Form **990**

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.

2019

DLN: 93493294004000 OMB No. 1545-0047

Open to Public

Treas	epartment of the easury ternal Revenue Service ► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.								Open to Public Inspection
A F	or th	e 2019 c		ginning 01-01-2019 , and e	nding 12-3	1-2019			
□ A		applicable: change nange	C Name of organization FINCA INTERNATIONAL INC				D Employ		fication number
□ Ir	iitial re	-	Doing business as						
☐ Ai	mende	d return ion pending	Number and street (or P.O. box	if mail is not delivered to street addr OOR	ess) Room/si	iite	E Telepho	ne numbe	
	spirede	ion pending		country, and ZIP or foreign postal co	de				
			F Name and address of prine	sinal officer:		117-3 7 111	J		39,110,872
			RUPERT W SCOFIELD 1201 15TH STREET NW 8TH WASHINGTON, DC 20005	•		H(b) Are a	dinates? Il subordina		□Yes ☑No □Yes □No
I Ta	ax-exe	mpt status:	☑ 501(c)(3)	◀ (insert no.)	527	includ		list. (see	e instructions)
J W	/ebsi	te:► WW	/W.FINCA.ORG			H(c) Group	•	•	•
K For	m of c	organization	: 🗹 Corporation 🗌 Trust 🔲 /	Association ☐ Other ►		L Year of form	ation: 1 984	M State	of legal domicile: NY
P	art I	Sum	mary						
				n or most significant activities: E BUILD ASSETS, CREATE JOBS	AND RAISE	THEIR STAND	ARD OF LI\	/ING.	
Activities & Governance									
ma m									
o ve	2	Check th	is box $\blacktriangleright \Box$ if the organization	discontinued its operations or o	disposed of r	nore than 25%	of its net	assets.	
Ğ				rning body (Part VI, line 1a) .				3	15
20			· -	s of the governing body (Part VI				4	13
Ĭ	١ ـ		• •	ı calendar year 2019 (Part V, lin `	•		•	5	39
YCT!	6		•	necessary)			•	6	17
4				Part VIII, column (C), line 12 . from Form 990-T, line 39			ı	7a 7b	+
	"	ivet unite	lated business taxable income	110111 F01111 990-1, IIIIe 39			or Year	/	Current Year
	8	Contribut	tions and grants (Part VIII, line	1h)			16,676,	.131	20,080,71
Ravenue			, ,	2g)			11,893,	-	16,920,81
ōΛċ		-	•	(a), lines 3, 4, and 7d)			3,724,	-	226,97
Œ	11	Other rev	venue (Part VIII, column (A), lir	es 5, 6d, 8c, 9c, 10c, and 11e)			133,	-	93,62
	12	Total rev	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		32,426,	,939	37,322,12
	13	Grants ar	nd similar amounts paid (Part I	X, column (A), lines 1–3)				0	
	14	Benefits	paid to or for members (Part IX	(, column (A), line 4)				0	(
&	15	Salaries,	other compensation, employee	e benefits (Part IX, column (A), I	ines 5–10)		7,128,	,279	7,715,54
Expenses			- ,	olumn (A), line 11e)			470,	,319	461,79
S S	1		raising expenses (Part IX, column (
			penses (Part IX, column (A), lir	· · · · · · · · · · · · · · · · · · ·			14,567,	<u> </u>	13,805,38
		•	•	equal Part IX, column (A), line 2	(5)		22,165,	<u> </u>	21,982,73
Ses of	19	Revenue	less expenses. Subtract line 18	s nom me 12	• •	Beginning	of Current		15,339,399 End of Year
Net Assets or Fund Balances	20	Total ass	ets (Part X, line 16)				165,912,	.111	230,960,08
A As			vilities (Part X, line 26)				51,469,	<u> </u>	55,990,30
ŠĒ			ts or fund balances. Subtract li				114,442,	-	174,969,78
	art II		ature Block					l	
				amined this return, including ac ete. Declaration of preparer (ot					
	knowl		er, it is true, correct, and comp	ete. Deciaration of preparer (of	ner than one	cer) is based c	ni ali lilioili	iation of	willcii preparei ilas
		TK				202	0.40.46		
cia.		Signat	ure of officer			Dat	:0-10-16 :e		
Sig:		, KIIO-W	VEI WANG DIRECTOR OF FINANCE						
			r print name and title						
		P	rint/Type preparer's name	Preparer's signature	1	Date	eck 🔲 if	PTIN	7
Pai	d	L				self	-employed	P014850:	
Pre	par	er F	irm's name DELOITTE TAX LLP			Firr	n's EIN ► 86	5-1065772	
Use	e Or	ıly ြ	irm's address ► 7900 TYSONS ONE	PLACE STE 800		Pho	one no. (703)	251-1000)
			MCLEAN, VA 2210	2					
May	the IF	RS discuss	·	shown above? (see instructions)				. 🗸	Yes 🗆 No

Form	990 (2019)					Page 2						
Pa	rt III Statement	of Program Servi	ice Accomplis	hments								
	Check if Sche	dule O contains a resp	oonse or note to a	any line in this Part III		🗹						
1	Briefly describe the o	organization's mission	:	•								
					AMILIES AND GROUPS THRO							
PRO\	IDING FINANCIAL AS	SISTANCE, LOANS, SA	AVINGS ACCUMU	_ATION, AND OTHER O	PPORTUNITIES AND ASSIST	ANCE.						
	Did the consultation			.: 4								
2	-	, ,	. 3	,	hich were not listed on	. □Yes ☑No						
	·					. □ Yes ☑ No						
_	•	ese new services on So										
3	Did the organization	cease conducting, or	make significant	changes in how it cond	ucts, any program							
						. 🗌 Yes 🗹 No						
	If "Yes," describe the	ese changes on Sched	ule O.									
4	Section $501(c)(3)$ an		ions are required	to report the amount	largest program services, as of grants and allocations to c							
	(Code:) (Expenses \$	855,171	including grants of \$) (Revenue \$	4,233,879)						
	See Additional Data											
4b	(Code:) (Expenses \$	1,057,469	including grants of \$) (Revenue \$	0)						
	See Additional Data											
4c	(Code:) (Expenses \$	666,099	including grants of \$) (Revenue \$	47,926)						
	See Additional Data					_						
	See Additional Data	Table										
	d Other program services (Describe in Schedule O.)											
4d												
4d	(Expenses \$	14,680,300 in	cluding grants of	\$) (Revenue \$	12,639,012)						

Form	990 (2019)			Page 3
Par	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D.</i> Part 93.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 2	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 2	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Yes	
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
		F	orm 99	0 (2019)

m '	990 (2019)			Page 4
² ari	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
}	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? If "Yes," complete Schedule J	23	Yes	
	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
t	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I	25b		No
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
	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):			
1	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
•	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes	
:	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🛸	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
•	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)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
	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? If "Yes," complete Schedule R, Part VI	37		No
	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	
ar	Statements Regarding Other IRS Filings and Tax Compliance			
_	Check if Schedule O contains a response or note to any line in this Part V	<u>.</u>		✓
	Enter the number reported in Box 2 of Form 1006. Enter 0, if not applicable 1.4-1.		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 27 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			

1c

Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			rage 3			
	Enter the number of employees reported on Form W-3, Transmittal of Wage and	П					
Za	Tax Statements, filed for the calendar year ending with or within the year covered by this return						
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				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b					
	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	$ AF\ ,\ AJ\ ,\ AM\ ,\ CG\ ,\ CJ\ ,\ EC\ ,\ GG\ ,\ GT\ ,\ HA\ ,\ HO\ ,\ JO\ ,\ KG\ ,\ If\ "Yes,"\ enter\ the\ name\ of\ the\ foreign\ country:\ \blacktriangleright KV\ ,\ MI\ ,\ MX\ ,\ NH\ ,\ NI\ ,\ NU\ ,\ PK\ ,\ TI\ ,\ TZ\ ,\ UG\ ,\ ZA$						
5a	இக்கை ithsercocojamina action filanga metajutive emperodisi biotie di ba Ebbh Edoren பீக் A șகி சந்றைப் ab fa Fryncii gre Blaum king rtd சிற்களை இன்ற Accounts (FBAR).	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			
С	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?	6 b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	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					
С	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						
е	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	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
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					
9	Sponsoring organizations maintaining donor advised funds.						
а	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:						
а	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:						
а	Gross income from members or shareholders						
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	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						
c	Enter the amount of reserves on hand						
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? If "No," provide an explanation in Schedule O	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?	15		No			
16	If Yes, see instructions and file Form 4720, Schedule N. 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			

01111							rage c
Par	Part VI Governance, Management, and Disclosure For elements, 8a, 8b, or 10b below, describe the circumstances, procheck if Schedule O contains a response or note to a	ocesses, or changes in Sched	lule O.		" respo	onse to i	ines
Se	Section A. Governing Body and Management						
4.	4 - Fatan than a complain of continuous and continuous after a complain the state of the continuous and the continuous a		 	4-1		Yes	No
1a	1a Enter the number of voting members of the governing body	•	1a	15			
	If there are material differences in voting rights among me body, or if the governing body delegated broad authority to similar committee, explain in Schedule O.						
b	b Enter the number of voting members included in line 1a, at	pove, who are independent	1b	13			
2	2 Did any officer, director, trustee, or key employee have a foofficer, director, trustee, or key employee?	amily relationship or a busine	ss rela	tionship with any other	2	Yes	
3	3 Did the organization delegate control over management du of officers, directors or trustees, or key employees to a ma				3		No
4	4 Did the organization make any significant changes to its go	verning documents since the	prior F	orm 990 was filed? .	4		No
5	, , , , , , , , , , , , , , , , , , ,	nificant diversion of the orga	nizatio	n's assets? .	5		No
6	3				6	Yes	
7a	7a Did the organization have members, stockholders, or other members of the governing body?	persons who had the power	to elec	t or appoint one or more	7a	Yes	
b	b Are any governance decisions of the organization reserved	to (or subject to approval by	,	pers, stockholders, or	7b	Yes	
8	8 Did the organization contemporaneously document the med the following:	etings held or written actions	undert	aken during the year by			
а	a The governing body?				8a	Yes	
ь	b Each committee with authority to act on behalf of the gove	rning body?			8b	Yes	
9	9 Is there any officer, director, trustee, or key employee liste organization's mailing address? If "Yes," provide the names			be reached at the	9		No
Sa	Section B. Policies (This Section B requests information			v the Internal Pevenue		۱)	NO
30	Section B. Foncies (This Section B requests miormatin	on about policies not requ	med b	y the Internal Revenue		Yes	No
10a	Oa Did the organization have local chapters, branches, or affili	ates?		[10a	Yes	
b	b If "Yes," did the organization have written policies and proc and branches to ensure their operations are consistent with				10b	Yes	
11a	1a Has the organization provided a complete copy of this Form form?	990 to all members of its go	vernin	g body before filing the	11a	Yes	
b	${f b}$ Describe in Schedule O the process, if any, used by the org	anization to review this Form	990.	[
12a	2a Did the organization have a written conflict of interest polic	y? If "No," go to line 13 .		[12a	Yes	
b	b Were officers, directors, or trustees, and key employees reconflicts?	quired to disclose annually in	terests •	that could give rise to	12b	Yes	
C	c Did the organization regularly and consistently monitor and Schedule O how this was done		policy •	? If "Yes," describe in	12c	Yes	
13	3 Did the organization have a written whistleblower policy?		•		13	Yes	
14		, ,			14	Yes	
15	5 Did the process for determining compensation of the follow persons, comparability data, and contemporaneous substar						
	a The organization's CEO, Executive Director, or top manager				15a	Yes	
b	b Other officers or key employees of the organization				15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedul						
	6a Did the organization invest in, contribute assets to, or partitaxable entity during the year?				16a	Yes	
b	b If "Yes," did the organization follow a written policy or proc in joint venture arrangements under applicable federal tax status with respect to such arrangements?	law, and take steps to safegu	ard the		16b	Yes	
Se	Section C. Disclosure				-05		
17		ed to be filed▶					
		AK,AL,A	, MS , I	,CT,FL,GA,HI,IL,K NH,NJ,NM,NY,OK,O /			
18	only) available for public inspection. Indicate how you mad	23 (or 1024-A if applicable), e these available. Check all th	990, ai	nd 990-T (501(c)(3)s oly.			
	✓ Own website ☐ Another's website ✓ Upon requ	• •		•			
19	9 Describe in Schedule O whether (and if so, how) the organi policy, and financial statements available to the public duri		cumen	ts, conflict of interest			
20		son who possesses the organ	ization -1510	's books and records:			

