

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](http://www.irs.gov/form990).

OMB No. 1545-0047  
**2017**  
Open to Public Inspection

**A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017**

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
FINCA INTERNATIONAL INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
1201 15TH ST NW 8TH FLOOR

City or town, state or province, country, and ZIP or foreign postal code  
WASHINGTON, DC 20005

**F** Name and address of principal officer:  
RUPERT W SCOFIELD  
1201 15TH ST NW 8TH FLOOR  
WASHINGTON, DC 20005

**D** Employer identification number  
13-3240109

**E** Telephone number  
(202) 682-1510

**G** Gross receipts \$ 35,695,115

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list. (see instructions)  
**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ WWW.FINCA.ORG

**K** Form of organization:  Corporation  Trust  Association  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 THEIR STANDARD OF LIVING.

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	13
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	11
<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	40
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	20
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	20,107,097	19,051,488
<b>9</b> Program service revenue (Part VIII, line 2g)	16,794,813	14,913,551
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,369,099	289,302
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,681,704	1,324,952
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	49,952,713	35,579,293
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	19,427,492	6,825,662
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	419,168	506,930
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,285,957		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	28,995,426	17,026,723
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	48,842,086	24,359,315
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	1,110,627	11,219,978

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	145,444,902	208,671,606
<b>21</b> Total liabilities (Part X, line 26)	47,050,769	50,388,468
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	98,394,133	158,283,138

**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: \_\_\_\_\_ Date: 2020-06-29  
KYO-WEI WANG DIRECTOR OF FINANCE  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: JOHN W SADOFF JR  
Preparer's signature: JOHN W SADOFF JR  
Date: \_\_\_\_\_  
Check  if self-employed PTIN: P00540589  
Firm's name: ▶ DELOITTE TAX LLP Firm's EIN: ▶ 86-1065772  
Firm's address: ▶ 695 TOWN CENTER DR STE 1000 Phone no. (714) 436-7100  
COSTA MESA, CA 92626

**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 BY HELPING PEOPLE BUILD ASSETS, CREATE JOBS AND RAISE THEIR STANDARD OF LIVING.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 12,423,105 including grants of \$ ) (Revenue \$ 16,187,220 )  
See Additional Data

**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 ▶ 12,423,105

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 19 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
<b>20a</b>	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		No
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>		No
<b>22</b>	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>		No
<b>23</b>	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>	Yes	
<b>24a</b>	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>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>		No
<b>b</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>		No
<b>26</b>	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>		No
<b>27</b>	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>		No
<b>28</b>	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):		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	Yes	
<b>c</b>	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>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		No
<b>32</b>	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>		No
<b>33</b>	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>	Yes	
<b>34</b>	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>	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
<b>b</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>	Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	Yes	
<b>37</b>	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>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	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 ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and nonprofit health insurance issuers.

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 [X]

Section A. Governing Body and Management

Table with 4 columns: Question ID, Question Text, Yes, No. Rows include 1a (13), 1b (11), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 4 columns: Question ID, Question Text, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 2 columns: Question ID, Question Text. Rows include 17 (List of states), 18 (Public inspection), 19 (Schedule O), 20 (Person with books and records).







**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>				
	<b>d</b> Related organizations . . . . .	<b>1d</b>				
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	19,051,488			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ _____		3,445,437			
	<b>h Total.</b> Add lines 1a-1f . . . . .		19,051,488			
<b>Program Service Revenue</b>		Business Code				
	<b>2a</b> INTEREST REV - BRANCHE . . . . .	522298	8,698,540	8,698,540		
	<b>b</b> MANAGEMENT FEES . . . . .	900099	6,215,011	6,215,011		
	<b>c</b> _____ . . . . .					
	<b>d</b> _____ . . . . .					
	<b>e</b> _____ . . . . .					
	<b>f</b> All other program service revenue . . . . .					
<b>g Total.</b> Add lines 2a-2f . . . . .		14,913,551				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		214,328		214,328	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b> Royalties . . . . .					
	<b>6a</b> Gross rents . . . . .	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses . . . . .				
		<b>c</b> Rental income or (loss) . . . . .				
	<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities		74,974		
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses . . . . .		0		
		<b>c</b> Gain or (loss) . . . . .		74,974		
	<b>d</b> Net gain or (loss) . . . . .		74,974		74,974	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>				
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>			
<b>c</b> Net income or (loss) from fundraising events . . . . .						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>					
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	167,105				
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>	115,822			
	<b>c</b> Net income or (loss) from sales of inventory . . . . .		51,283		51,283	
Miscellaneous Revenue	Business Code					
<b>11a</b> OTHER INCOME . . . . .	900099	1,273,669	1,273,669			
<b>b</b> _____ . . . . .						
<b>c</b> _____ . . . . .						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .		1,273,669				
<b>12 Total revenue.</b> See Instructions. . . . .		35,579,293	16,187,220	0	340,585	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	1,021,159	573,757	338,456	108,946
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	25,118	25,118		
<b>7</b> Other salaries and wages	4,066,108	3,045,201	557,513	463,394
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	227,886		227,886	
<b>9</b> Other employee benefits . . . . .	1,485,391	749,185	498,436	237,770
<b>10</b> Payroll taxes . . . . .				
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	4,056,588	2,402,478	1,123,367	530,743
<b>b</b> Legal . . . . .	71,614	71,614		
<b>c</b> Accounting . . . . .	783,963	190,588	593,375	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17	506,930			506,930
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
<b>12</b> Advertising and promotion . . . . .	366,908	307,513	1,490	57,905
<b>13</b> Office expenses . . . . .	2,693,387	1,096,235	293,692	1,303,460
<b>14</b> Information technology . . . . .	171,334	171,334		
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	684,011	381,426	302,585	
<b>17</b> Travel . . . . .	421,702	317,837	60,837	43,028
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	18,146	2,899		15,247
<b>20</b> Interest . . . . .	2,221,233	1,894,443	326,790	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	249,735	49,618	200,117	
<b>23</b> Insurance . . . . .	306,158	1,758	304,400	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> LICENSE AND SUBS. FEES	3,661,448	168,394	3,481,675	11,379
<b>b</b> MSA EXPENSE	293,733	293,733		
<b>c</b> OTHER DIRECT COST	272,368	137,452	132,841	2,075
<b>d</b> LOAN CAPITAL	265,009	265,009		
<b>e</b> All other expenses	489,386	277,513	206,793	5,080
<b>25</b> Total functional expenses. Add lines 1 through 24e	24,359,315	12,423,105	8,650,253	3,285,957
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	5,953,334	<b>1</b>	5,784,012	
	<b>2</b> Savings and temporary cash investments . . . . .	1,538,055	<b>2</b>	2,737,897	
	<b>3</b> Pledges and grants receivable, net . . . . .	2,195,375	<b>3</b>	2,510,117	
	<b>4</b> Accounts receivable, net . . . . .	9,055,772	<b>4</b>	2,878,994	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	0	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>		
	<b>7</b> Notes and loans receivable, net . . . . .	28,536,631	<b>7</b>	43,773,643	
	<b>8</b> Inventories for sale or use . . . . .	0	<b>8</b>	224,775	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>		
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	3,710,240			
	<b>b</b> Less: accumulated depreciation	2,318,852	1,500,731	<b>10c</b>	1,391,388
	<b>11</b> Investments—publicly traded securities . . . . .	7,343	<b>11</b>	0	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>		
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	96,124,320	<b>13</b>	149,360,354	
	<b>14</b> Intangible assets . . . . .	29,417	<b>14</b>	10,426	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	503,924	<b>15</b>		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	145,444,902	<b>16</b>	208,671,606		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	13,546,240	<b>17</b>	6,357,005	
	<b>18</b> Grants payable . . . . .		<b>18</b>		
	<b>19</b> Deferred revenue . . . . .	570,724	<b>19</b>	2,443,679	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	29,225,907	<b>23</b>	38,189,494	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>		
<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,707,898	<b>25</b>	3,398,290		
<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	47,050,769	<b>26</b>	50,388,468		
<b>Net Assets or Fund Balances</b>	<b>27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets	98,100,598	<b>27</b>	157,803,536	
	<b>28</b> Temporarily restricted net assets . . . . .	293,535	<b>28</b>	479,602	
	<b>29</b> Permanently restricted net assets		<b>29</b>		
	<b>30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>		
	<b>33 Total net assets or fund balances . . . . .</b>	98,394,133	<b>33</b>	158,283,138	
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	145,444,902	<b>34</b>	208,671,606	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	35,579,293
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	24,359,315
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	11,219,978
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	98,394,133
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	45,882,044
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	2,786,983
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	158,283,138

