

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

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 <hr/> Doing business as <hr/> Number and street (or P O box if mail is not delivered to street address) Room/suite 1201 15TH ST NW 8TH FLOOR <hr/> City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20005	D Employer identification number 13-3240109 <hr/> E Telephone number (202) 682-1510 <hr/> G Gross receipts \$ 62,344,278
F Name and address of principal officer RUPERT W SCOFIELD 1201 15TH ST NW 8TH FLOOR WASHINGTON, DC 20005		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

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	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	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		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 HINFORANI CHIEF FINANCIAL OFFICER Type or print name and title	2016-10-20 Date
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Paid Preparer Use Only	Print/Type preparer's name JOHN W SADOFF JR	Preparer's signature JOHN W SADOFF JR	Date	Check <input type="checkbox"/> if self-employed	PTIN P00540589
	Firm's name ▶ DELOITTE TAX LLP			Firm's EIN ▶ 86-1065772	
	Firm's address ▶ 191 PEACHTREE STREET NE STE 2000 ATLANTA, GA 30303			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

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?
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?
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 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. 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, LOW-INCOME PEOPLE AND COMMUNITIES, * INCREASED EMPLOYMENT AND INCOMES, * IMPROVED LIVING STANDARDS, AND, * EMPOWERED OUR CLIENTS AND HELPED THEM ACHIEVE THEIR PERSONAL ASPIRATIONS.

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> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
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>		No
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>		No
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>		No
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> <input checked="" type="checkbox"/>		No
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> <input checked="" type="checkbox"/>		No
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> <input checked="" type="checkbox"/>		No
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> <input checked="" type="checkbox"/>		No
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> <input checked="" type="checkbox"/>		No
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> <input checked="" type="checkbox"/>	Yes	
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> <input checked="" type="checkbox"/>		No
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> <input checked="" type="checkbox"/>	Yes	
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> <input checked="" type="checkbox"/>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
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> <input checked="" type="checkbox"/>	Yes	
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> <input checked="" type="checkbox"/>		No
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> <input checked="" type="checkbox"/>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?	Yes	
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> <input checked="" type="checkbox"/>	Yes	
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> <input checked="" type="checkbox"/>		No
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> <input checked="" type="checkbox"/>		No
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> (see instructions) <input checked="" type="checkbox"/>	Yes	
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> <input checked="" type="checkbox"/>		No
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> <input checked="" type="checkbox"/>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules *(continued)*

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>	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
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>	23	Yes	
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>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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>	25b		No
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>	26		No
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>	27		No
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>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
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>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
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>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
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>	32		No
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>	33	Yes	
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>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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>	35b	Yes	
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>	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

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, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign country information, prohibited tax shelter transactions, deductible contributions, and other IRS filings.

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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

Section A. Governing Body and Management

Table with columns for question number, description, and Yes/No response. Includes questions 1a-9 regarding governing body composition and management.

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

Table with columns for question number, description, and Yes/No response. Includes questions 10a-16b regarding organizational policies and procedures.

Section C. Disclosure

- 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection
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

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 dotted 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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
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>	Yes	
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>	Yes	
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>	Yes	

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 TZ	PROGRAM SERVICES	2,455,302
FINCA MICROFINZAS SA DE CV PASEO GENERAL ESCALON Y CALLE CIRCU SAN SALVADOR ES	PROGRAM SERVICES	1,249,109
FINCA HAITI SA 26 RUE METELLUS PETIONVILLE PORT-AU-PRINCE HA	PROGRAM SERVICES	1,144,353
DELOITTE & TOUCHE LLP 7900 TYSONS ONE PLACE STE 800 MCLEAN, VA 221024219	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**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a 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		Business Code					
	2a MANAGEMENT FEES	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			
	6a Gross rents	(i) Real					
		(ii) Personal					
		b Less rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7a 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)						
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses b					
		c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a					
		b Less direct expenses b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold b						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code						
11a 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 Schedule 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
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 instructions) Complete Part II of Schedule 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	1,857,867	10c 1,850,926
	11 Investments—publicly traded securities	8,457	11	7,584
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11	86,934,071	13	92,326,463
	14 Intangible assets	159,272	14	76,899
	15 Other assets See Part IV, line 11	85,064	15	157,563
16 Total assets. Add lines 1 through 15 (must equal line 34)	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