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. Isist all of the organization's current key employees, if any. See instructions for definition of "key employee." List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization nor any related organization and any related organizations. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Check this box if neither the organization nor any related organization of the organization from the organization from the organization is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Or of the organization of the organization of the organization of the organization from the organization from the organization from the organization and related organization shelow dotted line) 	Form 990 (2019)											Page 7
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0 - in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Name and title ■ (C) Position (do not check more than spendal properties of the organization of other organization of the organization o			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,	
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 from the organization and any related organizations. List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization or any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) Average hours per beneficer and a director/trustee) List all of the organization or any related organization	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. 🗆
■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. ■ List all of the organization which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Average hours per week (list any hours for related organizations below dotted line) ■ (C) Reportable compensation from the organization organization organization organization organizations organi	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees		
■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization. See instructions for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line) ■ Check this box if neither the organization or any related organization organization organization organization organization organization organization	year.		•						, ,		-	n's tax
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Average hours per week (list any hours for related organizations) below dotted line) Continue to the person of the order in which to list the persons above. Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·	
(A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) (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) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organization (W-2/1099-MISC) (B) Reportable compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations	organization, more than \$10,000 of reportab	le compensatio	n from t								е	
Name and title Average hours per week (list any hours for related organizations below dotted line) Name and title Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer	☐ Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.		
it st		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estim amount comper from	ated of other sation the
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	rela	ted
	See Additional Data Table											

Part VII Section A. Officers, Direct	tors, Trustees	, Key I	Empl	loye	es,	and I	High	est C	ompen	sate	d Employees (´contii	nued)	
(A) Name and title	(B) Average hours per week (list any hours for related	than c	ne b	ox, u n off	t che inles ficer	eck moss person and a	son	com fi org	(D) eportable appensation rom the ganization 7-2/1099	on n	(E) Reportable compensation from related organizations	compensatio		ited f other sation the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	•	-2/1099 MISC)	-	(W-2/1099- MISC)		relati organiza	ed
See Additional Data Table														
					_									
					_									
c Total from continuation sheets to P	art VII, Section	Α.		•		*			1,813,719)	3,047,38	1		649,774
Total number of individuals (including of reportable compensation from the	but not limited	to thos			bove	e) who	rece	ived n	nore than	n \$10	0,000	•		
3 Did the organization list any former line 1a? If "Yes," complete Schedule.				•		oyee, o		•	compens	ated	employee on	3	Yes	No
4 For any individual listed on line 1a, is organization and related organization individual	the sum of rep	ortable (comp	ensa	ation	n and c	other	compe			the		Yes	
5 Did any person listed on line 1a recei services rendered to the organization									zation or	indiv	ridual for	5	Yes	 No
Section B. Independent Contract														
1 Complete this table for your five high from the organization. Report compet												npens	ation	
Name a	(A) and business addre	266								Descr	(B) ption of services		(C Compen	
THE PRODUCTION ADVANTAGE INC	suseoo addire										PRINTING SERVI	CES		.881,794
13873 PARK CENTER ROAD SUITE 15 OAK HILL, VA 20171 INTEGRATED DIRECT MARKETING									ADVER-	TISIN	G AND PROMOTION	J		409,701
1250 CONNECTICUT AVENUE NW 700 WASHINGTON, DC 20036														
DELOITTE AND TOUCHE LLP 7900 TYSONS ONE PLACE SUITE 800									AUDIT	SERVI	CES			403,139
MCLEAN, VA 22102 FINCA MICROFINANCE GLOBAL SERVICES LLC									SUPPOR	RT SE	RVICES			373,195
1201 15TH STREET NW 8TH FLOOR WASHINGTON, DC 20005														
NAMES IN THE NEWS 180 GRAND AVENUE SUITE 1365									DIRECT EXCHAI		. LIST RENTAL AND RO			310,922
OAKLAND, CA 946123716 2 Total number of independent contractor	rs (including but	not lim	ited t	o th	ose	listed	ahov	e) who	receive	d mo	re than \$100 00	0 of		

		Statement	of F	Pavanus						Page 9
Part	VIII				respo	onse or note to anv	line in this Part VIII			🗆
					r V	32 311)	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s S	1:	Federated campa	igns		1a			revenue		312 311
ant		b Membership dues	s .	· [1 b					
o. Ame		c Fundraising even		Ļ	1c					
Sifts Iar J		d Related organizae Government grants		-	1d	224.660				
ıs, (imi		All other contribution	•	Ĺ	1e	224,660				
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts above g Noncash contributio	s not	included	1f	19,856,051				
ng di		lines 1a - 1f:\$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ciadea iii	1 g	1,486,058				
a C		h Total. Add lines	1a-1	f		🕨	20,080,711			
						Business Code	40.070.004	10.070.004		
വ	2a	BRANCH REVENUE - I	KOSC	V		900099	12,370,031	12,370,031		
Program Service Revenue	b	FINCA IMPACT FINAN	ICE P	,		522298	4,233,879	4,233,879		
vice R	c	MANAGEMENT FEES				900099	185,105	185,105		
ກ Serາ	d	OTHER PROGRAM SE	RVIC	ES		900099	83,876	83,876		
rograr	е	FINCA VENTURES IN	TERE:	S		900099	47,926	47,926		
۵	f	All other program	serv	ice revenue.		1				
	g	Total. Add lines 2	2a-2	f	•	16,920,817	L	L		
		Investment income similar amounts)		luding divide		nterest, and other	226,974			226,974
		Income from invest				•	<u> </u>			
	5	Royalties				•	•			
				(i) Rea	ıl	(ii) Personal	4			
	6a	Gross rents	6a	7	01,094	1				
	b	Less: rental expenses	6b	1,2	:07,786	5				
	С	Rental income	6c		.00.00					
		or (loss) Net rental income			. 692		_ <u> </u> -506,692	2		-506,692
				(i) Securi		(ii) Other				
	7a	Gross amount from sales of assets other	7a							
	b	than inventory Less: cost or	7b							
		other basis and sales expenses								
		Gain or (loss)	7c							
		I Net gain or (loss) Gross income from fu			<u>. </u>	· · · >				
Other Revenue		(not including \$ contributions reporter	d on	of line 1c).						
}e^		See Part IV, line 18			8a		_			
er f		Less: direct expen : Net income or (los			8b	ents 🕨				
oth		(12	-,							
	9a	Gross income from See Part IV, line 19			9a					
	Ł	Less: direct expen	ses		9b		1			
	(Net income or (los	s) fr	om gaming a	activit	ies	-			
	10	aGross sales of inve	entor	ry, less						
		returns and allowa	nces	5	10a	1,170,927	_			
		Less: cost of good			10b		589,970			589,970
	(Net income or (los Miscellaneo			invent	Business Code	309,970	,		309,970
	11	•aOTHER INCOME		-		90009	9 10,349	10,349		
	ł	•								
		All other revenue Total. Add lines 1								
		: Total. Add lines 1					10,349			
			11		•	• • • •	37,322,129	16,931,166	5	0 310,252

Form 990 (2019)				Page 10
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must c	•		· ·	
Check if Schedule O contains a response or note to an	y line in this Part IX			V
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,178,215	816,622	129,058	232,535
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	44,936	31,145	4,922	8,869
7 Other salaries and wages	5,417,301	4,582,070	298,107	537,124
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	109,741	76,061	12,021	21,659
9 Other employee benefits	722,337	554,148	63,075	105,114
10 Payroll taxes	243,018	168,437	26,619	47,962
11 Fees for services (non-employees):				
a Management	564,453	564,453		
b Legal	227,274	206,004	7,099	14,171
c Accounting	485,696	296,575	63,114	126,007
d Lobbying				
e Professional fundraising services. See Part IV, line 17	461,798			461,798
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)	2,607,953	1,874,387	398,919	334,647
12 Advertising and promotion	1,976,884	1,330,964	40,961	604,959
13 Office expenses	1,350,573	772,667	36,269	541,637
14 Information technology				
15 Royalties	310,406	310,406		
16 Occupancy	888,321	881,629	4,976	1,716

517,530

2,378,094

547,935

81,928

686,220

350,537

323,909

136,694

370,978

21,982,731

407,392

2,369,322

484,446

54,480

516,448

350,537

140,444

136,694

333,708

17,259,039

45,193

6,523

47,210

20,410

107,233

123,200

26,043

1,460,952

64,945

2,249

16,279

7,038

62,539

60,265

11,227

3,262,740

Form **990** (2019)

17 Travel . . .

23 Insurance .

20 Interest

21 Payments to affiliates . . .

expenses on Schedule O.)

a LICENSING AND SUBSCRIPT

b PROVISION FOR LOAN LOSS

d DIRECT COSTS-FINCA PLUS

c DIRECT COSTS-FINCA

e All other expenses

22 Depreciation, depletion, and amortization

18 Payments of travel or entertainment expenses for any federal, state, or local public officials19 Conferences, conventions, and meetings

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

Total functional expenses. Add lines 1 through 24e
 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.
 Check here ► ☐ if following SOP 98-2 (ASC 958-720).

Notes and loans receivable, net . . .

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Investments—other securities. See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow FASB ASC 958, check here <a> \square and

Organizations that do not follow FASB ASC 958, check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments—program-related. See Part IV, line 11

basis. Complete Part VI of Schedule D

b Less: accumulated depreciation

Intangible assets .

Grants payable .

Inventories for sale or use . . Prepaid expenses and deferred charges .

Form 990 (2019)

Assets

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32

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Liabilities 22

Fund Balances

ō 29

Assets 30

Check if Schedule O contains a response or note to any line in this Part IX .		🗆
	(A) Beginning of year	(B) End of year

Page 11

57.666.075

425.829

1,393,679

149,191,113

29,555

6,278,648

3,331,915

685.561

40,935,906

11,036,920

55.990.302

173,501,489

174,969,780

230,960,082

Form 990 (2019)

1,468,291

230,960,082

		o o		,
1	Cash-non-interest-bearing	3,488,423	1	8,546,640
2	Savings and temporary cash investments	5,376,596	2	2,142,624
3	Pledges and grants receivable, net	2,354,338	3	2,728,423

24 3 2.494.107 4 Accounts receivable, net . . .

23 2,557,496 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled 0 5

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 0 6

2.461,885

1,068,206

10a

10b

50.744.851

218.131

1,295,273

99,906,364

165,912,111

6,084,103

3.692.691

38,595,343

3,097,712

51.469.849

112,990,374

114,442,262

165,912,111

1,451,888

34,028

0 15

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10c

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Audit Act and OMB Circular A-133? 3a 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.