**Part XII Financial Statements and Reporting**

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

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

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 13-3240109

**Name:** FINCA INTERNATIONAL INC

Form 990 (2017)

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## Form 990, Part III, Line 4a:

OVER THE COURSE OF 2017, THE OVER 10,000 EMPLOYEES AT FINCA INTERNATIONAL AND ITS AFFILIATES DISBURSED \$1.0 BILLION IN LOANS AVERAGING \$1,037 TO ITS CLIENTS, OF WHOM 46% ARE WOMEN. MORE THAN 1.5 MILLION INDIVIDUALS VOLUNTARILY SAVE ON A REGULAR BASIS, WITH A TOTAL SAVINGS OF OVER \$325 MILLION, EQUATING TO AN AVERAGE SAVINGS OF \$200 PER CLIENT. SEE SCHEDULE O FOR MORE DETAILED INFORMATION. AS OF DECEMBER 31, 2017, FINCA'S AFFILIATES OPERATED IN THE FOLLOWING COUNTRIES AND HAD THE FOLLOWING NUMBER OF BENEFICIARIES: AFRICA: " DEMOCRATIC REPUBLIC OF CONGO: 422,710 BENEFICIARIES" MALAWI: 60,948 BENEFICIARIES" NIGERIA: 24,286 BENEFICIARIES" TANZANIA: 152,891 BENEFICIARIES" UGANDA: 105,159 BENEFICIARIES" ZAMBIA: 100,119 BENEFICIARIES" LATIN AMERICA & THE CARIBBEAN: " ECUADOR: 35,572 BENEFICIARIES" GUATEMALA: 32,577 BENEFICIARIES" HAITI: 45,589 BENEFICIARIES" HONDURAS: 50,186 BENEFICIARIES" NICARAGUA: 27,357 BENEFICIARIES" MIDDLE EAST AND SOUTH ASIA: " AFGHANISTAN: 24,259 BENEFICIARIES" JORDAN: 29,448 BENEFICIARIES" PAKISTAN: 634,378 BENEFICIARIES" EURASIA AND EUROPE: " ARMENIA: 35,689 BENEFICIARIES" AZERBAIJAN: 14,882 BENEFICIARIES" GEORGIA: 108,985 BENEFICIARIES" KOSOVO: 17,548 BENEFICIARIES" KYRGYZSTAN: 118,484 BENEFICIARIES" TAJIKISTAN: 30,899 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.