- 1** Accounting method used to prepare the Form 990 Cash Accrual 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
 Separate basis Consolidated basis Both consolidated and separate basis
- 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
 Separate basis Consolidated basis Both consolidated and separate basis
- 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
- 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?
- 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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:
Software Version:
EIN: 13-3240109
Name: FINCA INTERNATIONAL INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
ROBERT W HATCH CHAIRMAN	10 00	X					0	0	0	
JOHN K HATCH DIRECTOR	10 00	X					87,438	0	0	
RICHARD M WILLIAMSON DIRECTOR	5 00	X					0	0	0	
JOHN ELKINS DIRECTOR	5 00	X					0	0	0	
JOANN FIELD DIRECTOR	5 00	X					0	0	0	
SHAWN HASSEL DIRECTOR	5 00	X					0	0	0	
AGRINA MUSSA DIRECTOR	5 00	X					0	0	0	
JAMES SEMAKADDE DIRECTOR	5 00	X					0	0	0	
DAVID E WEISMAN DIRECTOR	5 00	X					0	0	0	
RITA E SPILLMAN DIRECTOR	5 00	X					0	0	0	
HAROLD D JASTRAM DIRECTOR	5 00	X					0	0	0	
FRED SEYMOUR DIRECTOR	5 00	X					0	0	0	
RUPERT W SCOFIELD PRESIDENT & CEO	50 00	X		X			377,154	0	35,355	
ROMAN HINGORANI VP & CFO BEG 8/15	50 00			X			244,621	0	22,900	
ANDREE SIMON VP & COO	50 00			X			225,392	0	24,797	
DANE S MCGUIRE VP & CFO THROUGH 7/15	50 00			X			167,764	0	11,125	
P DANIEL SMITH VP & GENERAL COUNSEL	50 00			X			254,585	0	16,237	
CHIKAKO KUNO DIRECTOR, TEMA	50 00				X		190,420	0	20,395	
STEFAN QUECK REGIONAL DIRECTOR	50 00				X		170,176	0	22,917	
RONALD AIZER DEPUTY CFO	50 00				X		179,873	0	22,362	
ZARLASHT WARDAK REGIONAL DIRECTOR	50 00				X		248,292	0	30,055	
JEFFREY SMITH GLOBAL CHIEF AUDITOR	50 00				X		172,851	0	26,099	
FRANCA ROFE VP - HR	50 00				X		155,100	0	9,325	
BRAULIO OLIVEIRA VP & CIO	50 00				X		251,865	0	31,912	
SOLEDAD GOMPF VP - NEW BUSINESS DEV	50 00				X		174,517	0	194,156	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
JEFFREY A FLOWERS REGIONAL DIRECTOR	50 00				X			197,164	0	29,975
SONAL GANDHI LOCAL COUNTRY CEO	50 00					X		192,570	0	44,310
ALEJANDRO JAKUBOWICZ DEPUTY REGIONAL DIRECTOR	25 00					X		186,471	117,739	24,022
SYED MAHMOOD VP, SOCIAL ENTERPRISE	50 00					X		185,415	0	22,508
EMILIO GHERSI DIRECTOR, CAP MARKETS	50 00					X		181,915	0	25,567
JEREMY DANFORD GLOBAL TAX DIRECTOR	50 00					X		179,520	0	11,214
GWEN ANDREOTTI FORMER OFFICER	0 00						X	676,087	0	3,026
MICHAEL A GAMA-LOBO FORMER OFFICER	50 00						X	149,679	0	69,008
SCOTT TINDALL FORMER OFFICER	50 00						X	169,596	0	22,682
LEONARDO POLIT FORMER KEY EMPLOYEE	50 00						X	169,893	0	37,962
VOLKER RENNER FORMER OFFICER	50 00						X	0	241,666	0

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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

▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
FINCA INTERNATIONAL INC

Employer identification number
13-3240109

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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 checked="" 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	65.500 %
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	70.100 %
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 <input type="checkbox"/>						

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	70.100 %

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 on line 11 of 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? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		
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.		