No

Form 990 (2019)

3h

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

Additional Data

Software ID:

Software Version:

EIN: 13-3240109

Name: FINCA INTERNATIONAL INC

Form 990 (2019)

Form 990, Part III, Line 4a:

FINCA IMPACT FINANCE: NEARLY 1.7 BILLION ADULTS AROUND THE WORLD REMAIN FINANCIALLY EXCLUDED WITHOUT ACCESS TO USEFUL AND AFFORDABLE FINANCIAL

PRODUCTS AND SERVICES DELIVERED IN A RESPONSIBLE AND SUSTAINABLE WAY. THE PREDOMINANT GROUP AMONG THE FINANCIALLY EXCLUDED IS COMPRISED BY UNEMPLOYED OR LOW-INCOME INDIVIDUALS GIVEN THE HIGH COSTS ASSOCIATED WITH TRADITIONAL BANKING. FOR FINCA INTERNATIONAL, THE ADVANCEMENT OF FINANCIAL INCLUSION IS OF PIVOTAL IMPORTANCE CONSIDERING THAT ACCESS TO BASIC FINANCIAL SERVICES CAN BRIDGE THE ECONOMIC GAP BETWEEN THE HAVES AND HAVE-NOTS. FURTHERMORE, IT CAN FOSTER ECONOMIC SUSTAINABILITY AND SELF-RELIANCE AMONG THE UNDERPRIVILEGED POPULATION. FINCA INTERNATIONAL FIRMLY BELIEVES IN ECONOMIC OPPORTUNITY AND JUSTICE FOR ALL AND THEREFORE IS COMMITTED TO PURSUE THE ADVANCEMENT OF FINANCIAL INCLUSION. FINCA INTERNATIONAL IS THE FOUNDER AND MAJORITY OWNER OF FINCA IMPACT FINANCE (FIF), A NETWORK OF 20 COMMUNITY-BASED MICRO-FINANCE INSTITUTIONS AND BANKS THAT AMPLIFIES FINANCIAL INCLUSION THROUGH INNOVATIVE. RESPONSIBLE AND IMPACTFUL FINANCIAL SERVICES TO UNDERPRIVILEGED CLIENTS. SERVICES

PROVIDED BY FIF INCLUDE: VILLAGE BANKING AND SMALL GROUP LOANS TARGETED TO LOW-INCOME MICRO-ENTREPRENEURS; INDIVIDUAL LOANS TO SUPPORT THE GROWTH OF SMALL BUSINESSES GROWTH AND JOB CREATION; LOANS WITH EXCLUSIVE REPAYMENT CONDITIONS FOR CLIENTS IN AGROBUSINESSES WHO ARE IN NEED OF PURCHASING SEEDS, FERTILIZER, LIVESTOCK AND EQUIPMENT; SAVINGS ACCOUNTS TO PROMOTE RELIEF AGAINST DIFFICULT TIMES; CREDIT, DISABILITY AND FUNERAL INSURANCE TO LESSEN FINANCIAL STRESS ASSOCIATED WITH MAJOR OR UNEXPECTED EXPENSES; MONEY TRANSFERS CARRIED OUT IN A SAFE AND

AFFORDABLE WAY; AND, ENERGY LOANS TO PURCHASE OR LEASE CLEAN ELECTRICITY SYSTEMS OR PRODUCTS. FOR 2019, FIF REPORTED A TOTAL OF \$1.0 BILLION IN LOANS DISBURSED, OVER 2,341,067 INDIVIDUALS SAVING ON A REGULAR BASIS ADDING UP TO \$423 MILLION IN VOLUNTARY DEPOSITS, AND 42.3% OF CLIENTS WHO WERE WOMEN. FOR THAT SAME YEAR, FIF'S AFFILIATES AROUND THE WORLD REPORTED THE FOLLOWING NUMBERS OF CLIENTS OR BENEFICIARIES OF FINANCIAL PRODUCTS AND SERVICES: DRC: 357,540MALAWI: 53,243NIGERIA: 31,105TANZANIA: 354,154UGANDA: 116,877ZAMBIA: 19,576AMENIA: 38,535AZERBAIJAN:

14,312GEORGIA: 65,841KOSOVO: 22,491KYRGYZSTAN: 147,263TAJJKISTAN: 29,800ECUADOR: 44,250GUATEMALA: 41,380HAITI: 51,566HONDURAS: 67,850NICARAGUA: 8,179AFGHANISTAN: 28,776JORDAN: 38,957PAKISTAN: 1,128,248

FINCA PLUS:FOR OVER 30 YEARS, FINCA HAS DEMONSTRATED THAT ACCESS TO RESPONSIBLE FINANCE IS AN IMPORTANT TOOL FOR STRENGTHENING THE ECONOMIC SECURITY OF POOR AND LOW-INCOME FAMILIES. AT THE SAME TIME, FINCA HAS REALIZED THAT IT IS ESSENTIAL THAT ACCESS TO FINANCE CAN BE USED ON NON-FINANCIAL GOODS, SUCH AS CLEAN ENERGY PRODUCTS, WHICH ARE CRITICAL FOR IMPROVING A FAMILIES HEALTH AND WELL-BEING AND INCREASING PRODUCTIVITY. FINCA PLUS LLC (D.B.A. IN UGANDA AS BRIGHTLIFE) IS A SOCIAL ENTERPRISE CREATED BY FINCA WHICH PAIRS ACCESS TO FINANCE WITH ACCESS TO ENERGY TO UNLOCK PRODUCTIVITY AND WELL-BEING FOR THE POOR, BRIGHTLIFE PROVIDES LIFE-ENHANCING PRODUCTS SUCH AS SOLAR HOME SYSTEMS AND IMPROVED

Form 990, Part III, Line 4b:

UGANDANS (AVERAGE FAMILY SIZE OF 6).

COOKSTOVES TO THE BOP MARKET AT AFFORDABLE RATES. AS IMPORTANTLY, AND ALIGNED WITH FINCA'S MORE TRADITIONAL MICRO-LENDING ACTIVITIES, BRIGHTLIFE FINANCES THESE AFFORDABLE PRODUCTS UTILIZING PAYGO TECHNOLOGY SO THAT INDIVIDUALS CAN ACCESS THESE LIFE-ENHANCING PRODUCTS THAT

THEY MIGHT NOT OTHERWISE BE ABLE TO AFFORD. IN 2019, BRIGHTLIFE EMPLOYED 45 FULL-TIME EMPLOYEES IN UGANDA AND HAD A COMMISSION BASED SALES DISTRIBUTION NETWORK OF APPROXIMATELY 300 AGENTS. BRIGHTLIFE SOLD 8,904 PRODUCTS OVER THE YEAR WHICH IMPROVED THE LIVES OF APPROXIMATELY 50,000

Form 990, Part III, Line 4c: FINCA VENTURES: FINCA VENTURES PORTFOLIO COMPANIES DIRECTLY CONTRIBUTE TO 12 OF THE 17 SDGS. COMPLEMENTING OUR EFFORT TO ALIGN IMPACT GOALS TO THE SDGS. FINCA VENTURES ASSESSES PORTFOLIO COMPANIES ACROSS THREE DIMENSIONS OF IMPACT WHICH ARE SCALE, DEPTH AND THE TARGET POVERTY LEVEL

COMPANIES ACROSS THIS SPECTRUM AS IT SEEKS TO MAXIMIZE PRODUCT AND SERVICE TO INCREASE SOCIAL IMPACT. FINCA VENTURES SUPPORTED EIGHT PORTFOLIO COMPANIES THAT DELIVERED LIFE-ENHANCING PRODUCTS AND SERVICES IN 31 COUNTRIES GLOBALLY IN 2019.AMPED INNOVATION: 27,910 FAMILIES BENEFITING FROM 2,547 MWH OF CLEAN ENERGYIGNITIA: 1,362,351 INDIVIDUALS RECEIVING 23,523,910 WEATHER FORECASTSMDAAS GLOBAL: 8,195 PATIENTS (64 PERCENT OF

OF END-CUSTOMERS, SCALE AND DEPTH OF IMPACT HAVE INHERENT TRADEOFFS, KEEPING THESE TRADEOFFS IN MIND, FINCA VENTURES SUPPORTS PORTFOLIO

INCOMESGOOD NATURE AGRO: 5.582 SMALLHOLDER FARMERS GETTING \$966.415 IN PAYOUTS FOR THEIR HARVESTS

WHOM ARE FEMALE) GAINING AFFORDABLE DIAGNOSTIC SERVICESENEZA EDUCATION: 636,906 ACTIVE LEARNERS ON THE PLATFORM (ON AVERAGE) ACCESSING DIGITAL EDUCATION RESOURCES AND COMPLETING 4,932,581 LESSONS SANIVATION: 907 METRIC TONS OF FECAL SLUDGE CONVERTED TO FUEL SUBSTITUTES, SAVING 27,387 TREESEAST AFRICA FRUITS: 1,735 SMALHOLDER FARMERS CONNECTED TO 680 SMALL, INFORMAL VENDORS, ALLOWING FOR BOTH GROUPS TO IMPROVE THEIR

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 \$	8,022,176	including grants of \$) (Revenue \$	12,370,031)
FINCA KOSOVO BRANCH					

6,658,124

(Code:

OTHER PROGRAM SERVICES

) (Expenses \$

(Code:) (Expenses \$	8,022,176	including grants of \$) (Revenue \$	12,370,031)
INCA KOSOVO BRANCH					

including grants of \$

(Revenue \$

268,981

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average hours per than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation

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

and Independent Contractors

DAVID WEISMAN

FRED SEYMOUR

HAROLD JASTRAM

JAMES SEMAKADDE

..........

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

JOHN ELKINS

	any hours				ustee)		organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
AGRINA MUSSA DIRECTOR	0.00	Х					0	0	0	
AMANDA ELLIS	5.00	Х					0	0	0	
DIRECTOR	0.00									
Δ\/ΔΝΤΗΙ SHΔΗ	5.00									

	0.00					
AMANDA ELLIS	5.00	v				0
DIRECTOR	0.00	^				U
AVANTHI SHAH	5.00	v				0
DIRECTOR	0.00	×				0
CHARLES TREVAIL	5.00					0
DIRECTOR	0.00	^			١	U

5.00

5.00 5.00

0.00 5.00

0.00 5.00

0.00 5.00

0.00

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AVANTHI SHAH	5.00	V			0	0	
DIRECTOR	0.00	X				0	
CHARLES TREVAIL	5.00	_			0	0	
DIRECTOR	0.00	X			U	0	
DANIELA MIELKE	5.00				0	0	
DIRECTOR	0.00	^			١	U	

AVANTHI SHAH		×			0	n	
DIRECTOR	0.00	^			9	0	
CHARLES TREVAIL	5.00	×			0	C	
DIRECTOR	0.00	^			9	3	
DANIELA MIELKE	5.00	x			0	C	

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

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

							1 (1) 2 (4000	(11) 2/1000	and the second
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JOHN HATCH DIRECTOR	10.00	Х					72,943	0	0
DIRECTOR	0.00			₩					
PETER EPP DIRECTOR	0.00	Х					0	0	0
RICHARD WILLIAMSON	5.00	Х					0	0	0

0

0

0

0

0

0

0

41,578

4,132

9,063

23,186

15,984

10,121

401,135

80,333

140,202

205,471

188,966

212,650

PETER EPP	5.00	v			٨	
DIRECTOR	0.00	^				
RICHARD WILLIAMSON	5.00					
DIRECTOR	10.00	Х			0	
ROBERT HATCH	10.00	Х			0	
CHATRMAN	F 00				l	

40.00

10.00 40.00

0.00 40.00

0.00 40.00

0.00 40.00

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and Independent Contractors

RUPERT SCOFIELD

PRESIDENT & CEO

DEBRA SPAGNOLA

CFO (END 3/2019)

LINDA TOSCANO

AMI DALAL

JUDITH REYES

COLLEEN ZAKREWSKY

...... CFO (3/2019-12/2019)

CHIEF DEVELOPMENT OFFICER

VP, SOCIAL ENTERPRISE INNOVATI

GENERAL COUNSEL (END 12/2019)

......

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) organizations any hours organization from the

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

	C					ustee)		organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
SCOTT GRAHAM	40.00									
						Х		163,980	0	27,525
DIRECTOR OF CUSTOMER RESEARCH	0.00									
SOLEDAD GOMPF	40.00									
						Х		220,607	0	51,342
SVP, PHILANTHROPIC ADVISOR	0.00									
STEFAN GRUNDMANN	40.00									
STELLYNY GRONDLIWNIN						Х		127,432	0	27,824
PRESIDENT & CEO, BRIGHTLIFE	0.00							·		
ANDREE SIMON	0.00									
7.11.011.011							Х	0	374,861	31,840
CEO	40.00									

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286,776

202,971

182,047

206,441

351,902

348,672

51,441

13,464

42,532

37,648

37,462

52,441

0.00

40.00 0.00

40.00 0.00

40.00 0.00

40.00 0.00

40.00 0.00

40.00

.......