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**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			
JOHN ELKINS ..... DIRECTOR	5.00 ..... 0.00	X						0	0	0
AMANDA ELLIS ..... DIRECTOR	5.00 ..... 0.00	X						0	0	0
PETER EPP ..... DIRECTOR	5.00 ..... 0.00	X						0	0	0
JOHN K HATCH ..... DIRECTOR	10.00 ..... 0.00	X						67,083	0	0
ROBERT W HATCH ..... CHAIRMAN	10.00 ..... 0.00	X						0	0	0
HAROLD JASTRAM ..... DIRECTOR	5.00 ..... 0.00	X						0	0	0
AGRINA MUSSA ..... DIRECTOR	5.00 ..... 0.00	X						0	0	0
RUPERT W SCOFIELD ..... PRESIDENT & CEO	50.00 ..... 0.00	X		X				359,363	0	37,665
JAMES SEMAKADDE ..... DIRECTOR	5.00 ..... 0.00	X						0	0	0
FRED SEYMOUR ..... DIRECTOR	5.00 ..... 0.00	X						0	0	0

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			
CHARLES TREVAIL ..... DIRECTOR	5.00 ..... 0.00	X						0	0	0
DAVID E WEISMAN ..... DIRECTOR	5.00 ..... 0.00	X						0	0	0
RICHARD N WILLIAMSON ..... DIRECTOR	5.00 ..... 0.00	X						0	0	0
DEBRA SPAGNOLA ..... CHIEF FINANCIAL OFFICER	50.00 ..... 0.00			X				109,025	0	7,570
SOLEDAD GOMPF ..... SVP, PHILANTHROPIC ADVISOR	50.00 ..... 0.00				X			1,119,851	0	-111,528
AMI DALAL ..... VP, SOCIAL ENTERPRISE INNOVATI	50.00 ..... 0.00					X		142,619	0	12,322
LESLIE ENRIGHT ..... SR MANAGER, BUSINESS DEVELOPME	50.00 ..... 0.00					X		175,308	0	30,839
SCOTT GRAHAM ..... DIRECTOR OF CUSTOMER RESEARCH	50.00 ..... 0.00					X		136,090	0	22,096
JENNIFER SCHMIDT GREENE ..... DIRECTOR, RESTRICTED GRANTS	50.00 ..... 0.00					X		106,744	0	35,626
ROBERT PRICE ..... DIRECTOR, DIRECT MARKETING	50.00 ..... 0.00					X		105,823	0	41,050

**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 FLOWERS ..... FORMER VP - REGIONAL DIRECTOR	0.00 ..... 50.00						X	0	158,532	38,722
MICHAEL GAMA-LOBO ..... FORMER VP - REGIONAL DIRECTOR	0.00 ..... 50.00						X	0	158,531	55,874
ROMAN HINGORANI ..... FORMER VP & CFO	0.00 ..... 50.00						X	0	330,657	52,512
CHIKAKO KUNO ..... FORMER DIRECTOR TEMA	0.00 ..... 0.00						X	108,769	0	0
JOHN LOPEZ ..... FORMER SENIOR ATTORNEY	0.00 ..... 50.00						X	0	167,723	2,171
DENIS MILLSAPS ..... FORMER VP & CHIEF TECHNOLOGY OFFICER	0.00 ..... 50.00						X	0	126,892	14,524
KEITH SANDBLOOM ..... FORMER VP - REGIONAL DIRECTOR	0.00 ..... 50.00						X	0	160,366	47,069
ALLISON SCURIATTI ..... EXECUTIVE DIRECTOR END 8/17	0.00 ..... 0.00						X	132,544	0	1,063
ANDREE SIMON ..... FORMER VP & CO - CEO	0.00 ..... 50.00						X	0	356,667	10,710
JEFFREY SMITH ..... FORMER VP, CHIEF AUDIT & RISK OFFICER	0.00 ..... 50.00						X	0	220,536	33,280



**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			
P DANIEL SMITH ..... FORMER VP & GENERAL COUNSEL	0.00 ..... 50.00						X	0	334,247	43,104
ZARLASHT WARDAK ..... FORMER VP - REGIONAL DIRECTOR	0.00 ..... 50.00						X	0	245,069	38,714

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047  
**2017**  
**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 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 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - 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- 10 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		
<b>Total</b>						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	27,525,208	22,225,233	20,354,935	20,107,097	19,051,488	109,263,961
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4 Total.</b> Add lines 1 through 3	27,525,208	22,225,233	20,354,935	20,107,097	19,051,488	109,263,961
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						5,169,766
<b>6 Public support.</b> Subtract line 5 from line 4.						104,094,195

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
<b>7</b> Amounts from line 4. . . . .	27,525,208	22,225,233	20,354,935	20,107,097	19,051,488	109,263,961
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	12,793,365	8,536,137	11,819,458	13,050,803	8,912,868	55,112,631
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	38,101	38,461	10,000	0	0	86,562
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . . .	31,763,541	32,682,014	30,159,885	16,794,813	7,539,963	118,940,216
<b>11 Total support.</b> Add lines 7 through 10						283,403,370

**12** Gross receipts from related activities, etc. (see instructions) . . . . . **12** 35,695,115

**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** . . . . .

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

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	36.730 %
<b>15</b> Public support percentage for 2016 Schedule A, Part II, line 14 . . . . .	<b>15</b>	36.870 %

**16a 33 1/3% support test—2017.** 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 . . . . .

**b 33 1/3% support test—2016.** 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 . . . . .

**17a 10%-facts-and-circumstances test—2017.** 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 . . . . .

**b 10%-facts-and-circumstances test—2016.** 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 . . . . .

**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 . . . . .

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b>	Add lines 7a and 7b. . . . .						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b>	Amounts from line 6. . . . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b>	Add lines 10a and 10b.						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

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

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

<b>15</b>	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2016 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2016</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2017.** 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—2016.** 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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.</i>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

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

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

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

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017:			
<b>a</b>			
<b>b</b> From 2013. . . . .			
<b>c</b> From 2014. . . . .			
<b>d</b> From 2015. . . . .			
<b>e</b> From 2016. . . . .			
<b>f</b> Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013. . . . .			
<b>b</b> Excess from 2014. . . . .			
<b>c</b> Excess from 2015. . . . .			
<b>d</b> Excess from 2016. . . . .			
<b>e</b> Excess from 2017. . . . .			



## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 13-3240109

**Name:** FINCA INTERNATIONAL INC

**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**

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047 2017 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 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4.

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.

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

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.
Table with 2 columns: Line number, Held at the End of the Year. Rows 2a-2d.

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(ii) Revenue included on Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
a Revenue included on Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance . . . . .             |        |
| <b>d</b> Additions during the year . . . . .     |        |
| <b>e</b> Distributions during the year . . . . . |        |
| <b>f</b> Ending balance . . . . .                |        |
- 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" on Form 990, Part IV, line 10.