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

- 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.*

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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.*

	Yes	No
1		
2		
3		

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** The organization satisfied the Activities Test. Complete **line 2** below
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below
- c** 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.*
- 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.*

	Yes	No
2a		
2b		
3a		
3b		

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

Section C - Distributable Amount

- | | | Current Year |
|---|----------|--------------|
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 Enter 85% of line 1 | 2 | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 Enter greater of line 2 or line 3 | 4 | |
| 5 Income tax imposed in prior year | 5 | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/> | | |

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			
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			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI Supplemental Information.

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

Facts And Circumstances Test

Return Reference	Explanation

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Form with multiple sections: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with sections: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items, 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.

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?

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

Table with 2 columns: Description (1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance) and Amount.

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 in Part XIII

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include 1a-1g: Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, 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:

Table with 2 columns: Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

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' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total.

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		
Total. (Column (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	C
Total. (Column (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
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
Federal income taxes	
DEFERRED PENSION OBLIGATION	3,607,816
OTHER LIABILITIES	2,974,243
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

Return Reference	Explanation
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 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)

Statement of Activities Outside the United States

OMB No 1545-0047

2015

Open to Public Inspection

Complete if the organization answered "Yes" to 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.

Department of the Treasury Internal Revenue Service

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" to 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)

Table with 6 columns: (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) 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. Includes sub-totals and totals for lines 3a and 3b.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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 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 file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Additional Data

Software ID:
Software Version:
EIN: 13-3240109
Name: FINCA INTERNATIONAL INC

Part V Supplemental Information

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

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 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

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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 region
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

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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 region
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
CENTRAL AMERICA & THE CARIBBEAN	0	0	INVESTMENTS	INVESTMENTS	1,900,000

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
SUB-SAHARAN AFRICA	0	0	INVESTMENTS	INVESTMENTS	2,333
SUB-SAHARAN AFRICA	1	1	PROGRAM SERVICES	SELLING PRODUCTS	229,138

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2015

Open to Public Inspection

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.

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
- 2a** 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			
1 PUBLIC INTEREST COMMUNICATIONS INC 7700 LEESBURG PIKE 301 FALLS CHURCH, VA 22043	TELEMARKETING		No	46,813	77,207	-30,394
2 SD&A TELESERVICES INC 5757 W CENTURY BLVD 300 LOS ANGELES, CA 90045	TELEMARKETING		No	7,324	38,712	-31,388
3 INTEGRATED DIRECT MARKETING LLC 1250 CONNECTICUT AVE NW 200 WASHINGTON, DC 20036	FUNDRAISING CONSULTING		No	0	206,683	-206,683
4 KOSOVO ADDIS 1205 CARDINAL LANE CHERRY HILL, NJ 08003	FUNDRAISING CONSULTING		No	0	42,000	-42,000
5						
6						
7						
8						
9						
10						
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)
		(event type)	(event type)	(total number)	Total events (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))
Revenue	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		%
b	An outside facility		%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

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 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 complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

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

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

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

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
FINCA INTERNATIONAL INC

Employer identification number

13-3240109

Part I Questions Regarding Compensation

	Yes	No								
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input checked="" type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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)		
<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)									
<p>b If any of the boxes in 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.</p>	Yes									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	Yes									
<p>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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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				
<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									
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p>	Yes									
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	Yes									
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>										
<p>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:</p> <p>a The organization?</p>		No								
<p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>		No								
<p>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:</p> <p>a The organization?</p>		No								
<p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>		No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>		No								
<p>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.</p>		No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>										

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
	Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

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.

Return Reference	Explanation
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 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.

