FINCA, S.A.P.I. DE C.V.

NAME OF RELATED ORGANIZATION:

FINCA UGANDA LIMITED

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE COOPERATIEF U.A.

NAME OF RELATED ORGANIZATION:

FINCA TANZANIA LIMITED

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY, LLC

NAME OF RELATED ORGANIZATION:

FINCA MICRO-CREDIT DEPOSIT ORGANIZATION LLC

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY, LLC

NAME OF RELATED ORGANIZATION:

FINCA CJSC

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 SERVICES USA, 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:

FINCA ZAMBIA HOLDING LIMITED

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY, LLC

NAME OF RELATED ORGANIZATION:

FINCA ZAMBIA LIMITED

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE COOPERATIEF U.A.

SCHEDULE R, PART II, COLUMN D

THESE ARE ENTITIES THAT ARE TAX-EXEMPT IN THEIR LOCAL COUNTRY, BUT THEY ARE NOT REGISTERED AS TAX-EXEMPT IN THE U.S.