...............

STEFAN GRUNDMANN
PRESIDENT & CEO, BRIGHTLIFE
ANDREE SIMON
CEO
JEFFREY SMITH

CHIEF AUDIT & RISK OFFICER

......

JOHN LOPEZ

SENIOR ATTORNEY

KEITH SANDBLOOM

VP-REGIONAL DIRECTOR

VP-REGIONAL DIRECTOR

VP & GENERAL COUNSEL

ROMAN HINGORANI

VP & CFO

MICHAEL GAMA-LOBO

P DANIEL SMITH

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other week (list person is both an officer from the from related compensation

and a director/trustee)

organization

organizations

274,148

from the

43,507

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

and Independent Contractors

ZARLASHT WARDAK

VP-REGIONAL DIRECTOR

	for related organizations below dotted line)	Individual to	Institutiona	Offic	Key employee	Highest co	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
		กรษ์	il Trustee		,'ee	npensated				
ALEJANDRO JAKUBOWICZ	0.00									
DEPUTY REGIONAL DIRECTOR, LAC	40.00						Х	0	176,341	45,257
JEREMY DANFORD	0.00									
DIRECTOR OF GLOBAL TAX							Х	0	218,689	23,986

any hours

ALEJANDKO JAKOBOWICZ				x	0	176,341	1 4
DEPUTY REGIONAL DIRECTOR, LAC	40.00			^	,	170,011	
JEREMY DANFORD	0.00			v	0	218,689	
DIRECTOR OF GLOBAL TAX	40.00			^	9	210,009	_
MARTA VII ELA	0.00						

JEREMY DANFORD	0.00						
				Х	l o	218,689	
DIRECTOR OF GLOBAL TAX	40.00					,	
MARIA VILELA	0.00						
HARLA VILLEA				Х	0	226,015	

DIRECTOR OF GLOBAL TAX	40.00			Х	0	218,689	2
MARIA VILELA	0.00						
DEPLITY GENERAL COLINSEL				Х	0	226,015	3

DIRECTOR OF GLOBAL TAX	40.00			Х	0	218,689	23,986
MARIA VILELA	0.00			x	0	226.015	33.798
DEDUTY CENEDAL COUNCEL				l ^`	ľ		35,750

MARIA VILELA	0.00					i l	I
				X	0	226,015	33,798
DEPUTY GENERAL COUNSEL	40.00						
STEDHANIE DACOT	0.00						

DEPUTY GENERAL COUNSEL	40.00							
STEPHANIE BAGOT	0.00							
		l	l		X	0	198,518	25,643

DEPUTY GENERAL COUNSEL	40.00						
STEPHANIE BAGOT	0.00						
				Х	0	198,518	
SENIOR CORPORATE ATTORNEY	40.00						

0.00

40.00

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		ULE A		Public	Charite Ctate	a and De-	blic Comm		3493294004000 OMB No. 1545-0047
	n 990		Com		Charity Statu rganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) empt charitable	organization or trust.		2019
•		the Treasury	▶ (Go to <u>www.irs</u>	s.gov/Form990 for i			ormation.	Open to Public Inspection
ame	of th	ne organiza NATIONAL INC	tion					Employer identific	ation number
B		Dancan	ion Dublic (Charity Ctat	··· (All overnisation	a marrat aamamia	to this part \ C	13-3240109	
	t I ganiz				us (All organization e it is: (For lines 1 thro			see instructions.	
1	_	A church, c	onvention of	churches, or as	ssociation of churches	described in sec	tion 170(b)(1)	(A)(i).	
2	$\overline{\Box}$	A school de	scribed in se	ction 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ).)		
3		A hospital o	r a cooperati	ve hospital ser	vice organization desc	ribed in section	170(b)(1)(A)(iii).	
4			esearch orga	•	ed in conjunction with			-	nter the hospital's
5			ition operated (iv). (Comple		t of a college or unive	rsity owned or o	perated by a gov	ernmental unit descri	bed in section 170
5		A federal, s	tate, or local	government o	governmental unit de	scribed in secti	on 170(b)(1)(A	\)(v).	
7	✓	section 17	0(b)(1)(A)(vi). (Complete	•		,	init or from the gener	al public described in
8		A communi	ty trust descr	ibed in sectio i	170(b)(1)(A)(vi).	(Complete Part I	II.)		
9					escribed in 170(b)(1) ee instructions. Enter				ege or university or a
)		from activit	ies related to income and i	its exempt fur unrelated busir	(1) more than 331/39 actions—subject to cer less taxable income (le amplete Part III.)	tain exceptions,	and (2) no more	than 331/3% of its su	ipport from gross
L		An organiza	ition organize	d and operate	d exclusively to test fo	r public safety. S	See section 509	(a)(4).	
2		more public	ly supported	organizations	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se	ction 509(a)(2). See <mark>section 509(</mark> a	
a		organizatio	n(s) the powe		rated, supervised, or cappoint or elect a majo				
)		manageme	nt of the supp	-	pervised or controlled in ation vested in the sare and C.			• • • • • • • • • • • • • • • • • • • •	_
С				-	supporting organizatio	•	•	, -	ted with, its
d		Type III n	on-function integrated.	ally integrate The organizatio	ions). You must com d. A supporting organ n generally must satis rt IV, Sections A and	ization operated fy a distribution	in connection wirequirement and	th its supported orgar	
9		Check this	oox if the org	anization recei	ved a written determir	ation from the I		pe I, Type II, Type II	I functionally
f	Enter			on-runctionally organizations	integrated supporting	-			
3				_	upported organization(
	(i) N	lame of supp organizatior		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
otal									
		vork Reduc	tion Act Not	ice, see the I	nstructions for	Cat. No. 1128	5F .	Schedule A (Form 9	90 or 990-EZ) 201

Schedule A (Form 990 or 990-EZ) 2019 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total (or fiscal year beginning in) ▶ Gifts, grants, contributions, and membership fees received. (Do not 20,354,935 20,107,097 19,051,488 16,676,131 20,080,711 96,270,362 include any "unusual grant."). . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge... 20,354,935 20,107,097 19,051,488 16,676,131 20,080,711 96,270,362 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly cupported organization) included on 5 384 116

	line 1 that exceeds 2% of the amount shown on line 11, column (f)						5,384,116
6	Public support. Subtract line 5 from line 4.						90,886,246
9	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	20,354,935	20,107,097	19,051,488	16,676,131	20,080,711	96,270,362
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,819,458	13,050,803	8,912,868	3,860,797	928,068	38,571,994
9	Net income from unrelated business activities, whether or not the business is regularly carried on	10,000	0	0	0		10,000
10	Other income. Do not include gain or loss from the sale of capital	30,159,885	16,794,813	7,539,963	12,026,377	17,521,136	84,042,174

assets (Explain in Part VI.). **Total support.** Add lines 7 through 218,894,530 12 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, Section C. Computation of Public Support Percentage Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 41.520 % 15 Public support percentage for 2018 Schedule A, Part II, line 14 37.290 % 16a 33 1/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box h 33 1/3% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

Schedule A (Form 990 or 990-EZ) 2019

17a 10%-facts-and-circumstances test—2019. 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

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

10%-facts-and-circumstances test—2018. 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

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010	() 2010	(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
4	under section 513 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						
L	3 received from disqualified persons Amounts included on lines 2 and 3						
D	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.)						
Se	ection B. Total Support		1				Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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.						
С	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						
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and stop here						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	Frivate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCGONS	. 📂 📖

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

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

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 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

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a 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 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. 3с

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 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

4b supervised by or in connection with its supported organizations. 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 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 5a amendment to the organizing document).

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

5с Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

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

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

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

```
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

organization had an interest? If "Yes," provide detail in Part VI.

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

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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.
```

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,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

	edule A (101111 550 01 550 E2) 2015			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?			
		11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.			
S	ection C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection 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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection 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 instruct	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		
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> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3h		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV. See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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 Yea (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		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
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		

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.	

5	Qualified set-aside amounts (prior IRS approval require			
6	Other distributions (describe in Part VI). See instruction			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whe details in Part VI). See instructions	sive (provide		
9	Distributable amount for 2019 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	(iii) Distributable

113				
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				
Distributable amount for 2019 from Section C, line 6				
10 Line 8 amount divided by Line 9 amount				
(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
	Underdistributions	Distributable		

Schedule A (Form 990 or 990-EZ) (2019)

3 Excess distributions carryover, if any, to 2019:

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. 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 2020. Add lines

a Excess from 2015. **b** Excess from 2016. c Excess from 2017. **d** Excess from 2018. e Excess from 2019.

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a From 2014. **b** From 2015. c From 2016. **d** From 2017. e From 2018. f Total of lines 3a through e

instructions)

See instructions.

3j and 4c. 8 Breakdown of line 7:

\$

Schedule A (Form 990 or 990-EZ) 2019 Page 8 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, LINE 10, FINCA KOSOVO BRANCH INCOME - 2015 AMOUNT: \$ 30,159,885. 2016 AMOUNT: \$ 16,794,813. 2017 AM EXPLANATION OF OTHER OUNT: \$ 7,539,963. 2018 AMOUNT: \$ 11,756,927. 2019 AMOUNT: \$ 12,370,031. FI MANAGEMENT FEE INCOME: S NET EQUITY METHOD ADJ - 2018 AMOUNT: \$ 136,297. 2019 AMOUNT: \$ 185,105. FI OTHER INCOME - 2018 AMOUNT: \$ 86,606. 2019 AMOUNT: \$ 94,735. FINCA PLUS OTHER INCOME - 2018 AMOUNT: \$ 5 25. 2019 AMOUNT: \$ -510. FINCA PLUS SALES NET OF COGS - 2018 AMOUNT: \$ 46,022. 2019 AMOUNT : \$ 589,970. FMH PROGRAM INCOME - 2019 AMOUNT: \$ 4,233,879. FINCA VENTURES INCOME - 2019 A

MOUNT: \$ 47,926.

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

DLN: 93493294004000

OMB No. 1545-0047

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.

Department of the Treasury Internal Revenue Service

(Form 990)

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

Na	me of the organization CA INTERNATIONAL INC				Emp	oloyer identifica	tion n	umber
FIIN	CA INTERNATIONAL INC				13-3	3240109		
Pa	Organizations Maintaining Donor Advi				r Acc	ounts.		
	Complete if the organization answered "Ye	s" on Form 990, Pa (a) Donor ad		· ·		(b) Funds and o	ther ac	counts
1	Total number at end of year	(a) Donor at		Jea rango		(D) Farias and s		
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 adviso					funds are the		
	organization's property, subject to the organization's ex	clusive legal control? .					□ Y	Yes 🗌 No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor	or donor advisor, or for	or.	any other purpose o			e	
	private benefit?		٠				\	Yes 🗌 No
Pa	rt II Conservation Easements.	ell em Ferme 000 De		D/ line 7				
1	Complete if the organization answered "Ye Purpose(s) of conservation easements held by the organization and the organization answered "Ye Complete if the organization answered "Ye Purpose(s) of conservation easements held by the organization answered "Ye Purpose(s) of conservation and the organization answered "Ye Purpose(s) of conservation and the organization and							
-	Preservation of land for public use (e.g., recreation	` _	. a, T		histor	ically imposes at a ut 1		
		n or education)		Preservation of an				3 a
	☐ Protection of natural habitat	L	_	Preservation of a d	certifie	d historic structu	re	
	☐ Preservation of open space							
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation	со	ntribution in the for	m of a	conservation Held at the I	nd of	the Year
а	Total number of conservation easements				2a			
b	Total acreage restricted by conservation easements				2b			
c	Number of conservation easements on a certified historic	c structure included in	(a)	2c			
d	Number of conservation easements included in (c) acqui structure listed in the National Register	red after 7/25/06, and	d n	ot on a historic	2d			
3	Number of conservation easements modified, transferre tax year ▶	d, released, extinguisł	hec	d, or terminated by	the or	ganization during	the	
4	Number of states where property subject to conservation	n easement is located	>					
5	Does the organization have a written policy regarding th	ne periodic monitoring,	, in	spection, handling	of viola	— ations,		
	and enforcement of the conservation easements it holds					□ Y		□ No
6	Staff and volunteer hours devoted to monitoring, inspect	iting, handling of viola	tioi	ns, and enforcing co	onserv	ation easements	during	the year
7	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violations,	, ar	nd enforcing conser	vation	easements durin	g the y	rear
8	Does each conservation easement reported on line 2(d)	above satisfy the requ	uire	ements of section 1	70(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?		٠			☐ Y	es l	□ No
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organi						
Par	Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historical			er Si	milar Assets.		
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	6 (ASC 958), not to re public exhibition, educ	epo cat	ort in its revenue sta ion, or research in f				rks of
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for public	6 (ASC 958), to report	t ir	its revenue statem				
(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, historic following amounts required to be reported under SFAS:	cal treasures, or other	sir	milar assets for fina				
а	Revenue included on Form 990, Part VIII, line 1	, ,				. ▶\$		
b	Assets included in Form 990, Part X					. ▶\$		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 52283D Schedule D (Form 990) 2019