Additional Data

Software ID:
Software Version:
EIN: 13-3240109
Name: FINCA INTERNATIONAL INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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)	-	-	-	-	-	-	-
1 ROMAN HINGORANI VP & CFO BEG 8/15	(i)	244,107	0	514	0	22,900	267,521	0
	(ii)	-	-	-	-	-	-	-
2 ANDREE SIMON VP & COO	(i)	225,272	0	120	15,708	9,089	250,189	0
	(ii)	-	-	-	-	-	-	-
3 DANE S MCGUIRE VP & CFO THROUGH 7/15	(i)	167,312	0	452	0	11,125	178,889	0
	(ii)	-	-	-	-	-	-	-
4 P DANIEL SMITH VP & GENERAL COUNSEL	(i)	254,585	0	0	914	15,323	270,822	0
	(ii)	-	-	-	-	-	-	-
5 CHIKAKO KUNO DIRECTOR, TEMA	(i)	189,904	0	516	15,479	4,916	210,815	0
	(ii)	-	-	-	-	-	-	-
6 STEFAN QUECK REGIONAL DIRECTOR	(i)	82,462	0	87,714	0	22,917	193,093	0
	(ii)	-	-	-	-	-	-	-
7 RONALD AIZER DEPUTY CFO	(i)	179,597	0	276	11,760	10,602	202,235	0
	(ii)	-	-	-	-	-	-	-
8 ZARLASHT WARDAK REGIONAL DIRECTOR	(i)	146,246	0	102,046	12,377	17,678	278,347	0
	(ii)	-	-	-	-	-	-	-
9 JEFFREY SMITH GLOBAL CHIEF AUDITOR	(i)	172,180	0	671	225	25,874	198,950	0
	(ii)	-	-	-	-	-	-	-
10 FRANCA ROFE VP - HR	(i)	131,712	0	23,388	763	8,562	164,425	0
	(ii)	-	-	-	-	-	-	-
11 BRAULIO OLIVEIRA VP & CIO	(i)	159,289	0	92,576	13,181	18,731	283,777	0
	(ii)	-	-	-	-	-	-	-
12 SOLEDAD GOMPF VP - NEW BUSINESS DEV	(i)	174,001	0	516	165,924	28,232	368,673	0
	(ii)	-	-	-	-	-	-	-
13 JEFFREY A FLOWERS REGIONAL DIRECTOR	(i)	171,412	0	25,752	11,207	18,768	227,139	0
	(ii)	-	-	-	-	-	-	-
14 SONAL GANDHI LOCAL COUNTRY CEO	(i)	166,650	0	25,920	16,000	28,310	236,880	0
	(ii)	-	-	-	-	-	-	-
15 ALEJANDRO JAKUBOWICZ DEPUTY REGIONAL DIRECTOR	(i)	153,703	0	32,768	812	23,210	210,493	0
	(ii)	-	-	-	-	-	-	-
16 SYED MAHMOOD VP, SOCIAL ENTERPRISE	(i)	184,997	0	418	375	22,133	207,923	0
	(ii)	-	-	-	-	-	-	-
17 EMILIO GHERSI DIRECTOR, CAP MARKETS	(i)	181,639	0	276	0	25,567	207,482	0
	(ii)	-	-	-	-	-	-	-
18 JEREMY DANFORD GLOBAL TAX DIRECTOR	(i)	179,400	0	120	1,050	10,164	190,734	0
	(ii)	-	-	-	-	-	-	-
19 GWEN ANDREOTTI FORMER OFFICER	(i)	0	0	676,087	0	3,026	679,113	170,244
	(ii)	-	-	-	-	-	-	-

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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				
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
1 SCOTT TINDALL FORMER OFFICER	(i)	168,141	0	1,455	0	22,682	192,278	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
2 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
3 VOLKER RENNER FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		241,666	0	0	0	0	241,666	0

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization FINCA INTERNATIONAL INC

Employer identification number

13-3240109

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 10 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization?, (e) Original principal amount, (f) Balance due, (g) In default?, (h) Approved by board or committee?, (i) Written agreement?

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JULIE HOUSER	FAMILY MEMBER - CEO	50,684	EMPLOYMENT		No

Part V Supplemental Information

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

Return Reference	Explanation
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

- 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

Department of the Treasury Internal Revenue Service

Name of the organization FINCA INTERNATIONAL INC

Employer identification number

13-3240109

Part I Types of Property

Table with 4 columns: (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. Rows include Art, Books, Cars, Securities, etc.

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 0

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... 31 Does the organization have a gift acceptance policy... 32a Does the organization hire or use third parties... 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked...

Part III 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.

Return Reference	Explanation
PART I, COLUMN (B)	THE AMOUNT IN COLUMN (B) REFERS TO THE NUMBER OF CONTRIBUTIONS
PART I, 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.**

2015

**Open to Public
Inspection**

Name of the organization
FINCA INTERNATIONAL INC

Employer identification number

13-3240109

Return Reference	Explanation
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

Return Reference	Explanation
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 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.

Return Reference	Explanation
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.