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ .....
  - b** Permanent endowment ▶ .....
  - c** Temporarily restricted endowment ▶ .....
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements		1,942,395	708,090	1,234,305
<b>d</b> Equipment . . . . .		1,767,845	1,610,762	157,083
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,391,388

**Part VII Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (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	149,323,683	C
(2) INVESTMENT IN LLC	36,671	C
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)	149,360,354	

**Part IX Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
DEFERRED PENSION OBLIGATION	3,398,290
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	3,398,290

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

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

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

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

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

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	



## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 13-3240109

**Name:** FINCA INTERNATIONAL INC

## Supplemental 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, 2017, FINCA DID NOT RECORD ANY ADDITIONAL UNRECOGNIZED TAX BENEFITS. FINCA BELIEVES THAT IT IS NOT REASONABLY POSSIBLE THAT ANY UNRECOGNIZED TAX BENEFITS WILL SIGNIFICANTLY INCREASE OR DECREASE WITHIN 12 MONTHS OF THE REPORTING DATE. AT DECEMBER 31, 2017, NO ESTIMATED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS WERE ACCRUED. ACCRUED INTEREST AND PENALTIES ARE GENERALLY INCLUDED WITHIN THE RELATED ACCRUED LIABILITIES LINE IN THE CONSOLIDATED STATEMENT OF FINANCIAL POSITION. FINCA IS SUBJECT TO TAXATION BY THE U.S. FEDERAL GOVERNMENT, VARIOUS U.S. STATES AND LOCALITIES, AND FOR FOREIGN JURISDICTIONS. AS OF DECEMBER 31, 2017, FINCA'S TAX YEARS 2007-2017 ARE SUBJECT TO EXAMINATION BY THE TAX AUTHORITIES.

**SCHEDULE F  
(Form 990)**  
  
Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" 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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization  
FINCA INTERNATIONAL INC

**Employer identification number**  
13-3240109

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" 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.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
<b>3a</b> Sub-total . . . . .	1	188			2,534,083
<b>b</b> Total from continuation sheets to Part I . . . . .					0
<b>c</b> <b>Totals</b> (add lines 3a and 3b)	1	188			2,534,083



**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)

- 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 IV Foreign Forms**

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

**Part V Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 3:	METHOD USED TO ACCONT FOR EXPENDITURES: ACCRUAL METHOD

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 13-3240109

**Name:** FINCA INTERNATIONAL INC

### 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	1	PROGRAM SERVICES	FINANCIAL SERVICES FOR THE POOR	2,307,124
EUROPE (INCLUDING ICELAND AND GREENLAND)	1	180	PROGRAM SERVICES	FINANCIAL SERVICES FOR THE POOR	

**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
CENTRAL AMERICA & THE CARIBBEAN	0	1	PROGRAM SERVICES	FINANCIAL SERVICES FOR THE POOR	205,959
RUSSIA AND NEIGHBORING STATES	0	1	PROGRAM SERVICES	FINANCIAL SERVICES FOR THE POOR	5,000

**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
SOUTH ASIA	0	1	PROGRAM SERVICES	FINANCIAL SERVICES FOR THE POOR	
SOUTH AMERICA	0	1	PROGRAM SERVICES	FINANCIAL SERVICES FOR THE POOR	

**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	2	PROGRAM SERVICES	FINANCIAL SERVICES FOR THE POOR	
MIDDLE EAST AND NORTH AFRICA	0	1	PROGRAM SERVICES	FINANCIAL SERVICES FOR THE POOR	16,000



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

Department of the Treasury  
Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

# 2017

**Open to Public Inspection**

Name of the organization  
FINCA INTERNATIONAL INC

**Employer identification number**  
13-3240109

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |   |   |
|---|---|
| <p><b>a</b> <input checked="" type="checkbox"/> Mail solicitations</p> <p><b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations</p> <p><b>c</b> <input checked="" type="checkbox"/> Phone solicitations</p> <p><b>d</b> <input checked="" type="checkbox"/> In-person solicitations</p> | <p><b>e</b> <input checked="" type="checkbox"/> Solicitation of non-government grants</p> <p><b>f</b> <input checked="" type="checkbox"/> Solicitation of government grants</p> <p><b>g</b> <input type="checkbox"/> Special fundraising events</p> |
|---|---|
- 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			
PUBLIC INTEREST COMMUNICATIONS INC 7700 LEESBURG PIKE  FALLS CHURCH, VA 22043	TELEMARKETING		No	23,717	16,796	6,921
SD&A TELESERVICES INC 5757 W CENTURY BLVD  LOS ANGELES, CA 90045	TELEMARKETING		No	10,282	31,369	-21,087
HARRIS DIRECT 21250 CALIFA STREET  WOODLAND HILLS, CA 91367	TELEMARKETING		No	7,929	16,158	-8,229
INTEGRATED DIRECT MARKETING LLC 1250 CONNECTICUT AVE NW  WASHINGTON, DC 20036	FUNDRAISING CONSULTANT		No	0	442,607	-442,607
<b>Total</b>				41,928	506,930	-465,002

**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.

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

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

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

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

Name ▶ .....

Address ▶ .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

**c** If "Yes," enter name and address of the third party:

Name ▶ .....

Address ▶ .....

