

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

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 STREET NW 8TH FLOOR

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

D Employer identification number
13-3240109

E Telephone number
(202) 682-1510

G Gross receipts \$ 32,538,514

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

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

3 Number of voting members of the governing body (Part VI, line 1a)	15
4 Number of independent voting members of the governing body (Part VI, line 1b)	13
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	37
6 Total number of volunteers (estimate if necessary)	17
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	19,419

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	19,051,488	16,676,131
9 Program service revenue (Part VIII, line 2g)	8,763,214	11,893,224
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	39,498,936	3,724,145
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,677,032	133,439
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	70,990,670	32,426,939
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	6,884,923	7,128,279
16a Professional fundraising fees (Part IX, column (A), line 11e)	506,930	470,319
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,014,136		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	53,753,832	14,567,065
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	61,145,685	22,165,663
19 Revenue less expenses Subtract line 18 from line 12	9,844,985	10,261,276

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	154,709,979	165,912,111
21 Total liabilities (Part X, line 26)	50,388,468	51,469,849
22 Net assets or fund balances Subtract line 21 from line 20	104,321,511	114,442,262

Part II Signature Block

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

Sign Here

Signature of officer: _____ Date: 2019-11-12

LINDA TOSCANO CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> 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 COSTA MESA, CA 92626			Phone no (714) 436-7100	

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

PROMOTE THE ECONOMIC AND SOCIAL WELL BEING OF LOW-INCOME INDIVIDUALS, FAMILIES AND GROUPS THROUGHOUT THE WORLD
 PROVIDING FINANCIAL ASSISTANCE, LOANS, SAVINGS ACCUMULATION, AND OTHER OPPORTUNITIES AND ASSISTANCE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes 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 \$ including grants of \$) (Revenue \$ 0)
 See Additional Data

4b (Code) (Expenses \$ 7,891,378 including grants of \$) (Revenue \$ 11,756,927)
 See Additional Data

4c (Code) (Expenses \$ 809,614 including grants of \$) (Revenue \$ 0)
 See Additional Data

See Additional Data Table

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

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

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	31
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	37		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes		
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b	Yes		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes		
b	If "Yes," enter the name of the foreign country AF, AJ, AM, CG, CJ, EC, GG, GT, HA, HO, JO, KG, KV, MI, MX, NH, NI, NL, NU, PK, RS, TI, TZ, UG, ZA				
5a	Was the organization a reporting company under the Bank Secrecy Act for the calendar year? Yes <input type="checkbox"/> No <input type="checkbox"/>	5a		No	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No	
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds.					
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No	
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15		No	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		No	

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (15); 1b Enter the number of voting members included in line 1a, above, who are independent (13); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

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

Section C. Disclosure

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a			
	b Membership dues . . .	1b			
	c Fundraising events . . .	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e	126,438		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	16,549,693		
	g Noncash contributions included in lines 1a - 1f \$		2,600,793		
h Total. Add lines 1a-1f		16,676,131			

Program Service Revenue			Business Code				
	2a INTEREST REV - BRANCHE		522298	11,756,927	11,756,927		
b MANAGEMENT FEES		900099	136,297	136,297			
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			11,893,224				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			3,724,145			3,724,145	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	(i) Real	(ii) Personal					
		b Less rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b Less cost or other basis and sales expenses						
		c Gain or (loss)						
		d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a						
		b Less direct expenses	b					
		c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities See Part IV, line 19	a						
b Less direct expenses		b						
c Net income or (loss) from gaming activities								
10a Gross sales of inventory, less returns and allowances	a		157,597					
	b Less cost of goods sold	b	111,575					
	c Net income or (loss) from sales of inventory			46,022			46,022	
Miscellaneous Revenue	Business Code							
11a OTHER INCOME	900099		87,417	87,417				
b								
c								
d All other revenue								
e Total. Add lines 11a-11d			87,417					
12 Total revenue. See Instructions			32,426,939	11,980,641	0	3,770,167		

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

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

Part X Balance Sheet

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

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

Part XI Reconciliation of Net Assets

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

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

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Additional Data

Software ID:

Software Version:

EIN: 13-3240109

Name: FINCA INTERNATIONAL INC

Form 990 (2018)

Form 990, Part III, Line 4a:

FINCA IMPACT FINANCE NEARLY 2 BILLION PEOPLE AROUND THE WORLD ARE FINANCIALLY EXCLUDED, WITHOUT CRITICAL ACCESS TO CREDIT, SAVINGS OR OTHER BASIC FINANCIAL SERVICES TRADITIONAL BANKS OFTEN DO NOT SERVE THE "MICRO" LOAN SEGMENT OR EVEN THE SMALL BUSINESS SEGMENT IN DEVELOPING COUNTRIES, BECAUSE IT IS TOO COSTLY FOR THEM OR THEY DON'T KNOW HOW TO SERVE PEOPLE WORKING IN THE INFORMAL ECONOMY FINANCIAL INCLUSION IS ONE OF FINCA INTERNATIONAL'S CORE INTERESTS AS ACCESS TO ESSENTIAL FINANCIAL SERVICES CAN BRIDGE THE ECONOMIC GAP BETWEEN THE HAVES AND HAVE-NOTS IT CAN ALSO CREATE ECONOMIC SUSTAINABILITY AND SELF-RELIANCE FOR THE POOR WE BELIEVE IN ECONOMIC OPPORTUNITY AND JUSTICE FOR ALL AND ARE WORKING HARD TO ACHIEVE THAT IDEAL FINCA INTERNATIONAL IS THE FOUNDER AND MAJORITY OWNER OF FINCA IMPACT FINANCE (FIF), A NETWORK OF 20 COMMUNITY-BASED MICRO-FINANCE INSTITUTIONS AND BANKS, WHICH AMPLIFIES FINANCIAL INCLUSION THROUGH INNOVATIVE, RESPONSIBLE AND IMPACTFUL FINANCIAL SERVICES TO LOW-INCOME CLIENTS SERVICES PROVIDED INCLUDE VILLAGE BANKING AND SMALL GROUP LOANS TARGETED TO VERY LOW-INCOME ENTREPRENEURS WITH THE SMALLEST ENTERPRISES, INDIVIDUAL LOANS TO HELP ENTREPRENEURS CONTINUE TO GROW THEIR BUSINESS AND GENERATE JOBS, AGRICULTURAL LOANS FOR CLIENTS IN NEED OF PURCHASING SEEDS, FERTILIZER, LIVESTOCK AND EQUIPMENT AND REPAY THE PRINCIPAL WHEN THE HARVEST COMES IN, SAVINGS ACCOUNTS TO HELP CLIENTS BUILD A CUSHION AGAINST HARD TIMES, CREDIT, DISABILITY AND FUNERAL INSURANCE TO HELP REDUCE FINANCIAL STRESS OF MEETING MAJOR OR UNEXPECTED EXPENSES, MONEY TRANSFERS IN A SAFE AND AFFORDABLE WAY, AND ENERGY LOANS TO PURCHASE OR LEASE CLEAN ELECTRICITY SYSTEMS OR PRODUCTS IN 2018, THE NETWORK'S NOTEWORTHY FEATS AND REACH WAS A TOTAL AMOUNT OF \$100,275,931 IN LOANS DISBURSED, OVER 1,976,611 INDIVIDUALS SAVED ON A REGULAR BASIS, WITH A TOTAL SAVINGS OF \$406,724,197 APPROXIMATELY, AND 44 1% OF CLIENTS WERE WOMEN MOREOVER, IN 2018 THE NUMBER OF BENEFICIARIES REACHED PER SUBSIDIARY WAS DRC 274,089 MALAWI 73,796NIGERIA 27,901TANZANIA 307,735UGANDA 98,338ZAMBIA 15,708ARMENIA 35,694AZERBAIJAN 3,747GEORGIA 112,528KYRGYZSTAN 120,593TAJIKISTAN 30,873ECUADOR 48,491GUATEMALA 33,847HAITI 50,918HONDURAS 57,318NICARAGUA 16,290AFGHANISTAN 26,217JORDAN 31,785PAKISTAN 931,670