Return Reference	Explanation
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

Return Reference	Explanation
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

Return Reference	Explanation
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 GIVING FINAL APPROVAL OF ALL SECTIONS, SCHEDULES, CHECKLISTS, AND ALL DISCLOSURES ON THE RETURN.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>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.</p>

Return Reference	Explanation
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.

Return Reference	Explanation
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

Return Reference	Explanation
PART VII	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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	UNA MORTIZED PENSION PRIOR SERVICE COSTS 93,838 PARTNERSHIP K-1 INCOME 283,306 OTHER 149,482

Return Reference	Explanation
FORM 990, PART XII, LINE 2	FINCA INTERNATIONAL'S FINANCIAL STATEMENTS WERE AUDITED ON A CONSOLIDATED BASIS

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

**Open to Public
Inspection**

▶ 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.

Department of the Treasury
Internal Revenue Service

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
(1) FINCA PLUS LLC 1201 15TH ST NW 8TH FLOOR WASHINGTON, DC 20005 46-4312538	SOLAR ENERGY PRODUCTS	DE	85,535	183,386	FINCA INTERNATIONAL INC
(2) FINCA LICENSING & SUPPORT LLC 1201 15TH ST NW 8TH FLOOR WASHINGTON, DC 20005	DORMANT	DE	0	0	FINCA INTERNATIONAL INC
(3) FINCA CAPITAL FUND LLC 1201 15TH ST NW 8TH FLOOR WASHINGTON, DC 20005 26-0648736	DORMANT	DE	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
See Additional Data Table							

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 (1) COMPANY LLC 1201 15TH ST NW 8TH FLOOR WASHINGTON, DC 20005 45-0793602	HOLDING COMPANY	DE	FINCA INTERNATIONAL INC	RELATED	23,900,564	186,716,060	Yes			Yes		62.640 %

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
See Additional Data Table									

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

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
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a	Yes	
1b	Yes	
1c		No
1d	Yes	
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l	Yes	
1m	Yes	
1n		No
1o		No
1p		No
1q	Yes	
1r		No
1s		No

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
See Additional Data Table			

Part VII Supplemental Information

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

Return Reference	Explanation
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

Additional Data

Software ID:
Software Version:
EIN: 13-3240109
Name: FINCA INTERNATIONAL INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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 CUERNAVACA MX	MICROFINANCE OPERATIONS	MX			FINCA MICROFINANCE HOLDING COMPANY LLC	Yes	
ASOCIACION DE FOMENTO INTEGRAL COMUNITARIA DE EL SALVADOR PASEO GENERAL ESCALON SAN SALVADOR ES	MICROFINANCE OPERATIONS	ES			FINCA MICROFINANCE HOLDING COMPANY LLC	Yes	
FINCA HAITI 26 RUE METELLUS PETIONVILLE PORT-AU-PRINCE HA	MICROFINANCE OPERATIONS	HA			FINCA MICROFINANCE HOLDING COMPANY LLC	Yes	
FINCA HONDURAS COL TEPEYAC AVE LAS MINITAS TEGUCIGALPA HO	DORMANT	HO			FINCA INTERNATIONAL INC	Yes	
FINCA CHARITY FOUNDATION AGATANGEGHOS STREET 2A YEREVAN 0023 AM	DORMANT	AM			FINCA INTERNATIONAL INC	Yes	
FUNDACION INTERNACIONAL PARA LA ASISTENCIA COMUNITARIA DEL ECUADOR AVDA AMAZONAS N39-123 QUITO EC	MICROFINANCE OPERATIONS	EC			FINCA MICROFINANCE HOLDING COMPANY LLC	Yes	
FUNDACION INTERNACIONAL PARA LA ASISTENCIA COMUNITARIA DE NICARAGUA DE LA ROTONDA DEL GUE MANAGUA NU	MICROFINANCE OPERATIONS	NU			FINCA MICROFINANCE HOLDING COMPANY LLC	Yes	
FUNDACION INTERNACIONAL PARA LA ASISTENCIA COMUNITARIA DE GUATEMALA 3 AVE 10-35 ZONA 09 GUATEMALA CITY GT	MICROFINANCE OPERATIONS	GT			FINCA MICROFINANCE HOLDING COMPANY LLC	Yes	