**16** Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

Return Reference	Explanation
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**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization  
FINCA INTERNATIONAL INC

Employer identification number  
13-3240109

**Part I Questions Regarding Compensation**

		Yes	No
<b>1a</b>	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/>	First-class or charter travel	<input checked="" type="checkbox"/>	Housing allowance or residence for personal use
<input checked="" type="checkbox"/>	Travel for companions	<input type="checkbox"/>	Payments for business use of personal residence
<input checked="" type="checkbox"/>	Tax idemnification and gross-up payments	<input type="checkbox"/>	Health or social club dues or initiation fees
<input type="checkbox"/>	Discretionary spending account	<input checked="" type="checkbox"/>	Personal services (e.g., maid, chauffeur, chef)
<b>b</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	<b>1b</b> Yes	
<b>2</b>	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?	<b>2</b> Yes	
<b>3</b>	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input type="checkbox"/>	Compensation committee	<input type="checkbox"/>	Written employment contract
<input type="checkbox"/>	Independent compensation consultant	<input type="checkbox"/>	Compensation survey or study
<input type="checkbox"/>	Form 990 of other organizations	<input checked="" type="checkbox"/>	Approval by the board or compensation committee
<b>4</b>	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:		
<b>a</b>	Receive a severance payment or change-of-control payment?	<b>4a</b> Yes	
<b>b</b>	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b> Yes	
<b>c</b>	Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>			
<b>5</b>	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:		
<b>a</b>	The organization?	<b>5a</b>	No
<b>b</b>	Any related organization?	<b>5b</b>	No
If "Yes," on line 5a or 5b, describe in Part III.			
<b>6</b>	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:		
<b>a</b>	The organization?	<b>6a</b>	No
<b>b</b>	Any related organization?	<b>6b</b>	No
If "Yes," on line 6a or 6b, describe in Part III.			
<b>7</b>	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	<b>7</b>	No
<b>8</b>	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.	<b>8</b>	No
<b>9</b>	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	



**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	IN 2017, FINCA INTERNATIONAL PROVIDED TAX GROSS-UP PAYMENTS FOR EMPLOYEES, LESLIE ENRIGHT (\$43,839) AND SOLEDAD GOMPF (\$499,982). HOUSING ALLOWANCES WERE PROVIDED FOR HOUSING COSTS PAID TO THE FOLLOWING EXPATRIATE EMPLOYEES: ALISON BOESS AND LESLIE ENRIGHT. PERSONAL USE OF THE COMPANY CAR WAS PROVIDED TO RUPERT SCOFIELD. TRAVEL, INCLUDING COMPANION TRAVEL, WAS PROVIDED TO RUPERT SCOFIELD AND LESLIE ENRIGHT. THE GROSS-UP PAYMENTS, HOUSING ALLOWANCES, PERSONAL USE OF COMPANY CAR AND TRAVEL WERE TREATED AS TAXABLE COMPENSATION.

<b>Return Reference</b>	<b>Explanation</b>
PART I, LINES 4A-B	SEVERANCE PAYMENTS WERE MADE TO THE FOLLOWING PERSONS: ALLISON SCURIATTI AND CHIKAKO KUNO IN THE AMOUNT OF \$41,250 AND \$86,546, RESPECTIVELY.

<b>Return Reference</b>	<b>Explanation</b>
PART I, LINES 4A-B	SOLEDAD GOMPF, JOHN HATCH, AND RUPERT SCOFIELD PARTICIPATED IN A SECTION 457(F) SUPPLEMENTAL NONQUALIFIED DEFERRED COMPENSATION PLAN. RUPERT SCOFIELD AND JOHN HATCH HAD PREVIOUSLY VESTED IN THE PLAN. SOLEDAD GOMPF PARTIALLY VESTED (50%) IN 2017. TAXABLE COMPENSATION OF THE VESTED AMOUNT OF \$437,825 WAS REPORTED IN 2017. JOHN HATCH RECEIVED A PAYMENT OF \$67,083 DURING 2017; NO OTHER LISTED PERSON RECEIVED PAYMENT DURING 2017. THE PLAN IS A DEFINED BENEFIT PENSION PLAN.



Schedule J (Form 990) 2017

**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				
RUPERT W SCOFIELD PRESIDENT & CEO	(i)	342,435	0	16,928	21,341	16,324	397,028	0
	(ii)	0	0	0	0	0	0	0
SOLEDAD GOMPF SVP, PHILANTHROPIC ADVISOR	(i)	182,044	0	937,807	-143,309	31,781	1,008,323	0
	(ii)	0	0	0	0	0	0	0
AMI DALAL VP, SOCIAL ENTERPRISE INNOVATI	(i)	142,619	0	0	500	11,822	154,941	0
	(ii)	0	0	0	0	0	0	0
LESLIE ENRIGHT SR MANAGER, BUSINESS DEVELOPME	(i)	95,834	0	79,474	7,980	22,859	206,147	0
	(ii)	0	0	0	0	0	0	0
SCOTT GRAHAM DIRECTOR OF CUSTOMER RESEARCH	(i)	136,090	0	0	11,242	10,854	158,186	0
	(ii)	0	0	0	0	0	0	0
JEFFREY FLOWERS FORMER VP - REGIONAL DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	133,968	0	24,564	18,000	20,722	197,254	0
MICHAEL GAMA-LOBO FORMER VP - REGIONAL DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	103,162	15,000	40,369	18,000	37,874	214,405	0
ROMAN HINGORANI FORMER VP & CFO	(i)	0	0	0	0	0	0	0
	(ii)	280,657	50,000	0	24,000	28,512	383,169	0
CHIKAKO KUNO FORMER DIRECTOR TEMA	(i)	0	0	108,769	0	0	108,769	0
	(ii)	0	0	0	0	0	0	0
JOHN LOPEZ FORMER SENIOR ATTORNEY	(i)	0	0	0	0	0	0	0
	(ii)	167,723	0	0	0	2,171	169,894	0
DENIS MILLSAPS FORMER VP & CHIEF TECHNOLOGY OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	65,994	0	60,898	0	14,524	141,416	0
KEITH SANDBLOOM FORMER VP - REGIONAL DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	160,366	0	0	18,000	29,069	207,435	0
ALLISON SCURIATTI EXECUTIVE DIRECTOR END 8/17	(i)	79,755	0	52,789	701	362	133,607	0
	(ii)	0	0	0	0	0	0	0
ANDREE SIMON FORMER VP & CO - CEO	(i)	0	0	0	0	0	0	0
	(ii)	306,667	50,000	0	0	10,710	367,377	0
JEFFREY SMITH FORMER VP, CHIEF AUDIT & RISK OFFICE	(i)	0	0	0	0	0	0	0
	(ii)	220,536	0	0	11,660	21,620	253,816	0
P DANIEL SMITH FORMER VP & GENERAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	284,247	50,000	0	24,000	19,104	377,351	0
ZARLASHT WARDAK FORMER VP - REGIONAL DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	127,079	15,000	102,990	18,000	20,714	283,783	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.