Form 990, Part III, Line 4b:

FINCA KOSOVO FINCA KOSOVO ADHERES TO FINCA INTERNATIONAL'S MISSION OF ALLEVIATING POVERTY THROUGH LASTING SOLUTIONS THAT HELP PEOPLE BUILD ASSETS, CREATE JOBS AND RAISE THEIR STANDARD OF LIVING SPECIFICALLY, FINCA KOSOVO FULFILLS THE FINCA IMPACT FINANCE PURPOSE OF BEING AN UNCONVENTIONAL COMMUNITY-BASED BANK THAT PROFITABLY AND RESPONSIBLY PROVIDES INNOVATIVE AND IMPACTFUL FINANCIAL SERVICES THAT ENABLE LOW-INCOME INDIVIDUALS AND COMMUNITIES TO INVEST IN THEIR FUTURES FINCA KOSOVO CURRENTLY PROVIDES FINANCIAL SERVICES IN 26 CITIES, OFFERING CREDIT PRODUCTS TO MICRO-ENTREPRENEURS IT CONSISTS OF MORE THAN 220 DEDICATED AND EXPERIENCED PROFESSIONALS IN BUILDING A SUSTAINABLE MICROFINANCE PROGRAM AND PROVIDING LONG-TERM SOLUTIONS TO THE NEEDS OF ITS CLIENTS CREDIT PRODUCTS PORTFOLIO INCLUDES THE FOLLOWING LOAN MODALITIES WOMEN ENTREPRENEUR LOAN, AGRICULTURAL LOAN, BUSINESS LOAN, HOME IMPROVEMENT LOAN, LIFE IMPROVEMENT LOAN, FAST LOAN, AND VEHICLE REGISTRATION LOAN SINCE, 2016, FINCA KOSOVO IS CERTIFIED BY THE SMART CAMPAIGN FOR 'CUSTOMER PROTECTION' THIS OFFICIAL ACKNOWLEDGMENT WAS MADE AFTER AN IN-DEPTH ASSESSMENT OF ALL FINCA KOSOVO'S PROCESSES AND POLICIES AND HIGHLIGHTED FINCA'S SERIOUS COMMITMENT TO HIGH ETHICAL STANDARDS IN HANDLING ITS CLIENTS THIS INCLUDES DESIGNING AND PROVIDING THE RIGHT PRODUCTS, PREVENTING CUSTOMER OVERLOAD WITH DEBT, TRANSPARENCY, RESPONSIVE PRICES, TREATING CUSTOMERS FAIRLY AND WITH RESPECT, MAINTAINING CUSTOMER DATA PRIVACY AND COMPLAINTS HANDLING MECHANISMS BY DECEMBER 2018, FINCA KOSOVO OPENED 2 NEW BRANCHES AND ITS CLIENTELE INCREASED TO 20,241 INDIVIDUALS REPRESENTING AN INCREMENT OF 15% COMPARED TO 2017 OUT OF THAT NUMBER, 20.6% WERE FEMALE BORROWERS, ALSO AN INCREMENT GIVEN THAT IN 2017 ONLY 16% WERE

Form 990, Part III, Line 4c:

FINCA PLUS FINCA RECOGNIZES THAT MANY LOW-INCOME INDIVIDUALS SUFFER FROM A LACK OF ACCESS TO RELIABLE ACCESS TO ENERGY, HEALTH, SANITATION, FINANCING, AND OTHER SERVICES THAT COULD RAISE THEIR STANDARD OF LIVING THESE INDIVIDUALS ARE ALSO VICTIMS OF A WIDE-SCALE MARKET FAILURE THE IMPOVERISHED AND ISOLATED GEOGRAPHIC AREAS WHERE THEY LIVE DON'T OFFER FOR-PROFIT ACTORS AN INCENTIVE TO BUILD A MUCH-NEEDED INFRASTRUCTURE THAT CAN ENSURE DELIVERY OF HIGH-QUALITY, AFFORDABLE, LIFE-ENHANCING GOODS AND SERVICES SINCE THEY CANNOT ACCESS THESE GOODS AND SERVICES, LOW-INCOME INDIVIDUALS ARE FORCED TO USE ALTERNATIVES THAT ARE EXPENSIVE, DANGEROUS TO CONSUMERS, AND DETRIMENTAL TO THE ENVIRONMENT FINCA SEEKS TO ADDRESS THIS MARKET FAILURE THROUGH FINCA PLUS LLC (D B A IN UGANDA AS BRIGHTLIFE), A SOCIAL ENTERPRISE THAT WORKS TO ADDRESS, IN SOCIALLY AND ENVIRONMENTALLY RESPONSIBLE WAYS, ECONOMIC AND ENERGY NEEDS OF LOW-INCOME INDIVIDUALS BRIGHTLIFE PROVIDES LIFE-ENHANCING PRODUCTS SUCH AS SOLAR HOME SYSTEMS AND IMPROVED COOKSTOVES TO LOW-INCOME INDIVIDUALS AT AFFORDABLE RATES MOREOVER, AS CONTINUATION OF FINCA'S MORE TRADITIONAL MICRO-LENDING ACTIVITIES, BRIGHTLIFE WORKS WITH LOW-INCOME INDIVIDUALS TO PROVIDE THEM WITH AFFORDABLE FINANCING SO THAT THEY CAN ACCESS THE GOODS AND SERVICES THEY NEED TO LIVE SAFER, HEALTHIER, AND MORE PRODUCTIVE LIVES IN OTHER WORDS, FINCA INTERNATIONAL IS PAIRING ACCESS TO FINANCE WITH ACCESS TO ENERGY TO CREATE PATHWAYS TO FINANCIAL INCLUSION FOR THE UNBANKED AND OPPORTUNITIES TO RAISE PEOPLE OUT OF POVERTY IN 2018, BRIGHTLIFE SOLD 2,548 PRODUCTS REACHING 15,288 UGANDANS (2,548 INDIVIDUALS IN 6-PERSONS HOUSEHOLDS) 85% OF BRIGHTLIFE'S HOUSEHOLD CUSTOMERS REPORTED THAT THEIR HEALTH WAS POSITIVELY IMPACTED AND 90% STATED THAT THEIR SAFETY WAS POSITIVELY IMPACTED (FEWER RISK FOR FIRES IN THE HOME, LIGHTING AT NIGHT TO CREATE A SAFER ENVIRONMENT) CUSTOMERS WHO USE THEIR SOLAR PRODUCTS IN BUSINESS (BASED AT HOME) REPORTED SMALL BUT MEANINGFUL IMPROVEMENTS IN THE VOLUME OF CUSTOMERS AND INCREASED PROFITABILITY BRIGHTLIFE'S OPERATION ALSO CREATED ABOUT 75 JOBS IN THE LOCAL ECONOMY

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code	) (Expenses \$	567,011	including grants of \$	) (Revenue \$	0)
<p>FINCA VENTURES FINCA INTERNATIONAL HAS A DEEP UNDERSTANDING OF THE CHALLENGES THAT LOW-INCOME PEOPLE FACE BOTH AT HOME AND IN STRIVING TO BUILD SMALL BUSINESSES TO SUPPORT THEIR FAMILIES AND COMMUNITIES ALTHOUGH ACCESS TO RESPONSIBLE BANKING/FINANCE IS PIVOTAL FOR IMPROVING PEOPLE'S PRODUCTIVITY AND WELL-BEING, IT'S NOT ENOUGH FOR POVERTY ALLEVIATION ACCESS TO NON-FINANCIAL GOODS AND SERVICES SUCH AS ENERGY, WATER/HYGIENE, OR EDUCATION IS NECESSARY AS WELL IN SUCH ENDEAVOR UNFORTUNATELY, THE MARKET FOR THESE GOODS AND SERVICES IS NOT DEVELOPING AS QUICKLY AS IT SHOULD OR COULD FOR EXAMPLE, RESEARCH SHOWS THAT INEXPENSIVE SOLAR SYSTEMS FOR HOUSEHOLDS AND SMALL BUSINESSES ARE AVAILABLE AND COULD BE AFFORDABLE TO PEOPLE AT THE BASE OF THE ECONOMIC PYRAMID STILL, DISTRIBUTION ISSUES, EDUCATION AND MARKETING CHALLENGES, CROWDING/MARKET-SPOILING FROM POOR QUALITY PRODUCTS, AND A LACK OF ACCESS TO FINANCE FOR LOW-INCOME CONSUMERS, ARE PREVENTING MILLIONS OF PEOPLE FROM GETTING WHAT THEY NEED AND CONSUMERS OF BEING PROTECTED IN RESPONSE, FINCA INTERNATIONAL IS LEVERAGING ITS KNOWLEDGE, MICROFINANCE NETWORK AND TRUSTED BRAND TO INCREASE ACCESS TO NON-FINANCIAL PRODUCTS AND SOLUTIONS THAT CAN DRAMATICALLY IMPROVE HEALTH, PRODUCTIVITY AND OVERALL QUALITY OF LIFE OF OUR CLIENTS AND OTHER LOW-INCOME PEOPLE IN THE LONG TERM AND IN A SUSTAINABLE WAY THROUGH FINCA VENTURES, FINCA TAKES AN INTEGRATED APPROACH TO ACCOMPLISHING ITS CHARITABLE OBJECTIVES BY PROVIDING PATIENT, EARLY STAGE GROWTH CAPITAL AND PRE-AND POST-INVESTMENT TECHNICAL SUPPORT TO HELP SMALL BUSINESSES SCALE AND REACH FINCA'S TARGET POPULATION FINCA VENTURES ACCELERATES THE GROWTH OF INVESTEE COMPANIES, CREATES EMPLOYMENT, EDUCATES THE MARKET, AND PROMOTES RESPONSIBLE CONSUMER PROTECTION BY DOING THIS, IT FOSTERS THE MARKET MORE FOR AFFORDABLE, SOCIALLY IMPACTFUL GOODS AND SERVICES IN 2018, FINCA VENTURES GREW ITS INVESTMENT PORTFOLIO FROM ONE EQUITY INVESTMENT TO FIVE CHAMPIONING FINCA'S CORE AND FOUNDING PRINCIPLE OF CREATING LONG LASTING SOLUTIONS TO POVERTY THAT EMPOWER PEOPLE TO IMPROVE THEIR OWN LIVES MOREOVER, THROUGH ITS INVESTEES, FINCA VENTURES CONTRIBUTED DIRECTLY AND INDIRECTLY TO 15 OF THE 17 SUSTAINABLE DEVELOPMENT GOALS SOCIAL IMPACT IN 2018 THROUGH EACH INVESTEE WAS AMPED INNOVATION (ELECTRICITY) 172,105 LIVES IMPACTEDENEZA EDUCATION (EDUCATION) 563,000 LIVES IMPACTEDGOOD NATURE AGRO (AGRICULTURE) 27,848 LIVES IMPACTEDIGNITIA (AGRICULTURE) 740,709 LIVES IMPACTEDSANIVATION (SANITATION) 3,135 LIVES IMPACTED</p>					