Form 990, Schedule R, Part IV - 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
(1) FINCA AFGHANISTAN HOUSE NO 100 ST NO 8 QALA-E-FAT KABUL AF	MICROFINANCE OPERATIONS	AF	FINCA MICROFINANCE COOPERATIEF UA	C	3,811,378	10,891,440	62.640 %	Yes	
FINCA UNIVERSAL CREDIT (1) ORGANIZATION CJSC AGATANGEGHOS STREET 2A YEREVAN 0023 AM	MICROFINANCE OPERATIONS	AM	FINCA MICROFINANCE COOPERATIEF UA	C	10,726,256	40,524,542	62.640 %	Yes	
(2) FINCA AZERBAIJAN LLC 44 JAFAR JABBARLI STREET CASPIAN P BAKU 1065 AJ	MICROFINANCE OPERATIONS	AJ	FINCA MICROFINANCE COOPERATIEF UA	C	53,821,434	92,639,727	62.640 %	Yes	
(3) MICRO-FINANCE SOLUTIONS INC PO BOX 309GT UGLAND HOUSE SOUTH C GEORGE TOWN FC1 CJ	IT SERVICES	CJ	FINCA INTERNATIONAL INC	C	28,655		100.000 %	Yes	
(4) FINCA DR CONGO SARL 1286 AVE TOMBALBAYE BP KINSHASA 13447 CG	MICROFINANCE OPERATIONS	CG	FINCA MICROFINANCE HOLDING COMPANY LLC	C	23,196,934	53,859,910	62.640 %	Yes	
(5) FINCASERVICES - EURASIA LLC 71 VAZHA-PSHAVELA AVENUE TBILISI 0186 GG	DORMANT	GG	FINCA MICROFINANCE HOLDING COMPANY LLC	C		2,234	62.640 %	Yes	
(6) JSC MFO FINCA 71 VAZHA-PSHAVELA AVENUE TBILISI 0186 GG	MICROFINANCE OPERATIONS	GG	FINCA MICROFINANCE COOPERATIEF UA	C	15,215,915	56,875,978	62.640 %	Yes	
(7) FINCA MICROFINANZAS SA DE CV PASEO GENERAL ESCALON Y CALLE CIRCU SAN SALVADOR ES	MICROFINANCE OPERATIONS	ES	FINCA MICROFINANCE HOLDING COMPANY LLC	C	2,062,401	8,696,508	62.640 %	Yes	
BANCO PARA LA ASISTENCIA (8) COMUNITARIA FINCA SA AVDA AMAZONAS N39-123 Y JOSE ARIZA QUITO EC	MICROFINANCE OPERATIONS	EC	FINCA MICROFINANCE HOLDING COMPANY LLC	C	6,937,852	27,064,181	62.640 %	Yes	
(9) FINCA TRANSFERT SARL 1286 AVE TOMBALBAYE BP KINSHASA CG	MICROFINANCE OPERATIONS	CG	FINCA D R CONGO SARL	C	111	14,465	62.640 %	Yes	
(10) FINANCIERA FINCA HONDURAS SA COL TEPEYAC AVE LAS MINITAS TEGUCIGALPA HO	MICROFINANCE OPERATIONS	HO	FINCA MICROFINANCE HOLDING COMPANY LLC	C	4,720,090	14,979,645	62.640 %	Yes	
(11) FINCA HAITI SA 26 RUE METELLUS PETIONVILLE PORT-AU-PRINCE HA	MICROFINANCE OPERATIONS	HA	FINCA MICROFINANCE HOLDING COMPANY LLC	C	3,250,266	7,746,236	62.640 %	Yes	
(12) FINCA MICROFINANZAS SA 3 AVE 10-35 ZONA 09 GUATEMALA CITY GT	DORMANT	GT	FINCA MICROFINANCE HOLDING COMPANY LLC	C			62.640 %	Yes	
(13) MFSI GUATEMALA SA CALZADA ROOSEVELT 22-43 ZONA 11 GUATEMALA CITY 01011 GT	IT SERVICES	GT	MICRO FINANCE SOLUTIONS INC	C	11,286	89,614	100.000 %	Yes	
FINCASERVICIOS - (14) LATINOAMERICA SA CALZADA ROOSEVELT 22-43 ZONA 11 GUATEMALA CITY GT	DORMANT	GT	FINCA MICROFINANCE HOLDING COMPANY LLC	C	2	2,495	62.640 %	Yes	