Par	<u> </u>	Organizations Maintaining C	ollections of Art, F	listori	ical T	reas	ures, o	<u>r Other</u>	Similar Ass	sets (cont	nued)
3		the organization's acquisition, access (check all that apply):	sion, and other records,		any of	the f	ollowing t	that are a	significant us	e of its col	ection
а		Public exhibition		d		Loa	n or exch	ange prog	grams		
b		Scholarly research		е		Oth	er				
c		Preservation for future generations									
4	Provide Part	de a description of the organization's	collections and explain	how the	ey furt	her th	ne organi:	zation's e	xempt purpos	e in	
5	Durin	ng the year, did the organization solicies to be sold to raise funds rather than								☐ Yes	□ No
Par	t IV	Escrow and Custodial Arrange Complete if the organization and X, line 21.		m 990), Part	: IV,	line 9, o	r reporte	ed an amour		n 990, Part
1a		e organization an agent, trustee, custo ded on Form 990, Part X?								☐ Yes	□ No
b	If "Ye	es," explain the arrangement in Part X	III and complete the fo	llowina	table:				An	nount	
c		nning balance		_				1c			
d	-	ions during the year						1d			
е		ibutions during the year						1e			
f		ng balance						1f			
-									- L:11:42		
2a		he organization include an amount on								_	∐ No
b		es," explain the arrangement in Part X	III. Check here if the ex	xplanati	ion has	s bee	n provide	d in Part	XIII	Ш	
Pa	rt V	Endowment Funds. Complete if the organization ar	iswered "Ves" on For	m 000	Dart	· T\/	line 10				
		complete if the organization ar	(a) Current year		rior year			ears back	(d) Three year	s back (e)	Four years back
la	Beginn	ning of year balance									
b	Contrib	outions									
С	Net inv	vestment earnings, gains, and losses									
		or scholarships									
		expenditures for facilities ograms									
f	Admini	istrative expenses									
g	End of	year balance									
2	Provid	de the estimated percentage of the cu	rrent year end balance	(line 1	g, colu	mn (a)) held a	as:	•		
а	Board	d designated or quasi-endowment >	,								
b	Perm	anent endowment ►									
c	Temp	porarily restricted endowment ►									
٠		percentages on lines 2a, 2b, and 2c sh									
3а	Are th	here endowment funds not in the poss nization by:	·	ion tha	t are h	eld a	nd admin	istered fo	r the		Yes No
	(i) ur	(i) unrelated organizations									
		elated organizations								3a(ii)	
		es" on 3a(ii), are the related organizat	•			₹? .				3b	
1		ribe in Part XIII the intended uses of t		wment i	funds.						
Par	t VI	Land, Buildings, and Equipm		···· 000	Dort	. T\ /	lina 11a	C00 F0	000 Davi	t V line 1	^
	Descri	Complete if the organization an iption of property (a) Cost or (invest)	other basis (b) Cost						depreciation		ook value
1a	Land						+-				
		igs									
		nold improvements			1 8	59,582	2		926,154		933,42
						02,30			142,052		460,25
	∟uuıDՈ	nent									+00,23
						02,30.	-		1.2,002		<u>, </u>

	Investments—Other Securities.			rage :
Pait VII	Complete if the organization answered "Yes" on Form 990, F	Part IV, li		
	(a) Description of security or category (including name of security)	(b) Book value		od of valuation: of-year market value
• •	l derivatives			
(2) Closely- (3)Other <u> </u>	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (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, F	Part IV, li	ne 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
	MENT IN PARTNERSHIP AND SUBS		147,477,094	С
(2)INVESTM (3)	IENT IN LLC		1,714,019	С
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	n (b) must equal Form 990, Part X, col.(B) line 13.)	•	149,191,113	
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, Page 1990, Page	art IV lir	•	art V line 15
	(a) Description	arc IV, III	ie 11d. See 10iiii 990, F	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities.			. •
Part X	Complete if the organization answered 'Yes' on Form 990, Pa	art IV, lir	ne 11e or 11f.See Form	
1. (1) Fadaval	(a) Description of liability			(b) Book value
(1) Federal (3)	income taxes			
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col.(B) line 25.)			11,036,920
	or uncertain tax positions. In Part XIII, provide the text of the footnot			

Schedule D (Form 990) 2019

	Complete if the organize	zation answered 'Yes' on Form 990, Part	: IV, li	ne 12a.		
1	Total revenue, gains, and other su	upport per audited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on in	nvestments	2a			
b	Donated services and use of facilit	ties	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, P	art VIII, line 12, but not on line 1:				
а	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	
Par		penses per Audited Financial Statem		•	Retur	n.
	•	zation answered 'Yes' on Form 990, Part			1 .	
1	•	lited financial statements			1	
2	Amounts included on line 1 but no	, ,		1		
а		cies	2a			
b	Prior year adjustments		2b		_	
С	Other losses		2c			
d	Other (Describe in Part XIII.) .		2d]	
е	Add lines 2a through 2d				2e	
3	Subtract line 2e from line 1				3	
4	Amounts included on Form 990, P	art IX, line 25, but not on line 1:				
а	Investment expenses not included	l 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 4	c. (This must equal Form 990, Part I, line 18.	.)		5	
Pai	t XIII Supplemental Info	rmation				
		art II, lines 3, 5, and 9; Part III, lines 1a and a 2d and 4b. Also complete this part to provide			t V, line	4; Part X, line 2; Part
	Return Reference		Ex	olanation		
See A	Additional Data Table					

Page 4

chedule D (Form 990) 2019					
Part XIII Supplemental Information (continued)					
Return Reference Explanation					

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

EIN: 13-3240109

Name: FINCA INTERNATIONAL INC

Supplemental Information

Return Reference

Return Reference	Explanation
PART X, LINE 2:	FINCA INTERNATIONAL, INC. ISSUES CONSOLIDATED FINANCIAL STATEMENTS ON BEHALF OF ITSELF AND ITS AFFILIATES. THE INCOME TAX FOOTNOTE AND FIN48 DISCLOSURE INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMETNS REFLECTS TAX RELATED ITEMS FOR ALL ENTITIES INCLUDED IN THE CONSOLID ATED FINANCIAL STATEMENTS (INCLUDING BOTH TAX EXEMPT AND FOR-PROFIT ENTITIES). FINCA IS EX EMPT FROM TAXES ON INCOME, EXCEPT UNRELATED BUSINESS TAXABLE INCOME, UNDER PROVISION OF SE CTION 501(C)(3) OF THE UNITED STATES INTERNAL REVENUE CODE AND THE APPLICABLE INCOME TAX R EGULATIONS OF THE DISTRICT OF COLUMBIA. ACCORDINGLY, NO PROVISION IS MADE FOR FEDERAL INCO ME TAXES IN THE CONSOLIDATED FINANCIAL STATEMENTS. THE MOVEMENTS IN DEFERRED TAX ASSETS AN D LIABILITIES (THE BALANCES ARE OFFSET WITHIN THE SAME JURISDICTION AS PERMITTED BY IAS 12, INCOME TAXES, AND SHOWN ON A NET BASIS BY SUBSIDIARIES), DETAILS OF THE DEFERRED TAX LIA BILITY, AMOUNTS CHARGED OR CREDITED DIRECTLY TO PROFIT OR LOSS DURING THE PERIOD, AND AMOU NTS CHARGED OR CREDITED DIRECTLY TO PROFIT OR LOSS DURING THE PERIOD, AND AMOU NTS CHARGED OR CREDITED DIRECTLY TO EQUITY DURING THE PERIOD. IN 2019, FINCA RECORDED \$1.6 MILLION OF INCOME TAX EXPENSE ON \$18.0 MILLION OF TEMPORARY DIFFERENCES ASSOCIATED WITH F INCA'S INVESTMENTS IN SUBSIDIARIES BECAUSE IT WAS PROBABLE THAT THE TEMPORARY DIFFERENCES ASSOCIATED WITH THE DISTRIBUTION OF RETAINED EARNINGS THROUGH PAYMENTS OF DIVIDENDS WILL R EVERSE IN THE FORESEABLE FUTURE. THE TEMPORARY DIFFERENCES OF \$18.0 MILLION INCLUDED \$18. 1 MILLION OF EXPECTED DISTRIBUTIONS OF RETAINED EARNINGS FROM PRIOR YEARS. IN 2018, FINCA RECORDED \$0.5 MILLION OF INCOME TAX EXPENSE ON \$6.6 MILLION OF TEMPORARY DIFFERENCES ASSOCIATED WITH THE DISTRIBUTIONS OF RETAINED EARNINGS FROM PRIOR YEARS. IN 2018, FINCA RECORDED \$0.5 MILLION OF INCOME TAX EXPENSE ON \$6.6 MILLION OF TEMPORARY DIFFERENCES OF \$6.6 MILLION INCLUDED \$11.5 MILLION OF EXPECTED DISTRIBUTIONS OF RETAINED EARNINGS FROM 2018 AND \$(4.9) MILLION FOR A DECREASE OF EXPECTED DISTRIBUTIONS OF RETAINED

efile GRAPHIC print - DO NOT PROCESS DLN: 93493294004000 As Filed Data -OMB No. 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2019 ▶ 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. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** FINCA INTERNATIONAL INC 13-3240109 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I 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 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance 2 outside the United States. Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) 3 (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (such as, program service, describe for and investments region and independent fundraising, program specific type of in the region contractors in the services, investments, grants service(s) in the region region to recipients located in the region) See Add'l Data 48 317 9.135.731 3a Sub-total . b Total from continuation sheets to Part I . . . 48 317 9,135,731 c Totals (add lines 3a and 3b)

	uplicated if addit	(c) Number of		(a) Mannay of as -1-	(f) Amount of	(a) Decembring	(h) Math
ype of grant or assistance	(b) Region	recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other

Sche	dule F (Form 990) 2019		Page 4
Pai	rt 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
		□ 1e5	E 140
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)		
	(see Instructions for Form 6865)	☐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

Schedule F (Form 990) 2019	Page 5								
Provide the inf amounts of inv method); and	I Information formation required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; restments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide information. See instructions. mental Information								
Return Reference Explanation									
PART I, LINE 3:	RT I, LINE 3: METHOD USED TO ACCOUNT FOR EXPENDITURES: ACCRUAL METHOD								

990 Schedule F, Supplemental Information Return Reference Explanation

PART III ACCOUNTING METHOD:

Additional Data

(a) Pegion

EUROPE (INCLUDING ICELAND

& GREENLAND)

Software ID: Software Version:

EIN: 13-3240109

Name: FINCA INTERNATIONAL INC

FINANCIAL SERVICES FOR

THE POOR

8,022,176

Form 9	990 9	Schedule	F Part	I-	Activities	Outside	The l	Jnited Stat	tes

29

(a) Kegion	offices in the region	employees or agents in region	in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	is a program service, describe specific type of service(s) in region	for region
SUB-SAHARAN AFRICA	19	60	PROGRAM SERVICES	FINANCIAL SERVICES FOR THE POOR	980,696

257 PROGRAM SERVICES

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) CENTRAL AMERICA AND THE 0 PROGRAM SERVICES FINANCIAL SERVICES FOR 107,500 CARIBBEAN THE POOR MIDDLE EAST AND NORTH 0 PROGRAM SERVICES FINANCIAL SERVICES FOR 25,359 AFRICA THE POOR

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DLN: 93493294004000

OMB No. 1545-0047

Department of the Treasury

(Form 990 or 990-EZ)

SCHEDULE G

licensing.