(Code	) (Expenses \$	2,446,374	including grants of \$	) (Revenue \$	223,714)
OTHER					

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					70,000	0	0	0
ROBERT W HATCH CHAIRMAN	10 00 5 00	X						0	0	0
HAROLD JASTRAM DIRECTOR	5 00 0 00	X						0	0	0
DANIELA MIELKE DIRECTOR BEG 7/18	5 00 0 00	X						0	0	0
AGRINA MUSSA DIRECTOR	5 00 0 00	X						0	0	0
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			
AVANTHI SHAH DIRECTOR BEG 11/18	5 00 0 00	X						0	0	0
CHARLES TREVAIL DIRECTOR	5 00 0 00	X						0	0	0
DAVID E WEISMAN DIRECTOR	5 00 5 00	X						0	0	0
RICHARD N WILLIAMSON DIRECTOR	5 00 10 00	X						0	0	0
RUPERT SCOFIELD PRESIDENT & CEO	50 00 0 00	X		X				390,568	0	39,418
DEBRA SPAGNOLA CHIEF FINANCIAL OFFICER	50 00 0 00			X				168,011	0	17,919
COLLEEN ZAKREWSKY CHIEF DEVELOPMENT OFFICER	50 00 0 00				X			187,116	0	28,961
AMI DALAL VP, SOCIAL ENTERPRISE INNOVATI	50 00 0 00					X		173,557	0	14,389
SOLEDAD GOMPF SVP, STRATEGIC ADVISOR	50 00 0 00					X		202,746	0	54,552
SCOTT GRAHAM DIRECTOR OF CUSTOMER RESEARCH	50 00 0 00					X		151,809	0	24,437

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT PRICE DIRECTOR, DIRECT MARKETING	50 00 0 00					X		116,290	0	52,445
JENNIFER SCHMIDT GREENE DIRECTOR, RESTRICTED GRANTS	50 00 0 00					X		113,899	0	35,045
STEPHANIE BAGOT SENIOR CORPORATE ATTORNEY	0 00 50 00						X	0	192,695	27,851
JEREMY DANFORD DIRECTOR OF GLOBAL TAX	0 00 50 00						X	0	119,113	18,620
JEFFREY FLOWERS VP-REGIONAL DIRECTOR	0 00 50 00						X	0	240,311	20,954
MICHAEL GAMA-LOBO VP-REGIONAL DIRECTOR	0 00 50 00						X	0	185,504	38,903
SONAL GANDHI SVP, PHILANTHROPIC ADVISOR	0 00 50 00						X	0	188,615	0
ROMAN HINGORANI VP & CFO	0 00 50 00						X	0	472,423	33,561
ALEJANDRO JAKUBOWICZ DEPUTY REGIONAL DIRECTOR, LAC	0 00 50 00						X	0	179,673	37,823
JOHN LOPEZ SENIOR ATTORNEY	0 00 50 00						X	0	191,316	2,136

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			
KEITH SANDBLOOM VP-REGIONAL DIRECTOR	0 00 50 00						X	0	185,537	41,030
ANDREE SIMON CEO	0 00 50 00						X	0	583,630	30,631
JEFFREY SMITH CHIEF AUDIT & RISK OFFICER	0 00 50 00						X	0	419,573	33,215
P DANIEL SMITH VP & GENERAL COUNSEL	0 00 50 00						X	0	475,773	31,307
MARIA VILELA DEPUTY GENERAL COUNSEL	0 00 50 00						X	0	223,691	35,860
ZARLASHT WARDAK VP-REGIONAL DIRECTOR	0 00 50 00						X	0	299,027	48,397

SCHEDULE A
(Form 990 or 990-EZ)

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.
 Go to www.irs.gov/Form990 for the latest information.

2018

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		
Total						

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	22,225,233	20,354,935	20,107,097	19,051,488	16,676,131	98,414,884
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	22,225,233	20,354,935	20,107,097	19,051,488	16,676,131	98,414,884
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						7,495,820
6 Public support. Subtract line 5 from line 4						90,919,064

Section B. Total Support

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

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

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	37.290 %
15 Public support percentage for 2017 Schedule A, Part II, line 14	15	36.730 %

16a 33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
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.

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

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

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

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

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II	<p>FINCA INTERNATIONAL, INC ("FII") HAS UPDATED THE METHODOLOGY USED TO REPORT REVENUES FROM ITS INTEREST IN FINCA MICROFINANCE HOLDING COMPANY, LLC, FOR PURPOSES OF THE PUBLIC SUPPORT TEST PRESENTED IN SCHEDULE A AS WELL AS THE STATEMENT OF REVENUE PRESENTED IN PART VIII OF THIS FORM 990, CONSISTENT WITH THE EQUITY METHOD USED FOR FINANCIAL STATEMENT PURPOSES. DUE TO CHANGES IN TAX LAW RESULTING FROM THE ENACTMENT OF THE TAX CUTS AND JOBS ACT, THE COMPANY BELIEVES THAT THIS PRESENTATION IS A MORE ACCURATE REFLECTION OF FII'S OPERATIONS. ADDITIONALLY, THE 2017 PUBLIC SUPPORT PERCENTAGE HAS BEEN UPDATED TO REFLECT THIS METHODOLOGY.</p>

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
FINCA INTERNATIONAL INC

Employer identification number
13-3240109

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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)? Yes No

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f 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
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