Form 990, Schedule R, Part IV - 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
(16) TENEDORA FINCA SAPI DE CV AV GUSTAVO DIAZ ORDAZ NO 12 CUERNAVACA CP 62448 MX	HOLDING COMPANY	MX	FINCA MICROFINANCE HOLDING COMPANY LLC	C	365,963	8,928,830	62.640 %	Yes	
(1) FINCA LIMITED (MALAWI) HENDERSON ST PRIVATE BAG 382 BLANTYRE 3 MI	MICROFINANCE OPERATIONS	MI	FINCA MICROFINANCE COOPERATIEF UA	C	5,525,693	8,583,630	62.640 %	Yes	
FINCA MICRO-CREDIT COMPANY (2) CJSC 93/2 SHOPOKOV STREET BISHKEK KG	MICROFINANCE OPERATIONS	KG	FINCA MICROFINANCE HOLDING COMPANY LLC	C	26,641,423	85,857,364	62.640 %	Yes	
(3) FINCA KOSOVE SHA ROBERT DOLL 5 PRISHTINA OC	DORMANT	KV	FINCA MICROFINANCE HOLDING COMPANY LLC	C		7,616	62.640 %	Yes	
(4) SPECIALIZED MICRO LOANS (PRIVATE SHAREHOLDING COMPANY) OFFICE 23 AND 24 4TH FL DURRET KH AMMAN JO	MICROFINANCE OPERATIONS	JO	FINCA MICROFINANCE HOLDING COMPANY LLC	C	4,437,086	15,738,518	62.640 %	Yes	
(5) FINCA MICROFINANCE BANK LIMITED 20 WETHERAL ROAD OWERRI NI	MICROFINANCE OPERATIONS	NI	FINCA MICROFINANCE COOPERATIEF UA	C	1,115,156	3,218,819	62.640 %	Yes	
(6) FINANCIERA FINCA NICARAGUA SA DE LA ROTUNDA DEL GUEGUENSE 3 CUADR MANAGUA NU	MICROFINANCE OPERATIONS	NU	FINCA MICROFINANCE HOLDING COMPANY LLC	C	8,716,876	26,395,285	62.640 %	Yes	
(7) FINCA NETWORK SUPPORT BV DE ENTREE 99-197 ZUIDOOST AMSTERDAM 1101HE NL	IT SERVICES	NL	FINCA MICROFINANCE COOPERATIEF UA	C	3,540,079	2,498,022	62.640 %	Yes	
(8) FINCA MICROFINANCE COOPERATIEF UA DE ENTREE 99-197 ZUIDOOST AMSTERDAM 1101HE NL	HOLDING COMPANY	NL	FINCA MICROFINANCE HOLDING COMPANY LLC	C	6,700,683	75,276,616	62.640 %	Yes	
(9) FINANCIERA FINCA SA DE CV SOFOM AV GUSTAVO DIAZ ORDAZ NO 12 CUERNAVACA CP 62448 MX	MICROFINANCE OPERATIONS	MX	TENEDORA FINCA SAPI DE CV	C	21,076,498	32,863,617	62.640 %	Yes	
(10) FINCA UGANDA LIMITED PLOT 11A ACACIA AVENUE KOLOLO KAMPALA UG	MICROFINANCE OPERATIONS	UG	FINCA MICROFINANCE COOPERATIEF UA	C	9,477,472	23,868,011	62.640 %	Yes	
(11) FINCA TANZANIA LIMITED PLOT 84 MOROGORO ROAD PO BOX 7878 DAR ES SALAAM TZ	MICROFINANCE OPERATIONS	TZ	FINCA MICROFINANCE HOLDING COMPANY LLC	C	11,234,882	24,159,839	62.640 %	Yes	
FINCA MICRO-CREDIT DEPOSIT (12) ORGANIZATION LLC 9 JABBOR RASULOV STREET DUSHANBE TI	MICROFINANCE OPERATIONS	TI	FINCA MICROFINANCE HOLDING COMPANY LLC	C	8,109,540	22,671,103	62.640 %	Yes	
(13) FINCA CJSC 111 REVOLUTSIONNAYA ST SAMARA 443079 RS	MICROFINANCE OPERATIONS	RS	FINCA MICROFINANCE HOLDING COMPANY LLC	C	3,548,437	6,686,050	62.640 %	Yes	
(14) FINCA MICROFINANCE BANK LIMITED 387-E JOHAR TOWN LAHORE PK	MICROFINANCE OPERATIONS	PK	FINCA MICROFINANCE COOPERATIEF UA	C	11,137,550	41,986,896	51.860 %	Yes	