TN, TX, UT, VA, WA, WI, WV

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.

Open to Public **Inspection**

Inter	rnal Revenue Service	►Go to www.i	rs.gov/Forn	n990 for ir	nstructions and the latest inf	ormation.						
	ne of the organization CA INTERNATIONAL INC						Employer ider	ntification number				
1 114	CA INTERNATIONAL INC						13-3240109					
P	Fundraising Activities Form 990-EZ filers a	•	_		answered "Yes" on Fo	rm 990,	Part IV, line 1	7.				
1	Indicate whether the organiza	 ation raised funds thr	rough any	of the fo	llowing activities. Check a	all that a	pply.					
а	Mail solicitations			е	Solicitation of non-	governm	ent grants					
b	✓ Internet and email solicita	ations		f	✓ Solicitation of gove	rnment g	grants					
c	✓ Phone solicitations			g	Special fundraising	events						
d	☐ In-person solicitations			_								
2a	Did the organization have a workey employees listed in Fo							s □ No				
b	If "Yes," list the 10 highest pa to be compensated at least \$1			raisers) p	pursuant to agreements ι	ınder wh						
(i)	Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo contr	Did ser have ody or rol of utions?	(iv) Gross receipts from activity	or r fundra	nount paid to etained by) aiser listed in col. (i)	(vi) Amount paid to (or retained by) organization				
		TELEMARKETING	Yes	No								
	SD&A TELESERVICES 5757 W CENTURY BLVD 300	TELEMARKETING		No	4,730		7,377	-2,647				
	LOS ANGELES, CA 90045											
	INTEGRATED DIRECT MARKETING 1250 CONNECTICUT AVE NW 700	MARKETING CONSULTANT		No	0		454,421	-454,421				
	WASHINGTON, DC 20036											
	al			•	4,730		461,798	-457,068				
3	List all states in which the organ	nization is registered	or license	d to solic	cit contributions or has be	en notifi	ed it is exempt fr	rom registration or				

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,

	rt II Fundraising Events. Compl				
	than \$15,000 of fundraising		d gross income on Form	990-EZ, lines 1 and	6b. List events with
	gross receipts greater than \$	(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
Keverkie					
200					
¥					
	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
	4 Cash prizes				
N T	5 Noncash prizes				
Experises	6 Rent/facility costs				
Š	7 Food and beverages				
Zied Zied	Sentertainment Other direct expenses				
2	Other direct expenses	through O in column (d)			
	11 Net income summary. Subtract line 10				
Pai	rt III Gaming. Complete if the org			V, line 19, or reported	l i more than \$15,000
	on Form 990-EZ, line 6a.	1			1
E		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue					
<u>.</u>	1 Gross revenue				
TSe.	2 Cash prizes				
7	3 Noncash prizes				
វ	3 Noncash prizes				
ង ប្ដូ	4 Rent/facility costs				
ži Delo	4 Rent/facility costs				
វ រូវ ភ្ន			☐ Yes%	☐ Yes%	
វ រដ្ឋភ្ជុំ 	4 Rent/facility costs	☐ Yes%	☐ Yes % ☐ No	☐ Yes %	
<u>1</u> 1910 –	4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor	□ No	1_		
	4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2	No	□ No	□ No ►	
	4 Rent/facility costs	No through 5 in column (d)	No	No	
	4 Rent/facility costs	No through 5 in column (d) t line 7 from line 1, column tion conducts gaming activities	No	No ▶ ▶	Ves □No
a b	4 Rent/facility costs	through 5 in column (d) through 5 in column (d)	nn (d)	No	☐ Yes ☐ No
9 a	4 Rent/facility costs	through 5 in column (d) thine 7 from line 1, column tion conducts gaming activations activities in each column.	No nn (d)	No	
9 a	4 Rent/facility costs	through 5 in column (d) thine 7 from line 1, column cion conducts gaming activaming activities in each column censes revoked, suspend	No nn (d)	No	
a b	4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 8 Net gaming income summary. Subtract the state(s) in which the organization licensed to conduct of If "No," explain:	through 5 in column (d) thine 7 from line 1, column cion conducts gaming activaming activities in each column censes revoked, suspend	No nn (d)	No	

Sche	dule G (Form 990 or 990-EZ) 20	19				F	age 3
11	Does the organization conduct	gaming activities with nonmembers	5?		Yes	Пио	
12	Is the organization a grantor, be formed to administer charitable		member of a partnership or other entity		Yes		
13	Indicate the percentage of gam	ing activity conducted in:					
а	The organization's facility .			13a			%
b	An outside facility			13b			%
14	Enter the name and address of	the person who prepares the organ	nization's gaming/special events books and	records:			
	Name •						
	Address >						
15a			m the organization receives gaming		·∏yes	Пио	
b	If "Yes," enter the amount of g	aming revenue received by the orgained by the third party $ ightharpoons$ $ angle$	anization ▶ \$ and	the			
c	If "Yes," enter name and addre	ss of the third party:					
	Name •						
	Address ►						
16	Gaming manager information:						
	Name 🟲						
	Gaming manager compensation	1 ▶ \$					
	Description of services provided	d ▶					
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions:						
а	•		stributions from the gaming proceeds to		□Yes	Пио	
b	Enter the amount of distributio	ns required under state law distribu	ited to other exempt organizations or spen	Ī	□ 1es		
		pt activities during the tax year 🕨	•				
Pai			ions required by Part I, line 2b, colum licable. Also provide any additional inf				s.
	Return Reference		Explanation				

efil	e GRAPHIC pi	int - DO NOT PROCESS	As Filed Dat	a -	DLN: 93	49329	4004	000
Sch	edule J	Co	mpensat	ion Information	01	ИВ No.	1545-0	0047
(For	n 990)		Compensa	Trustees, Key Employees, and Hig		20	110	
			▶ Attach	vered "Yes" on Form 990, Part IV, n to Form 990.				
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.go</u> u	<u>//Form990</u> for	instructions and the latest inforr	mation.	Open i Insp	to Pul ectio	
Nar	ne of the organiz				Employer identifica			
FIN	CA INTERNATIONAL	INC			13-3240109			
Pa	rt I Questi	ons Regarding Compensat	ion					
							Yes	No
1a				f the following to or for a person liste by relevant information regarding the				
	First-class	s or charter travel	$oxed{oldsymbol{ abla}}$	Housing allowance or residence for	personal use			
	_	companions	님	Payments for business use of perso				
		nification and gross-up payments	i H	Health or social club dues or initiation				1
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)							
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1b	Yes	
2				or allowing expenses incurred by all r, regarding the items checked on Lir	20.122	2	Yes	
	unectors, truste	es, officers, including the CEO/E.	xecutive Directo	r, regarding the items checked on th	le Ia:			
3				ed to establish the compensation of the not check any boxes for methods	ne			
				CEO/Executive Director, but explain i	n Part III.			
	✓ Compens	ation committee	П	Written employment contract				
	_ '	ent compensation consultant		Compensation survey or study				
		of other organizations		Approval by the board or compensa	tion committee			
4	During the year related organiza		990, Part VII, Se	ection A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-cont	rol pavment? .			4a	Yes	
b		r receive payment from, a supple				4b		No
c	Participate in, o	r receive payment from, an equit	y-based comper	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and	provide the app	olicable amounts for each item in Part	t III.			
	Only E01(a)(2) E01(a)(4) and E01(a)(20)		must samplete lines F 0				
5), 501(c)(4), and 501(c)(29) ed on Form 990 Part VII Section	=	the organization pay or accrue any				
•		ontingent on the revenues of:		the organization pay or accrac any				
а	The organization	1?				5a		No
b						5b		No
	If "Yes," on line	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Sectior ontingent on the net earnings of:		the organization pay or accrue any				
а	The organization	1?				6a		No
b						6b		No
	•	6a or 6b, describe in Part III.						
7	payments not d	escribed in lines 5 and 6? If "Yes	," describe in Pa	the organization provide any nonfixed rt III		7		No
8	subject to the ir	nitial contract exception described	d in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de				N
9	If "Yes" on line	8, did the organization also follov	v the rebuttable	presumption procedure described in	Regulations section	9		No
For F	<u>``</u>	iction Act Notice, see the Inst			50053T Schedule J		1 990)	2019

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

For each individual whose compensation must be reported on Schedule J, reporting instructions, on row (ii). Do not list any individuals that are not listed on Form State. The sum of columns (B)(i)-(iii) for each listed individual must equal the t	990	, Part VII.						vidual
(A) Name and Title	Jua					(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table				I	•			

Schedule J (Form 990) 2019	Page 3							
Part III Supplemental Inform	nation							
Provide the information, explanation, or	rovide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.							
Return Reference	Explanation							
PART I, LINE 1A	STEFAN GRUNDMANN, CEO OF FINCA PLUS, RECEIVED HOUSING ALLOWANCE FOR STAYING IN UGANDA. THE AMOUNT OF ALLOWANCE WAS REPORTED IN 2019 W-2.							
	DEBRA SPAGNOLA RECEIVED SEVERANCE PAYMENTS OF \$30,461 IN 2019. PART I, LINE 4B: SOLEDAD GOMPF PARTICIPATED IN A SECTION 457(F) SUPPLEMENTAL NONQUALIFIED DEFERRED COMPENSATION PLAN. DURING 2019, NO CONTRIBUTIONS WERE MADE INTO THE PLAN AND NO AMOUNTS WERE PAID OUT OF THE PLAN.							