Part VI Land, Buildings, and Equipment.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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, 2018, FINCA DID NOT RECORD ANY ADDITIONAL UNRECOGNIZED TAX BENEFITS FINCA BELIEVES THAT IT IS NOT REASONABLY POSSIBLE THAT ANY UNRECOGNIZED TAX BENEFITS WILL SIGNIFICANTLY INCREASE OR DECREASE WITHIN 12 MONTHS OF THE REPORTING DATE AT DECEMBER 31, 2018, NO ESTIMATED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS WERE ACCRUED ACCRUED INTEREST AND PENALTIES ARE GENERALLY INCLUDED WITHIN THE RELATED ACCRUED LIABILITIES LINE IN THE CONSOLIDATED STATEMENT OF FINANCIAL POSITION FINCA IS SUBJECT TO TAXATION BY THE U S FEDERAL GOVERNMENT, VARIOUS U S STATES AND LOCALITIES, AND FOR FOREIGN JURISDICTIONS AS OF DECEMBER 31, 2018, FINCA'S TAX YEARS 2008-2018 ARE SUBJECT TO EXAMINATION BY THE TAX AUTHORITIES

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
FINCA INTERNATIONAL INC

Employer identification number
13-3240109

Part I **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					
3a Sub-total	45	292			730,943
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	45	292			730,943

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, don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* Yes No

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 3	METHOD USED TO ACCOUNT 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	19	63	PROGRAM SERVICES	FINANCIAL SERVICES FOR THE POOR	630,063
EUROPE (INCLUDING ICELAND AND GREENLAND)	26	229	PROGRAM SERVICES	FINANCIAL SERVICES FOR THE POOR	

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	0	PROGRAM SERVICES	FINANCIAL SERVICES FOR THE POOR	66,826
RUSSIA AND NEIGHBORING STATES	0	0	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
SOUTH ASIA	0	0	PROGRAM SERVICES	FINANCIAL SERVICES FOR THE POOR	
SOUTH AMERICA	0	0	PROGRAM SERVICES	FINANCIAL SERVICES FOR THE POOR	5,800

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	0	PROGRAM SERVICES	FINANCIAL SERVICES FOR THE POOR	
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	FINANCIAL SERVICES FOR THE POOR	28,254

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
FINCA INTERNATIONAL INC

Employer identification number
13-3240109

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
PUBLIC INTEREST COMMUNICATIONS 7700 LEESBURG PIKE 301 FALLS CHURCH, VA 22043	TELEMARKETING		No	13,525	23,503	-9,978
SD&A TELESERVICES 5757 W CENTURY BLVD 300 LOS ANGELES, CA 90045	TELEMARKETING		No	10,265	19,251	-8,986
INTEGRATED DIRECT MARKETING 1250 CONNECTICUT AVE NW 700 WASHINGTON, DC 20036	MARKETING CONSULTANT		No	0	427,565	-427,565
Total				23,790	470,319	-446,529

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

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

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

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

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

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

9 Enter the state(s) in which the organization conducts gaming activities _____

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

b If "No," explain _____

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

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in
- | | | |
|----------|-----------------------------|---|
| a | The organization's facility | % |
| b | An outside facility | % |

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

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

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also 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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
FINCA INTERNATIONAL INC

Employer identification number
13-3240109

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b				
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2				
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p>					
<p>a Receive a severance payment or change-of-control payment?</p>	4a	Yes			
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	Yes			
<p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>					
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p>					
<p>a The organization?</p>	5a		No		
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p>					
<p>a The organization?</p>	6a		No		
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	6b		No		
<p>7 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</p>	7		No		
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

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, LINES 4A-B	PART I, LINE 4A JEFFREY FLOWERS, FORMER KEY EMPLOYEE, RECEIVED A SEVERANCE PAYMENT OF \$55,736 IN 2018. PART I, LINE 4B SOLEDAD GOMPF PARTICIPATED IN A SECTION 457(F) SUPPLEMENTAL NONQUALIFIED DEFERRED COMPENSATION PLAN. DURING 2018, NO CONTRIBUTIONS WERE MADE INTO THE PLAN AND NO AMOUNTS WERE PAID OUT OF THE PLAN.



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 SCOFIELD PRESIDENT & CEO	(i)	387,301	0	3,267	20,598	18,820	429,986	0
	(ii)	0	0	0	0	0	0	0
DEBRA SPAGNOLA CHIEF FINANCIAL OFFICER	(i)	168,011	0	0	588	17,331	185,930	0
	(ii)	0	0	0	0	0	0	0
COLLEEN ZAKREWSKY CHIEF DEVELOPMENT OFFICER	(i)	187,116	0	0	617	28,344	216,077	0
	(ii)	0	0	0	0	0	0	0
AMI DALAL VP, SOCIAL ENTERPRISE INNOVATI	(i)	173,557	0	0	872	13,517	187,946	0
	(ii)	0	0	0	0	0	0	0
SOLEDAD GOMPF SVP, STRATEGIC ADVISOR	(i)	202,746	0	0	10,978	43,574	257,298	0
	(ii)	0	0	0	0	0	0	0
SCOTT GRAHAM DIRECTOR OF CUSTOMER RESEARCH	(i)	151,809	0	0	11,649	12,788	176,246	0
	(ii)	0	0	0	0	0	0	0
ROBERT PRICE DIRECTOR, DIRECT MARKETING	(i)	116,290	0	0	9,635	42,810	168,735	0
	(ii)	0	0	0	0	0	0	0
STEPHANIE BAGOT SENIOR CORPORATE ATTORNEY	(i)	0	0	0	0	0	0	0
	(ii)	176,575	16,000	120	7,532	20,319	220,546	0
JEREMY DANFORD DIRECTOR OF GLOBAL TAX	(i)	0	0	0	0	0	0	0
	(ii)	118,933	0	180	4,958	13,662	137,733	0
JEFFREY FLOWERS VP-REGIONAL DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	158,748	0	81,563	0	20,954	261,265	0
MICHAEL GAMA-LOBO VP-REGIONAL DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	163,507	0	21,997	13,234	25,669	224,407	0
SONAL GANDHI SVP, PHILANTHROPIC ADVISOR	(i)	0	0	0	0	0	0	0
	(ii)	126,296	16,745	45,574	0	0	188,615	0
ROMAN HINGORANI VP & CFO	(i)	0	0	0	0	0	0	0
	(ii)	321,907	150,000	516	1,231	32,330	505,984	0
ALEJANDRO JAKUBOWICZ DEPUTY REGIONAL DIRECTOR, LAC	(i)	0	0	0	0	0	0	0
	(ii)	179,157	0	516	7,440	30,383	217,496	0
JOHN LOPEZ SENIOR ATTORNEY	(i)	0	0	0	0	0	0	0
	(ii)	179,792	10,000	1,524	1,898	238	193,452	0
KEITH SANDBLOOM VP-REGIONAL DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	167,857	17,500	180	8,400	32,630	226,567	0
ANDREE SIMON CEO	(i)	0	0	0	0	0	0	0
	(ii)	348,250	235,200	180	18,478	12,153	614,261	0
JEFFREY SMITH CHIEF AUDIT & RISK OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	268,781	150,000	792	3,314	29,901	452,788	0
P DANIEL SMITH VP & GENERAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	325,497	150,000	276	9,850	21,457	507,080	0
MARIA VILELA DEPUTY GENERAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	193,571	30,000	120	15,700	20,160	259,551	0