Form 990, Schedule R, Part IV - 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?	
							62 640 %		Yes	No
(31) FINCA SERVICES USA LLC 21635 RED RUM DRIVE ASHBURN, VA 20147 90-0866365	IT SERVICES	VA	FINCA MICROFINANCE HOLDING COMPANY LLC	C	1,032,825	3,660,586	62 640 %		Yes	
(1) FINCA ZAMBIA HOLDING LIMITED PLOT NO 609 ZAMBEZI ROAD ROMA 2N LUSAKA ZA	DORMANT	ZA	FINCA MICROFINANCE HOLDING COMPANY LLC	C		928	62 640 %		Yes	
(2) FINCA ZAMBIA LIMITED PLOT NO 609 ZAMBEZI ROAD ROMA 2N LUSAKA ZA	MICROFINANCE OPERATIONS	ZA	FINCA MICROFINANCE COOPERATIEF UA	C	8,008,985	9,628,813	62 640 %		Yes	
(3) FINCA AFRICA IT SERVICE CENTER LIMITED ADAMS HOUSE - PLOT 11 PORTAL AVE KAMPALA UG	IT SERVICES	UG	FINCA INTERNATIONAL INC	C		116,446	75 100 %		Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

(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
(1) FINCA HAITI SA	A	78,904	FMV
(2) FINCA MICROFINANCE HOLDING COMPANY LLC	B	5,871,651	FMV
(3) FINCA AFGHANISTAN	D	850,000	FMV
(4) FUNDACION INTERNACIONAL PARA LA ASISTENCIA COMUNITARIA DE GUATEMALA	D	3,580,502	FMV
(5) FINCA HAITI SA	D	1,900,005	FMV
(6) FINANCIERA FINCA NICARAGUA SA	D	500,000	FMV
(7) FUNDACION INTERNACIONAL PARA LA ASISTENCIA COMUNITARIA DE NICARAGUA	D	433,492	FMV
(8) FINCA MICROFINANCE HOLDING COMPANY LLC	L	16,498,803	FMV
(9) FINCA SERVICES USA LLC	M	624,583	FMV
(10) ASOCIACION DE FOMENTO INTEGRAL COMUNITARIA DE EL SALVADOR	M	1,249,109	FMV
(11) FINCA HAITI SA	M	1,144,353	FMV
(12) FINCA MICRO-CREDIT COMPANY CJSC (KYRGYZSTAN)	M	81,516	FMV
(13) FINCA LIMITED (MALAWI)	M	657,144	FMV
(14) FINCA MICROFINANCE BANK LIMITED (NIGERIA)	M	134,193	FMV
(15) FINCA CJSC (RUSSIA)	M	93,800	FMV
(16) FINCA MICRO-CREDIT DEPOSIT ORGANIZATION LLC (TAJIKISTAN)	M	125,200	FMV
(17) FINCA TANZANIA LIMITED	M	2,455,302	FMV
(18) FINCA ZAMBIA LIMITED	M	572,979	FMV
(19) FINCA DR CONGO SARL	M	445,879	FMV
(20) FINCA MICROFINANCE BANK LIMITED (PAKISTAN)	M	59,514	FMV
(21) FINCA DR CONGO SARL	Q	68,060	FMV
(22) FINCA LIMITED (MALAWI)	Q	61,930	FMV
(23) FUNDACION INTERNACIONAL PARA LA ASISTENCIA COMUNITARIA DE GUATEMALA	Q	67,316	FMV
(24) FINCA HAITI SA	Q	53,033	FMV

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26) FINCA AZERBAIJAN LLC	Q	76,069	FMV
(1) FINCA AFGHANISTAN	Q	83,993	FMV
(2) FINCA MICRO-CREDIT DEPOSIT ORGANIZATION LLC	Q	57,857	FMV
(3) FINANCIERA FINCA HONDURAS SA	D	948,221	FMV