2017

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 4 main 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 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main 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	25,118	EMPLOYMENT		No

**Part V Supplemental Information**

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

Return Reference	Explanation

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

▶ **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](http://www.irs.gov/form990)**

**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 Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	10	56,059	FMV
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( SOFTWARE LICENSES )	X	1	3,389,378	COST OR SELLING PRIC
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

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

**Part II Supplemental Information.**

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

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)

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service  
Name of the organization  
FINCA INTERNATIONAL INC

**Employer identification number**

13-3240109

**990 Schedule O, Supplemental Information**

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.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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.



# 990 Schedule O, Supplemental Information

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.

# 990 Schedule O, Supplemental Information

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.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PRESENTED TO THE 990 REVIEW TEAM WHICH COMPRISES THE AUDIT COMMITTEE, AND REPRESENTATIVES FROM MANAGEMENT TEAM, LEGAL, AND FINANCE. THE TEAM REVIEWS THE DOCUMENT AND A MEETING IS SCHEDULED TO DISCUSS PENDING QUESTIONS WITH THE CHIEF FINANCIAL OFFICER. THIS PROCESS INCLUDES REVIEWING AND GIVING FINAL APPROVAL OF ALL SECTIONS, SCHEDULES, CHECKLISTS, AND ALL DISCLOSURES ON THE RETURN.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 12C	OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF INTERESTS ON AN ONGOING BASIS. CONFLICTS OF INTERESTS ARE PROHIBITED BY THE FINCA CODE OF CONDUCT AND PERSONNEL MANUAL, SUBJECT TO ANY EXCEPTIONS BASED ON A STANDARD OF FAIRNESS AND BEST INTERESTS OF THE COMPANY BY AN INDEPENDENT AUDIT COMMITTEE. CONFLICTS, INCLUDING RELATED PARTY TRANSACTIONS, ARE STRONGLY DISCOURAGED AND APPROVED, IF AT ALL, ON AN EXCEPTIONAL BASIS. THE PROCESS IS MONITORED THROUGH ACKNOWLEDGMENT OF THE POLICY PROHIBITING AND REQUIRING REPORTING OF ANY CONFLICTS, ALONG WITH INTERNAL AUDITS AND OTHER CONTROLS (INCLUDING THE CONTRACT REVIEW PROCESS). THE FINCA CODE OF CONDUCT, APPLICABLE TO ALL FINCA PERSONS GLOBALLY, PROVIDES A CONFIDENTIAL REPORTING MECHANISM ("HOTLINE") FOR REPORTING VIOLATIONS OF THE CODE, INCLUDING CONFLICTS OF INTERESTS.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15	THE PROCESS FOR DETERMINING THE CEO AND OTHER OFFICERS' COMPENSATION IS PERFORMED BY THE P RESIDENT & CEO AND REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS' GOVERNANCE COMMITTEE. THE PRESIDENT & CEO IS EXCLUDED FROM THE GOVERNANCE COMMITTEE DURING THE REVIEW AND APPROV AL OF THE PRESIDENT & CEO'S COMPENSATION. 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' EXECUT IVE 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 I S PERFORMED ANNUALLY.

# 990 Schedule O, Supplemental Information

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.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9:	UNAMORTIZED PENSION PRIOR SERVICE COSTS -31,581. FV ADJUSTMENT -26,574. CURRENCY TRANSLATI ON ADJUSTMENTS 3,961,138. DONATED EQUITY -1,116,000.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, AMENDED RETURN	FINCA INTERNATIONAL, INC. ("FII") HAS AMENDED ITS 2017 FORM 990 TO UPDATE THE METHODOLOGY USED TO REPORT REVENUES FROM ITS INTEREST IN FINCA MICROFINANCE HOLDING COMPANY, LLC CONSISTENT WITH THE EQUITY METHOD USED FOR FINANCIAL STATEMENT PURPOSES. DUE TO CHANGES IN TAX LAW RESULTING FROM THE ENACTMENT OF THE TAX CUTS AND JOBS ACT, THE COMPANY BELIEVES THAT THIS PRESENTATION IS A MORE ACCURATE REFLECTION OF FII'S OPERATIONS. THE FOLLOWING SCHEDULES HAVE BEEN ADJUSTED AS A RESULT: FORM 990, PART I FORM 990, PART III FORM 990, PART VIII FORM 990, PART IX FORM 990, PART X FORM 990, PART XI SCHEDULE A, PART II SCHEDULE D, PART VIII PART VI, SECTION C, LINE 20 HAS BEEN UPDATED TO REFLECT THE CURRENT NAME, ADDRESS, AND PHONE NUMBER FOR THE PERSON WHO POSSESSES THE ORGANIZATION'S BOOKS AND RECORDS.



**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2017**

**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](http://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
<b>(1)</b> FINCA PLUS LLC 1201 15TH STREET NW 8TH FLOOR WASHINGTON, DC 20005 46-4312538	SOLAR ENERGY PRODUCTS	DE	319,922	336,667	FINCA INTERNATIONAL INC
<b>(2)</b> FINCA CAPITAL FUND LLC 1201 15TH STREET NW 8TH FLOOR WASHINGTON, DC 20005 26-0648736	DORMANT	DE	0	0	FINCA INTERNATIONAL INC
<b>(3)</b> FINCA LICENSING & SUPPORT LLC 1201 15TH STREET NW 8TH FLOOR WASHINGTON, DC 20005	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.