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				
ZARLASHT WARDAK	(i)	0	0	0	0	0	0	
VP-REGIONAL DIRECTOR		-----	-----	-----	-----	-----	-----	
	(ii)	152,176	38,575	108,276	24,000	24,397	347,424	

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.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

2018

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

1	(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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶	\$					

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

(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	37,490	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

2018

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
FINCA INTERNATIONAL INC

Employer identification number

13-3240109

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	73	1,065,877	COST OR SELLING PRICE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SOFTWARE LICENSE)	X	1	1,534,916	OTHER
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which 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)	A COMBINATION OF BOTH
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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

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 FINCA INTERNATIONAL'S BOARD OF DIRECTORS, ROBERT W HATCH, HAS A FAMILY RELATIONSHIP WITH THE FOUNDER, JOHN HATCH, WHO IS ALSO A DIRECTOR AND RETIRED EMPLOYEE OF THE ORGANIZATION FINCA INTERNATIONAL DIRECTORS RICHARD WILLIAMSON, HAROLD JASTRAM, AND RUPE RT SCOFIELD ARE ALL MEMBERS OF THE BOARD OF DIRECTORS AND MINOR SHAREHOLDERS OF CEREAL INGREDIENTS, INC WHICH IS OWNED BY ROBERT HATCH JOHN HATCH IS ALSO A MINOR SHAREHOLDER OF CEREAL INGREDIENTS BUT NOT A DIRECTOR

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	PER FINCA INTERNATIONAL'S CONSTITUENT DOCUMENTS, MEMBERS ARE THE FUNCTIONAL EQUIVALENT OF SHAREHOLDERS BUT HOLD NO ECONOMIC INTEREST THEY ACT AS STEWARDS OF THE CHARITABLE MISSION AND SERVE AS THE ULTIMATE GOVERNANCE AUTHORITY OF THE ORGANIZATION FINCA INTERNATIONAL HAS AS 4 (FOUR) MEMBERS, EACH OF WHOM HAVE EQUAL VOTING RIGHTS AND DEVOTE CONSIDERABLE TIME AND ATTENTION TO ITS ACTIVITIES MEMBERSHIPS IN FINCA INTERNATIONAL ARE NOT SOLD AS FUNDRAISING MECHANISMS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	PER THE BYLAWS OF THE ORGANIZATION, THE MEMBERS HAVE POWER TO MAKE APPOINTMENTS TO, ACCEPT RESIGNATIONS, MAKE SUBSTITUTIONS FOR, AND REMOVE PERSONS FROM THE BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	CERTAIN KEY DECISIONS OF THE BOARD OF DIRECTORS (FINCA INTERNATIONAL'S GOVERNING BODY) ARE SUBJECT TO THE APPROVAL OF THE MEMBERS OF THE ORGANIZATION

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF INTERESTS ON AN ONGOING BASIS CONFLICT OF INTERESTS ARE PROHIBITED BY FINCA INTERNATIONAL'S CODE OF CONDUCT AND EMPLOYEE HANDBOOK, SUBJECT TO EXCEPTIONS BASED BY AN INDEPENDENT AUDIT COMMITTEE CONFLICTS, INCLUDING RELATED PARTY TRANSACTIONS, ARE STRONGLY DISCOURAGED AND APPROVED, IF AT ALL, IN EXCEPTIONAL CASES THE PROCESS IS MONITORED THROUGH ACKNOWLEDGEMENT OF THE POLICY PROHIBITING AND REQUIRING REPORTING OF ANY CONFLICTS, ALONG WITH INTERNAL AUDITS AND OTHER CONTROLS (INCLUDING THE CONTRACT REVIEW PROCESS) THE FINCA CODE OF CONDUCT, APPLICABLE TO ALL FINCA PERSONS GLOBALLY, PROVIDES A CONFIDENTIAL REPORTING MECHANISM ("HOTLINE") FOR REPORTING VIOLATIONS OF THE CODE, INCLUDING OF INTERESTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION FOR THE PRESIDENT & CEO IS DETERMINED ANNUALLY BY THE EXECUTIVE COMMITTEE. THE PRESIDENT & CEO RECUSES HIMSELF FROM THAT CONVERSATION. THE PROCESS FOR DETERMINING ALL OFFICERS' COMPENSATION IS PERFORMED BY THE HUMAN RESOURCES DEPARTMENT AND REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS EXECUTIVE COMMITTEE. THE PROCESS INCLUDES A REVIEW OF OTHER FORM 990S AND COMPENSATION SURVEYS, AND THERE IS CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION. THE REVIEW IS PERFORMED ANNUALLY.