Schedule J (Form 990) 2019

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			of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in	
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990	
1RUPERT SCOFIELD PRESIDENT & CEO	(i) (ii)	385,055 	0	16,080	17,002	24,576	442,713	0	
1COLLEEN ZAKREWSKY CHIEF DEVELOPMENT OFFICER	(i)	205,471	0	0	1,063	22,123	228,657	0	
2AMI DALAL	(ii) (i)	188,966	0	0	5,258	0 10,726	204,950	0	
VP, SOCIAL ENTERPRISE INNOVATI	(ii)	0	0	0	0	0	0	0	
3JUDITH REYES GENERAL COUNSEL (END	(i)	212,650	0	0	401	9,720	222,771	0	
12/2019) 4SCOTT GRAHAM	(ii)	0 163,980	0	0	0 13,245	0 14,280	0 191,505	0	
DIRECTOR OF CUSTOMER RESEARCH	(ii)				13,243	14,280	191,303		
5 SOLEDAD GOMPF SVP, PHILANTHROPIC	(i)	220,607	0	0	9,138	42,204	271,949	0	
ADVISOR 6STEFAN GRUNDMANN	(ii) (i)	0 102,568	0	0	0	0	0	0	
PRESIDENT & CEO, BRIGHTLIFE	(ii)			24,864	404	27,420 	155,256		
7 ANDREE SIMON CEO	(i)	0	0	0	0	0	0	0	
	(ii)	349,500	25,000	361	19,000	12,840	406,701	0	
8 JEFFREY SMITH CHIEF AUDIT & RISK OFFICER	(i)	0	0	0	0	0	0	0	
9JOHN LOPEZ	(ii) (i)	260,187	25,000	1,589	16,215	35,226 0	338,217	0	
SENIOR ATTORNEY	(ii)	189,583	11,400	1,988	1,896	11,568	216,435	0	
10 KEITH SANDBLOOM VP-REGIONAL DIRECTOR	(i)	0	0	0	0	0	0	0	
11MICHAEL GAMA-LOBO	(ii) (i)	170,991	10,710	346	10,701	31,831	224,579	0	
VP-REGIONAL DIRECTOR	(ii)	168,778	10,135	27,528	10,127	27,521	244,089	0	
12P DANIEL SMITH VP & GENERAL COUNSEL	(i)	0	0	0	0	0	0	0	
13ROMAN HINGORANI	(ii)	326,348 0	25,000	554	15,100	22,362	389,364	0	
VP & CFO	(ii)	322,637	25,000	1,035	19,800	32,641	401,113		
14 ALEJANDRO JAKUBOWICZ	(i)	0	0	0	0	0	0	0	
DEPUTY REGIONAL DIRECTOR, LAC 15JEREMY DANFORD	(ii)	175,637	0	704	10,940	34,317	221,598	0	
DIRECTOR OF GLOBAL TAX	(i) (ii)	198,520	0	0	0	0	242.675	0	
16 MARIA VILELA DEPUTY GENERAL COUNSEL	(i)	0	19,900	269 0	11,786	12,200 0	242,675 0	0	
	(ii)	212,634	13,200	181	12,050	21,748	259,813	0	
17STEPHANIE BAGOT SENIOR CORPORATE ATTORNEY	(i) (ii)	0 186,883	0	0	0	0	0	0	
18 ZARLASHT WARDAK VP-REGIONAL DIRECTOR	(i)	186,883	11,400	235	11,375 0	14,268 0	224,161 0	0	
VI-REGIONAL DIRECTOR	(ii)	164,422	109,435	291	16,025	27,482	317,655	0	
				<u></u>					

Department of the Treasury Internal Revenue Service Name of the organiz. FINCA INTERNATIONAL Part I Excess Complete	ation INC Benefit Tran if the organiza	te if the orga 27, 28a, so to <u>www.ir</u> usactions (s	nization : 28b, or 2 ▶ Atta <u>s.qov/Fo</u> i	ns with li answered "Yes Bc, or Form 99 ch to Form 99 <u>m990</u> for inst	s" on Form 9 00-EZ, Part V 0 or Form 99	90, Part IV, li , line 38a or 4 0-EZ.	nes 2! 10b.	·	5b, 26		^{18 No.}		
Internal Revenue Service Name of the organiz- FINCA INTERNATIONAL Part I Excess Complete	ation INC Benefit Tran if the organiza	te if the orga 27, 28a, so to <u>www.ir</u> usactions (s	nization : 28b, or 2 ▶ Atta <u>s.qov/Fo</u> i	answered "Yes 8c, or Form 99 ch to Form 99	s" on Form 9 00-EZ, Part V 0 or Form 99	90, Part IV, li , line 38a or 4 0-EZ.	nes 2! 10b.	·	5b, 26	5,	20	19	n .
Part I Excess Complete	ation INC Benefit Tran if the organiza	o to <u>www.ir</u>	Atta s.qov/For	ch to Form 99	0 or Form 99	0-EZ.						.	-
Internal Revenue Service Name of the organiz- FINCA INTERNATIONAL Part I Excess Complete	ation INC Benefit Tran if the organiza	nsactions (s		m990 for inst	ructions and	the latest inf	ormat						
Name of the organiz FINCA INTERNATIONAL Part I Excess I Complete	INC Benefit Tran if the organiza	•						tion.		•	pen t Insp		
Part I Excess I Complete	Benefit Tran if the organiza	•					En	ıploy	er ide	ntifica	tion n		
Complete	if the organiza	•					13	-3240	0109				
				(c)(3), section		•	(29)	organ	ization				
1 (a) Na				Form 990, Part Relationship be					rt V, lir escript			Corr	ected?
1 (a) Name of disqualified person		(0)		organization	ililed person ar	¹⁴ (ansacti				No	
							+					_	
							+						
2 Enter the amou		, ,		-		_	year u	nder	_				
4958 3 Enter the amou	 nt of tax, if an	 v. on line 2. a	 bove. reim	bursed by the c	rganization		•			\$ —— \$			
		-		-									
Comple	to and/or fite if the organical an amount of	zation answer	red "Yes" o	n Form 990-EZ	, Part V, line 3	8a, or Form 99	0, Par	t IV,	line 26	; or if	he orga	anizat	ion
(a) Name of (b)) Relationship	(c) Purpose	(d) Loan	to or from the	(e) Original		(g)			1)) Writ	
interested person with	h organization	of loan	orga	anization?	principal amount	due	default?		Approved by board or		agreement		ent?
									comm				
			То	From			Yes	No	Yes	No	Yes		No
 Total				1	<u> </u> ▶ \$								
	or Assistan	ce Benefiti	ina Inter	ested Perso									
	te if the orga	nization ans	swered "Y	es" on Form 9	990, Part IV,	line 27.							
(a) Name of intereste) Relationship erested perso		(c) Amount	of assistance	(d) Type o	of assis	stance	e	(e) Pui	pose of	fassis	stance
	IIIC	organizati											
									_				
									\dashv				

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sł o organiz rever	f :ation's
				Yes	No
(1) JULIE HOUSER	FAMILY MEMBER, CEO	44,936	EMPLOYMENT		No

(1) JULIE HOUSER	FAMILY MEMBER, CEO	44,936	EMPLOYMENT	No
Part V Supplemental Information				

Explanation

Schedule I (Form 990 or 990-F7) 2019

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

Return Reference

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493294004000 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶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 Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** FINCA INTERNATIONAL INC 13-3240109 **Types of Property** (c) (d) (a) (b) Method of determining Check if Number of contributions or Noncash contribution applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art—Historical treasures Art—Fractional interests Books and publications Clothing and household Cars and other vehicles Boats and planes . . Intellectual property . . Χ 1,034,028 COST OR SELLING PRICE Securities—Publicly traded . 10 Securities—Closely held stock . Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . Qualified conservation contribution-Historic structures 14 Qualified conservation contribution—Other . Real estate—Residential 15 Real estate—Commercial . 17 Real estate—Other . . Collectibles 18 19 Food inventory . . . 20 Drugs and medical supplies . Taxidermy 21 22 Historical artifacts . . . 23 Scientific specimens . . Archeological artifacts . . SOFTWARE Χ 452,030 OTHER Other \blacktriangleright (<u>LICENSING</u> 25 Other ▶ (_____ Other ▶ (_ 28 Other ► (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 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . 30a Nο **b** If "Yes," describe the arrangement in Part II. 31 Yes Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Yes **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2019)		Page 2				
	stion. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization umn (b), the number of contributions, the number of items received, or a combination of both. Also y additional information.	1				
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 M (Form 990) (2019)				

efile GRAPHI	C print - DO NOT PROCESS As Filed Data -	DLN: 93493294004000
SCHEDULE (Form 990 or 9 EZ)	One 990-EZ questions on ormation. Open to Public Inspection	
Warrel ୫୧୯୪୯୬ ନୃଷ୍ଣ FINCA INTERNATION 990 Schedule		Employer identification number 13-3240109
Return Reference	Explanation	
PART VI, SECTION A, LINE 2	THE CHAIRMAN OF FINCA INTERNATIONAL'S BOARD OF DIRECTORS, ROB LATIONSHIP WITH THE FOUNDER, JOHN HATCH, WHO IS ALSO A DIRECTO E ORGANIZATION. FINCA INTERNATIONAL DIRECTORS RICHARD WILLIAMS RT SCOFIELD ARE ALL MEMBERS OF THE BOARD OF DIRECTORS AND MIN REDIENTS, INC. WHICH IS OWNED BY ROBERT HATCH. JOHN HATCH IS AL EREAL INGREDIENTS BUT NOT A DIRECTOR.	R AND RETIRED EMPLOYEE OF TH SON, HAROLD JASTRAM, AND RUPE NOR SHAREHOLDERS OF CEREAL ING

Return Explanation
Reference

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

Return Explanation
Reference

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

Return Explanation
Reference

FORM 990, PART VI, SUBJECT TO THE APPROVAL OF THE MEMBERS OF THE ORGANIZATION.

SECTION A, LINE 7B

Return Explanation

990 Schedule O, Supplemental Information

FORM 990, PART VI, SECTION B, LINE 11B SURVEYING SECTIONS, SCHEDULES, CHECKLISTS AND DISCLOSURES OF THE RETURN PLUS CORRESPOND ING APPROVALS.

Return Reference	Explanation
,	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 COMMIT TEE. CONFLICTS, INCLUDING RELATED PARTY TRANSACTIONS, ARE STRONGLY DISCOURAGED AND APPROVE D, 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, APP LICABLE TO ALL FINCA PERSONS GLOBALLY, PROVIDES A CONFIDENTIAL REPORTING MECHANISM ("HOTLINE") FOR REPORTING VIOLATIONS OF THE CODE, INCLUDING OF INTERESTS.

Return

Reference

Explanation

FORM 990,
PART VI,
SECTION B,
LINE 15
R FORM 990S AND COMPENSATION FOR THE PRESIDENT & CEO IS DETERMINED ANNUALLY BY THE EXECUTIVE COMMITTEE. TH
E PRESIDENT & CEO RECUSES HIMSELF FROM THAT CONVERSATION. THE PROCESS FOR DETERMINING ALL
OFFICERS' COMPENSATION IS PERFORMED BY THE HUMAN RESOURCES DEPARTMENT AND REVIEWED AND APP
ROVED BY THE BOARD OF DIRECTORS EXECUTIVE COMMITTEE. THE PROCESS INCLUDES A REVIEW OF OTHE
R FORM 990S AND COMPENSATION SURVEYS, AND THERE IS CONTEMPORANEOUS SUBSTANTIATION OF THE D
ELIBERATION AND DECISION. THE REVIEW IS PERFORMED ANNUALLY.

Return Explanation
Reference

FORM 990, PART VI, L STATEMENTS AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST AND ON ITS OWN WEBSITE.

SECTION C, LINE 19

Return Explanation

FORM 990, PART IX, LINE 11G

990 Schedule O, Supplemental Information

Return

Reference	—
PART XI,	UNAMORTIZED PENSION PRIOR SERVICE COSTS -206,210. CURRENCY TRANSLATION ADJUSTMENTS -3,468, 541. ADJUSTMENT FOR AMENDED RETURN *PLEASE REFER TO THE AMENDED 2017 FORM 990 47,003,095.
LINE 9:	

Explanation

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R**

(Form 990)

Department of the Treasury

FINCA INTERNATIONAL INC

Internal Revenue Service Name of the organization **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