See Additional Data Table

(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

**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	
<b>(1)</b> FINCA MICROFINANCE HOLDING COMPANY LLC 1201 15TH STREET NW 8TH FLOOR WASHINGTON, DC 20005 45-0793602	HOLDING COMPANY	DC	FINCA INTERNATIONAL INC	RELATED	41,561,714	698,301,625	Yes			Yes		62.930 %

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved



**Part VII** **Supplemental Information**

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

# 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
AV GUSTAVO DIAZ ORDAZ 12 COL CANTA CUERNAVACA MX	MICROFINANCE OPERATIONS	MX			FINCA MICROFINANCE HOLDING COMPANY LLC	Yes	
PASEO GENERAL ESCALON Y CALLE CIRCU SAN SALVADOR ES	MICROFINANCE OPERATIONS	ES			FINCA MICROFINANCE HOLDING COMPANY LLC	Yes	
AVDA AMAZONAS N39-123 Y JOSE ARIZA QUITO EC	MICROFINANCE OPERATIONS	EC			FINCA INTERNATIONAL INC	Yes	
26 RUE METELLUS PETIONVILLE PORTAUPRINCE HA	MICROFINANCE OPERATIONS	HA			FINCA MICROFINANCE HOLDING COMPANY LLC	Yes	
COL TEPEYAC AVE LAS MINITAS TEGUCIGALPA HO	DORMANT	HO			FINCA INTERNATIONAL INC	Yes	
AGATANGEGHOS STREET 2A YEREVAN 0023 AM	DORMANT	AM			FINCA INTERNATIONAL INC	Yes	
DE LA ROTONDA DEL GUEGUENSE MANAGUA NU	MICROFINANCE OPERATIONS	NU			FINCA MICROFINANCE HOLDING COMPANY LLC	Yes	
3A AVENIDA 10-35 ZONA 09 GUATEMALA 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
FINCA AFGHANISTAN HOUSE NO 14 ST NO 4 TAIMANI KABUL AF	MICROFINANCE OPERATIONS	AF	FINCA MICROFINANCE COOPERATIEF UA	C	4,083,425	12,912,276	62.930 %		No
FINCA UNIVERSAL CREDIT ORGANIZATION CJSC AGATANGEGHOS STREET 2A YEREVAN AM	MICROFINANCE OPERATIONS	AM	FINCA MICROFINANCE COOPERATIEF UA	C	10,573,969	35,223,492	62.930 %		No
FINCA AZERBAIJAN LLC 44 JAFAR JABBARLI STREET BAKU AJ	MICROFINANCE OPERATIONS	AJ	FINCA MICROFINANCE COOPERATIEF UA	C	13,564,020	5,157,519	62.930 %		No
FINCA DRCONGO SARL 1286 AVE TOMBALBAYE KINSHASA CG	MICROFINANCE OPERATIONS	CG	FINCA MICROFINANCE HOLDING COMPANY LLC	C	23,115,739	55,305,350	62.930 %		No
FINCA TRANSFERT SARL 1286 AVE TOMBALBAYE KINSHASA CG	MICROFINANCE OPERATIONS	CG	FINCA DRCONGO SARL	C	12,777	1,959,086	58.920 %		No
BANCO PARA LA ASISTENCIA COMUNITARIA FINCA SA AVDAAMAZONAS N39-123 Y JOSE ARIZAG QUITO EC	MICROFINANCE OPERATIONS	EC	FINCA MICROFINANCE HOLDING COMPANY LLC	C	7,687,617	39,237,601	62.930 %		No
JSC MFO FINCA 71 VAZHA-PSHAVELA AVENUE TBILISI GG	MICROFINANCE OPERATIONS	GG	FINCA MICROFINANCE COOPERATIEF UA	C	16,155,875	71,702,198	62.930 %		No
FINCASERVICIOS - LATINOAMERICA SA CALZADA ROOSEVELT 22-43 ZONA 11 GUATEMALA CITY GT	DORMANT	GT	FINCA MICROFINANCE HOLDING COMPANY LLC	C		2,303	62.930 %		No
FINCA MICROFINANZAS SA 3 AVE 10-35 ZONA 09 GUATEMALA CITY GT	DORMANT	GT	FINCA MICROFINANCE HOLDING COMPANY LLC	C			62.930 %		No
FINCA HAITI SA 26 RUE METELLUS PORTAUPRINCE HA	MICROFINANCE OPERATIONS	HA	FINCA MICROFINANCE HOLDING COMPANY LLC	C	3,443,632	9,000,798	62.930 %		No
FINANCIERA FINCA HONDURAS SA COL TEPEYAC AVE LAS MINITAS TEGUCIGALPA HO	MICROFINANCE OPERATIONS	HO	FINCA MICROFINANCE HOLDING COMPANY LLC	C	6,064,075	17,000,276	62.930 %		No
SPECIALIZED MICRO LOANS (PRIVATE SHAREHOLDING COMPANY) 4TH FL DURRET KHALDA AMMAN JO	MICROFINANCE OPERATIONS	JO	FINCA MICROFINANCE HOLDING COMPANY LLC	C	6,094,882	21,395,826	62.930 %		No
FINCA KOSOVE SHA ROBERT DOLL ST NR 112 PRISHTINA KV	DORMANT	KV	FINCA MICROFINANCE HOLDING COMPANY LLC	C		7,650	62.930 %		No
FINCA MICRO-CREDIT COMPANY CJSC 93/2 SHOPOKOV STREET BISHKEK KG	MICROFINANCE OPERATIONS	KG	FINCA MICROFINANCE HOLDING COMPANY LLC	C	19,761,626	67,154,897	62.930 %		No
FINCA LIMITED (MALAWI) HENDERSON STREET BLANTYRE MI	MICROFINANCE OPERATIONS	MI	FINCA MICROFINANCE COOPERATIEF UA	C	5,420,432	12,782,182	62.930 %		No