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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	UNAMORTIZED PENSION PRIOR SERVICE COSTS 366,016 CURRENCY TRANSLATION ADJUSTMENTS -521,595 ADDITIONAL SHARE CAPITAL 399,982

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART XII, LINE 2B	THE CONSOLIDATED FINANCIAL STATEMENTS HAVE NOT BEEN ISSUED AS OF THE DATE FORM 990 WAS FILED, HOWEVER FINCA IMPACT FINANCE, FINCA KOSOVO, AND FINCA PLUS INDIVIDUAL AUDIT REPORTS HAVE BEEN ISSUED AND APPROVED BY THEIR RESPECTIVE AUDIT COMMITTEES

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
FINCA INTERNATIONAL INC

Employer identification number

13-3240109

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) FINCA PLUS LLC 1201 15TH ST NW 8TH FLOOR WASHINGTON, DC 20005 46-4312538	SOLAR ENERGY PRODUCTS	DE	417,839	498,415	FINCA INTERNATIONAL INC
(2) FINCA CAPITAL FUND LLC 1201 15TH ST NW 8TH FLOOR WASHINGTON, DC 20005 26-0648736	DORMANT	DE	0	0	FINCA INTERNATIONAL INC
(3) FINCA LICENSING & SUPPORT LLC 1201 15TH ST 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	
(1) FINCA MICROFINANCE HOLDING COMPANY LLC 1201 15TH ST NW 8TH FLOOR WASHINGTON, DC 20005 45-0793602	HOLDING COMPANY	DC	FINCA INTERNATIONAL INC	RELATED	6,684,647	160,431,607		No		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.

See Additional Data Table

(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

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

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

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

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

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)