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
TENEDORA FINCA SAPI DE CV AV GUSTAVO DIAZ ORDAZ NO 12 CUERNAVACA MX	HOLDING COMPANY	MX	FINCA MICROFINANCE HOLDING COMPANY LLC	C	143,309	237,422	62.930 %		No
FINCA MICROFINANCE COOPERATIEF UA DE ENTREE 99-197 AMSTERDAM NL	HOLDING COMPANY	NL	FINCA MICROFINANCE HOLDING COMPANY LLC	C	3,808,680	75,154,869	62.930 %		No
FINCA NETWORK SUPPORT BV DE ENTREE 99-197 AMSTERDAM NL	IT SERVICES	NL	FINCA MICROFINANCE COOPERATIEF UA	C	3,798,405	2,586,439	62.930 %		No
FINANCIERA FINCA NICARAGUA SA DE LA ROTONDA EL GUEGUENSE MANAGUA NU	MICROFINANCE OPERATIONS	NU	FINCA MICROFINANCE HOLDING COMPANY LLC	C	10,557,900	35,769,285	62.930 %		No
FINCA MICROFINANCE BANK LIMITED PLOT 20 WETHERAL ROAD OWERRI NI	MICROFINANCE OPERATIONS	NI	FINCA MICROFINANCE COOPERATIEF UA	C	1,278,578	3,241,063	62.930 %		No
FINCA MICROFINANCE BANK LIMITED 387-E JOHAR TOWN LAHORE PK	MICROFINANCE OPERATIONS	PK	FINCA MICROFINANCE COOPERATIEF UA	C	27,953,827	123,614,124	54.370 %		No
FINCA CJSC 111 REVOLUTSIONNAYA ST SAMARA RS	MICROFINANCE OPERATIONS	RS	FINCA MICROFINANCE HOLDING COMPANY LLC	C	1,771,778	5,094,885	62.930 %		No
FINCA MICRO-CREDIT DEPOSIT ORGANIZATION LLC 9 JABBOR RASULOV STREET DUSHANBE TI	MICROFINANCE OPERATIONS	TI	FINCA MICROFINANCE HOLDING COMPANY LLC	C	3,805,688	12,825,706	62.930 %		No
FINCA MICROFINANCE BANK LIMITED BAGAMOYO ROAD PLOT NO 34 DAR ES SALAAM TZ	MICROFINANCE OPERATIONS	TZ	FINCA MICROFINANCE HOLDING COMPANY LLC	C	9,954,988	30,615,149	62.930 %		No
FINCA UGANDA LIMITED PLOT 11A ACACIA AVENUE KAMPALA UG	MICROFINANCE OPERATIONS	UG	FINCA MICROFINANCE COOPERATIEF UA	C	8,791,017	24,866,209	62.930 %		No
FINCA ZAMBIA LIMITED PLOT NO 22768 ACACIA PARK LUSAKA ZA	MICROFINANCE OPERATIONS	ZA	FINCA MICROFINANCE COOPERATIEF UA	C	7,468,924	11,779,654	62.930 %		No
FINCA ZAMBIA HOLDING LIMITED PLOT NO 22768 ACACIA PARK LUSAKA ZA	DORMANT	ZA	FINCA MICROFINANCE HOLDING COMPANY LLC	C		932	62.930 %		No
FINCASERVICES USA LLC 21635 RED RUM DRIVE ASHBURN, VA 20147 90-0866365	IT SERVICES	VA	FINCA MICROFINANCE HOLDING COMPANY LLC	C	801,332	2,781,977	62.930 %		No
FINCA MICROFINANCE GLOBAL SERVICES LLC 1201 15TH ST NW WASHINGTON, DC 20005 81-1408194	SUPPORT SERVICES	DC	FINCA MICROFINANCE HOLDING COMPANY LLC	C	10,367,597	2,924,161	62.930 %		No
MICRO-FINANCE SOLUTIONS INC PO BOX 309GT UGLAND HOUSE SOUTH C GEORGETOWN CJ	IT SERVICES	CJ	FINCA INTERNATIONAL INC	C		2,439	100.000 %		No



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							Yes	No	Yes	No
MFSI GUATEMALA SA CALZADA ROOSEVELT 22-43 ZONA 11 GUATEMALA CITY 01011 GT	IT SERVICES	GT	MICRO FINANCE SOLUTIONS INC	C		59,165	100.000 %			No
ASESORA DE MICROFINANZAS ASEMICROFIN SA AVDA AMAZONAS N39-123 Y JOSE ARIZA QUITO EC	MICROFINANCE OPERATIONS	EC	FUNDACION INTERNATIONAL PARA LA ASISTENCIA COMUNITARIA DEL ECUADOR	C	30,166	613,110	100.000 %			No

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

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
FINCA MICROFINANCE GLOBAL SERVICES LLC	M	1,023,773	FMV
FUNDACION INTERNATIONAL PARA LA ASISTENCIA COMUNITARIA DE GUATEMALA	A	117,324	FMV
FINCA HAITI	A	6,702	FMV
FUNDACION INTERNATIONAL PARA LA ASISTENCIA COMUNITARIA DE GUATEMALA	D	2,669,032	FMV
FINCA HAITI SA	D	300,000	FMV
FINCA LIMITED (MALAWI)	M	792,204	FMV
FINCA UGANDA LIMITED	M	348,851	FMV
FINCA ZAMBIA LIMITED	M	338,364	FMV
FINCA DR CONGO SARL	M	246,153	FMV
FINCA MICROFINANCE BANK LIMITED	M	531,553	FMV
FINCA MICROFINANCE BANK LIMITED	M	50,000	FMV
BANCO PARA LA ASISTENCIA COMUNITARIA FINCA SA	M	5,000	FMV
FUNDACION INTERNATIONAL PARA LA ASISTENCIA COMUNITARIA DE GUATEMALA	M	38,517	FMV
FINCA HAITI SA	M	137,840	FMV
TENEDORA FINCA SAPI DE CV	M	870	FMV
FINCA UNIVERSAL CREDIT ORGANIZATION CJSC	M	5,000	FMV
SPECIALIZED MICRO LOANS (PRIVATE SHAREHOLDING COMPANY)	M	16,000	FMV