Return Reference	Explanation

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 CANT CUERNAVACA MX	MICROFINANCE OPERATIONS	MX			FINCA MICROFINANCE HOLDING COMPANY LLC	Yes	
PASEO GENERAL ESCALON Y CALLE CIRCU SAN SALVADOR ES	DORMANT	ES			FINCA MICROFINANCE HOLDING COMPANY LLC	Yes	
AVDA AMAZONAS N39-123 Y JOSE ARIZA QUITO EC	DORMANT	EC			FINCA INTERNATIONAL INC	Yes	
26 RUE METELLUS PETIONVILLE PORTAUPRINCE HA	DORMANT	HA			FINCA MICROFINANCE HOLDING COMPANY LLC	Yes	
COL RUBEN DARIO 3RA CALLE NO 231 TEGUCIGALPA HO	DORMANT	HO			FINCA INTERNATIONAL INC	Yes	
AGATANGEGHOS STREET 2A YEREVAN AM	DORMANT	AM			FINCA INTERNATIONAL INC	Yes	
DE LA ROTONDA DEL GUEGUENSE MANAGUA NU	MICROFINANCE OPERATIONS	NU			FINCA MICROFINANCE HOLDING COMPANY LLC	Yes	
3 AVE 10-35 ZONA 09 GUATEMALA CITY GT	MICROFINANCE OPERATIONS	GT			FINCA MICROFINANCE HOLDING COMPANY LLC	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) FINCA AFGHANISTAN HOUSE NO 14 ST NO 4 TAIMANI KABUL AF	MICROFINANCE OPERATIONS	AF	FINCA MICROFINANCE COOPERATIEF UA	C	3,925,600	12,326,970	62.930 %	Yes	
(1) FINCA UNIVERSAL CREDIT ORGANIZATION CJSC AGATANGEGHOS STREET 2A YEREVAN AM	MICROFINANCE OPERATIONS	AM	FINCA MICROFINANCE COOPERATIEF UA	C	10,228,937	35,165,513	62.930 %	Yes	
(2) FINCA AZERBAIJAN LLC 44 JAFAR JABBARLI STREET BAKU AJ	MICROFINANCE OPERATIONS	AJ	FINCA MICROFINANCE COOPERATIEF UA	C	382,039	3,088,230	62.930 %	Yes	
(3) FINCA DR CONGO SARL 1286 AVE TOMBALBAYE KINSHASA CG	MICROFINANCE OPERATIONS	CG	FINCA MICROFINANCE HOLDING COMPANY LLC	C	22,006,339	55,619,730	62.930 %	Yes	
(4) FINCA TRANSFERT SARL 1286 AVE TOMBALBAYE KINSHASA CG	MICROFINANCE OPERATIONS	CG	FINCA DR CONGO SARL	C	265	56,254	58.920 %	Yes	
(5) BANCO PARA LA ASISTENCIA COMUNITARIA FINCA SA AVDA AMAZONAS N39-123 Y JOSE ARIZA QUITO EC	MICROFINANCE OPERATIONS	EC	FINCA MICROFINANCE HOLDING COMPANY LLC	C	9,631,391	48,727,728	62.930 %	Yes	
(6) JSC MFO FINCA 71 VAZHA-PSHAVELA AVENUE TBILISI GG	MICROFINANCE OPERATIONS	GG	FINCA MICROFINANCE COOPERATIEF UA	C	16,044,704	69,830,493	62.930 %	Yes	
(7) FINCASERVICIOS - LATINOAMERICA SA CALZADA ROOSEVELT 22-43 ZONA 11 GUATEMALA CITY GT	DORMANT	GT	FINCA MICROFINANCE HOLDING COMPANY LLC	C		2,185	62.930 %	Yes	
(8) FINCA MICROFINANZAS SA 3 AVE 10-35 ZONA 09 GUATEMALA CITY GT	DORMANT	GT	FINCA MICROFINANCE HOLDING COMPANY LLC	C			62.930 %	Yes	
(9) FINCA HAITI SA 26 RUE METELLUS PORTAUPRINCE HA	MICROFINANCE OPERATIONS	HA	FINCA MICROFINANCE HOLDING COMPANY LLC	C	5,026,253	10,146,597	62.930 %	Yes	
(10) FINANCIERA FINCA HONDURAS SA COL TEPEYAC AVE LAS MINITAS TEGUCIGALPA HO	MICROFINANCE OPERATIONS	HO	FINCA MICROFINANCE HOLDING COMPANY LLC	C	6,657,312	18,235,979	62.930 %	Yes	
(11) SPECIALIZED MICRO LOANS (PRIVATE SHAREHOLDING COMPANY) 4TH FL DURRET KHALDA AMMAN JO	MICROFINANCE OPERATIONS	JO	FINCA MICROFINANCE HOLDING COMPANY LLC	C	6,915,973	23,821,281	62.930 %	Yes	
(12) FINCA KOSOVO SHA ROBERT DOLL ST NR 112 PRISHTINA KV	DORMANT	KV	FINCA MICROFINANCE HOLDING COMPANY LLC	C		7,650	62.930 %	Yes	
(13) FINCA MICRO-CREDIT COMPANY CJSC 93/2 SHOPOKOV STREET BISHKEK KG	MICROFINANCE OPERATIONS	KG	FINCA MICROFINANCE HOLDING COMPANY LLC	C	18,916,520	72,060,386	62.930 %	Yes	
(14) FINCA LIMITED (MALAWI) HENDERSON STREET BLANTYRE MI	MICROFINANCE OPERATIONS	MI	FINCA MICROFINANCE COOPERATIEF UA	C	5,537,783	10,775,051	62.930 %	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(16) TENEDORA FINCA SAPI DE CV AV GUSTAVO DIAZ ORDAZ NO 12 CUERNAVACA MX	DORMANT	MX	FINCA MICROFINANCE HOLDING COMPANY LLC	C	25	200,406	62.930 %	Yes	
(1) FINCA MICROFINANCE COOPERATIEF UA DE ENTRE 99-197 AMSTERDAM NL	HOLDING COMPANY	NL	FINCA MICROFINANCE HOLDING COMPANY LLC	C	5,717,112	78,469,340	62.930 %	Yes	
(2) FINCA NETWORK SUPPORT BV DE ENTRE 99-197 AMSTERDAM NL	IT SERVICES	NL	FINCA MICROFINANCE COOPERATIEF UA	C	4,493,551	3,240,284	62.930 %	Yes	
(3) FINANCIERA FINCA NICARAGUA SA DE LA ROTONDA DEL GUEGUENSE MANAGUA NU	MICROFINANCE OPERATIONS	NU	FINCA MICROFINANCE HOLDING COMPANY LLC	C	8,617,493	25,242,410	62.930 %	Yes	
(4) FINCA MICROFINANCE BANK LIMITED PLOT 20 WETHERAL ROAD OWERRI NI	MICROFINANCE OPERATIONS	NI	FINCA MICROFINANCE COOPERATIEF UA	C	1,534,737	3,723,820	62.930 %	Yes	
(5) FINCA MICROFINANCE BANK LIMITED 387-E JOHAR TOWN LAHORE PK	MICROFINANCE OPERATIONS	PK	FINCA MICROFINANCE COOPERATIEF UA	C	32,675,690	125,571,512	54.370 %	Yes	
(6) FINCA MICRO-CREDIT DEPOSIT ORGANIZATION LLC 9 JABBOR RASULOV STREET DUSHANBE TI	MICROFINANCE OPERATIONS	TI	FINCA MICROFINANCE HOLDING COMPANY LLC	C	3,208,206	10,571,684	62.930 %	Yes	
(7) FINCA MICROFINANCE BANK LIMITED BAGAMOYO ROAD PLOT NO 34 DAR ES SALAAM TZ	MICROFINANCE OPERATIONS	TZ	FINCA MICROFINANCE HOLDING COMPANY LLC	C	8,372,994	27,532,490	62.930 %	Yes	
(8) FINCA UGANDA LIMITED PLOT 11A ACACIA AVENUE KAMPALA UG	MICROFINANCE OPERATIONS	UG	FINCA MICROFINANCE COOPERATIEF UA	C	8,598,760	25,899,339	62.930 %	Yes	
(9) FINCA ZAMBIA LIMITED PLOT NO 22768 ACACIA PARK LUSAKA ZA	MICROFINANCE OPERATIONS	ZA	FINCA MICROFINANCE COOPERATIEF UA	C	5,472,040	14,379,801	62.930 %	Yes	
(10) FINCA ZAMBIA HOLDING LIMITED PLOT NO 22768 ACACIA PARK LUSAKA ZA	DORMANT	ZA	FINCA MICROFINANCE HOLDING COMPANY LLC	C		931	62.930 %	Yes	
(11) FINCASERVICES USA LLC 21635 RED RUM DRIVE ASHBURN, VA 20147 90-0866365	IT SERVICES	VA	FINCA MICROFINANCE HOLDING COMPANY LLC	C	935,084	2,843,507	62.930 %	Yes	
(12) FINCA MICROFINANCE GLOBAL SERVICES LLC 1201 15TH ST NW WASHINGTON, DC 20005 81-1408194	SUPPORT SERVICES	DC	FINCA MICROFINANCE HOLDING COMPANY LLC	C	11,660,458	3,323,123	62.930 %	Yes	
(13) MICRO-FINANCE SOLUTIONS INC PO BOX 309GT UGLAND HOUSE SOUTH C GEORGETOWN CJ	DORMANT	CJ	FINCA INTERNATIONAL INC	C			100.000 %	Yes	
(14) MFSI GUATEMALA SA 23 CALLE 14-15 ZONA 4 GUATEMALA CITY GT	DORMANT	GT	MICRO-FINANCE SOLUTIONS INC	C		56,166	100.000 %	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
(31) ASESORA DE MICROFINANZAS ASEMICROFIN SA AVDA AMAZONAS N39-123 Y JOSE ARIZA QUITO EC	MICROFINANCE OPERATIONS	EC	FUNDACION INTERNACIONAL PARA LA ASISTENCIA COMUNITARIA DE ECUADOR	C	12,077	657,625	100 000 %	Yes	

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	FINCA MICROFINANCE GLOBAL SERVICES LLC	M	905,831	FMV
(1)	FINCA NETWORK SUPPORT BV	M	222,736	FMV
(2)	FINCA MICROFINANCE HOLDING COMPANY LLC	M	209,123	FMV
(3)	FINCA HAITI SA	D	148,540	FMV
(4)	FUNDACION INTERNACIONAL PARA LA ASISTENCIA COMUNITARIA DE GUATEMALA	D	2,552,227	FMV
(5)	FINCA HAITI SA	A	10,380	FMV
(6)	FUNDACION INTERNACIONAL PARA LA ASISTENCIA COMUNITARIA DE GUATEMALA	A	170,870	FMV
(7)	FINCA MICROFINANCE BANK LIMITED	M	237,045	FMV
(8)	FINCA HAITI SA	M	64,326	FMV
(9)	FINCA MICROFINANCE GLOBAL SERVICES LLC	N	783,908	FMV