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

OMB No. 1545-0047

DLN: 93493294004000

Open to Public Inspection

Employer identification number

				13-3240109			
Part I Identification of Disregarded Entities. Complete	if the organization answ	vered "Yes" on Form	990, Part IV, lir	ne 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	992,485	1,449,470	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	Direct controlling entity ICA INTERNATIONAL INC ICA INTERNATIONAL INC ICA INTERNATIONAL INC	
							_
							_
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.		ganization answered	"Yes" on Form 9	990, Part IV, line 3	34 because it had one o	r more	
See Additional Data Table	1						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	Public charity stat (if section 501(c)(us Direct controlling	Section (13) co	n 512(b ontrolled
						Or more (g) Section 5 (13) cont entity Yes	No
For Paperwork Reduction Act Notice, see the Instructions for Form	990.			l	Schedule R (Form	1 990) 2	019

one or more related organizations to	•	(b)	(c)	(d)	(e)	(f)	(g)		1)	(i)	C	j)	(k	
Name, address, and EIN of related organization		Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income(related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of- year assets	alloca	tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	ral or aging ner?	Percer owner	
(4) FINGS MICROFINANCE HOLDING COMPANY I.C.		HOLDING	DC	EINCA	DELATED	4 222 070	720 425 202	Yes	No		Yes	No		
(1) FINCA MICROFINANCE HOLDING COMPANY LLC 1201 15TH ST NW 8TH FLOOR WASHINGTON, DC 20005 45-0793602		COMPANY	DC	FINCA INTERNATIONAL INC	RELATED	4,233,879	720,425,393		No		Yes		62.9	930 %
Part IV Identification of Related Organization because it had one or more related							answered "Ye	s" on I	Form 9	990, Part I	√, lin	e 34		
See Additional Data Table			P 0 1 0 1 0 1 0 1		9 11.0 12.7. 7 0									
(a) Name, address, and EIN of related organization	(b) Primary activ	vity	dor (state o	c) egal l nicile or foreign ntry)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp or trust)			(g) e of end year assets	-of- Perce	h) entage ership	e ((i) Section (13) cor entil	trolled ty?
				ind y)									Yes	No
										Cabadula F				

chedule R (Form 990) 2019					Pac	ge 3
Part V Transactions With Related Organizations. Complete if the organization answered "Y	es" on Form 990, Pa	rt 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 orgranization engage in any of the following transactions with one or more related	d organizations listed in	Parts II-IV?		П		
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)				1 b		No
f 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	\dashv	No
f Dividends from related organization(s)				1 f		No
g Sale of assets to related organization(s)				1g	\Box	No
h Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)			•	1i		No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j	\dashv	No
k Lease of facilities, equipment, or other assets from related organization(s)				1k	\dashv	No
l Performance of services or membership or fundraising solicitations for related organization(s)				11		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)				10	\dashv	No
p Reimbursement paid to related organization(s) for expenses				1 p	\dashv	No
q Reimbursement paid by related organization(s) for expenses				1 q	\dashv	No
r Other transfer of cash or property to related organization(s)				1r	\dashv	No
${f s}$ 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 lee Additional Data Table	ine, including covered r	relationships and trar	nsaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining ar	nount inv	rolved	
		1				

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	section		(f) Share of total income	end-of-year	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	I nartner? I		(k) Percentage ownership	
			514)	Yes	No			Yes	No		Yes	No		
	1		1			ı				Schedul	e R (Form	990	0) 2019	

Schedule R (Form 990) 2019							
Part VII	Supplemental Information						
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).					
Return Reference		Explanation					

PASEO GENERAL ESCALON Y CALLE CIRCU

AVDA AMAZONAS N39-123 Y JOSE ARIZA

26 RUE METELLUS PETIONVILLE

AGATANGEGHOS STREET 2A

7A 11-11 AVENUE ZONE 9 **GUATEMALA CITY**

DE LA ROTONDA DEL GUEGUENSE

COL RUBEN DARIO 3RA CALLE NO 231

SAN SALVADOR

PORTAUPRINCE

TEGUCIGALPA

YEREVAN AΜ

MANAGUA NU

GΤ

ES

QUITO ĒC

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Software ID: **Software Version:**

EIN: 13-3240109

DORMANT

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MICROFINANCE

MICROFINANCE

OPERATIONS

OPERATIONS

Name: FINCA INTERNATIONAL INC

Form 990, Schedule R, Part II - Identification of Related	Tax-Exempt Organizat	ions				_	
(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	Sectio (b)(contr enti	n 512 (13) folled
						Yes	No
AV PASEO DE LA REFORMA 295 COL C CDMX MX	DORMANT	MX			FINCA MICROFINANCE HOLDING COMPANY LLC	Yes	

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EC

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FINCA MICROFINANCE

HOLDING COMPANY LLC

FINCA INTERNATIONAL

FINCA MICROFINANCE

HOLDING COMPANY LLC

FINCA INTERNATIONAL

FINCA INTERNATIONAL

FINCA MICROFINANCE

FINCA MICROFINANCE

HOLDING COMPANY LLC

HOLDING COMPANY LLC

INC

INC

INC

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (b) (c) (d) (f) (g) (h) (i) (e) Direct controlling Name, address, and EIN of Primary activity Legal Type of entity Share of total Share of end-of-year Percentage Section 512 related organization domicile entity (C corp, S corp, income assets ownership (b)(13)(state or foreign or trust) controlled country) entity? Yes No FINCA AFGHANISTAN **MICROFINANCE** ΑF FINCA 3,798,413 13,944,271 62.930 % Yes **OPERATIONS** MICROFINANCE HOUSE NO 14 ST NO 4 TAIMANI KABUL COOPERATIEF UA ΑF FINCA UNIVERSAL CREDIT ORGANIZATION MICROFINANCE ΑM **FINCA** 9,442,913 35,819,103 62.930 % Yes CJSC OPERATIONS MICROFINANCE AGATANGEGHOS STREET 2A COOPERATIEF UA YEREVAN ΑM MICROFINANCE FINCA AZERBAIJAN LLC ΑJ FINCA 1,186,449 10,043,461 62.930 % Yes 44 JAFAR JABBARLI STREET **OPERATIONS** MICROFINANCE **BAKU** COOPERATIEF UA ΑJ FINCA DR CONGO SARL **MICROFINANCE** CG **FINCA** 24,088,471 63,439,098 62.930 % Yes 1286 AVE TOMBALBAYE OPERATIONS MICROFINANCE **KINSHASA** HOLDING COMPANY CG HC CG FINCA TRANSFERT SARL MICROFINANCE FINCA DR CONGO 1,833 187,932 58.920 % Yes 1286 AVE TOMBALBAYE OPERATIONS SARL **KINSHASA** CG BANCO PARA LA ASISTENCIA COMUNITARIA MICROFINANCE EC FINCA 11,042,234 53,545,552 62.930 % Yes FINCA SA **OPERATIONS** MICROFINANCE AVDA AMAZONAS N39-123 Y JOSE ARIZA HOLDING COMPANY QUITO LLC EC JSC MFO FINCA GG **MICROFINANCE** FINCA 13,653,181 61,295,480 62.930 % Yes 71 VAZHA-PSHAVELA AVENUE **OPERATIONS** MICROFINANCE COOPERATIEF UA **TBILISI** GG FINCASERVICIOS - LATINOAMERICA SA DORMANT GT FINCA 2,196 62.930 % Yes 23 CALLE 14-15 ZONA 4 MICROFINANCE **GUATEMALA CITY** HOLDING COMPANY LLC FINCA MICROFINANZAS SA DORMANT GT FINCA 62.930 % Yes 7A 11-11 AVENUE ZONE 9 MICROFINANCE **GUATEMALA CITY** HOLDING COMPANY GΤ LLC FINCA HAITI SA MICROFINANCE НΑ **FINCA** 4,806,679 9,959,162 62.930 % Yes **26 RUE METELLUS OPERATIONS** MICROFINANCE **PORTAUPRINCE** HOLDING COMPANY LLC HA FINANCIERA FINCA HONDURAS SA MICROFINANCE НО 19,971,324 62.930 % FINCA 6,759,338 Yes CENTRO MORAZAN TORRE 2 OPERATIONS MICROFINANCE HOLDING COMPANY **TEGUCIGALPA** LLC JO SPECIALIZED MICRO LOANS (PRIVATE MICROFINANCE FINCA 8,091,862 24,073,586 62.930 % Yes SHAREHOLDING COMPANY) OPERATIONS MICROFINANCE 4TH FL DURRET KHALDA HOLDING COMPANY LLC AMMAN .10 FINCA KOSOVE SHA DORMANT KVFINCA 7,650 62.930 % Yes **ROBERT DOLL ST NR 112** MICROFINANCE **PRISHTINA** HOLDING COMPANY 82,251,064 FINCA MICRO-CREDIT COMPANY CJSC MICROFINANCE KG FINCA 20,602,261 62.930 % Yes 93/2 SHOPOKOV STREET **OPERATIONS** MICROFINANCE **BISHKEK** HOLDING COMPANY LLC ΚG FINCA LIMITED (MALAWI) MICROFINANCE ΜI **FINCA** 5,669,418 12,139,820 62.930 % Yes HENDERSON STREET **OPERATIONS** MICROFINANCE **BLANTYRE** COOPERATIEF UA ΜI

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (b) (c) (d) (f) (g) (h) (i) Direct controlling Name, address, and EIN of Primary activity Legal Type of entity Share of total Share of end-of-year Percentage Section 512 related organization domicile entity (C corp, S corp, income assets ownership (b)(13)(state or foreign or trust) controlled country) entity? Yes No TENEDORA FINCA SAPI DE CV DORMANT MX **FINCA** -5,716 62.930 % Yes AV PASEO DE LA REFORMA 295 COL C MICROFINANCE CDMX HOLDING COMPANY MX LLC FINCA MICROFINANCE COOPERATIEF UA HOLDING COMPANY NL**FINCA** 3,672,701 77,281,409 62.930 % Yes **DE ENTRE 99-197** MICROFINANCE **AMSTERDAM** HOLDING COMPANY NL LLC FINCA NETWORK SUPPORT BV IT SERVICES NL FINCA 4,591,974 3,655,178 62.930 % Yes **DE ENTRE 99-197** MICROFINANCE **AMSTERDAM** COOPERATIEF UA NL FINANCIERA FINCA NICARAGUA SA MICROFINANCE NU **FINCA** 4,120,563 15,477,339 62.930 % Yes DE LA ROTONDA DEL GUEGUENSE OPERATIONS MICROFINANCE MANAGUA HOLDING COMPANY NU LLC FINCA MICROFINANCE BANK LIMITED MICROFINANCE FINCA 62.930 % ΝI 1,825,645 5,361,317 Yes PLOT 20 WETHERAL ROAD OPERATIONS MICROFINANCE **OWERRI** COOPERATIEF UA NI FINCA MICROFINANCE BANK LIMITED MICROFINANCE PΚ FINCA 34,358,906 128,911,127 54.370 % Yes 36-B KHAYABAN-E-IOBAL OPERATIONS MICROFINANCE LAHORE COOPERATIEF UA PΚ FINCA MICRO-CREDIT DEPOSIT MICROFINANCE ΤI FINCA 3,323,509 12,377,360 62.930 % Yes ORGANIZATION LLC OPERATIONS MICROFINANCE HOLDING COMPANY 9 JABBOR RASULOV STREET DUSHANBE LLC ΤI FINCA MICROFINANCE BANK LIMITED MICROFINANCE ΤZ **FINCA** 8,135,060 24,021,005 62.930 % Yes BAGAMOYO ROAD PLOT NO 34 OPERATIONS MICROFINANCE HOLDING COMPANY DAR ES SALAAM ΤZ LLC FINCA UGANDA LIMITED MICROFINANCE UG FINCA 9,489,463 31,603,439 62.930 % Yes OPERATIONS MICROFINANCE PLOT 11A ACACIA AVENUE KAMPALA COOPERATIEF UA UG FINCA ZAMBIA LIMITED MICROFINANCE ZΑ FINCA 7,000,019 12,057,841 62.930 % Yes PLOT NO 22768 ACACIA PARK OPERATIONS MICROFINANCE LUSAKA COOPERATIEF UA ZΑ FINCA ZAMBIA HOLDING LIMITED DORMANT ZΑ FINCA 931 62.930 % Yes MICROFINANCE PLOT NO 22768 ACACIA PARK HOLDING COMPANY **LUSAKA** ZΑ LLC IT SERVICES FINCASERVICES USA LLC VA FINCA 954,035 2,925,613 62.930 % Yes MICROFINANCE 21635 RED RUM DRIVE ASHBURN, VA 20147 HOLDING COMPANY 90-0866365 LLC FINCA MICROFINANCE GLOBAL SERVICES SUPPORT SERVICES DC FINCA 11,648,007 5,333,109 62.930 % Yes MICROFINANCE LLC 1201 15TH ST NW HOLDING COMPANY WASHINGTON, DC 20005 LLC 81-1408194 MICRO-FINANCE SOLUTIONS INC DORMANT CJ FINCA 100.000 % Yes PO BOX 309GT UGLAND HOUSE SOUTH C INTERNATIONAL INC **GEORGETOWN** CJ MFSI GUATEMALA SA DORMANT MICRO-FINANCE 56,440 100.000 % GT Yes 23 CALLE 14-15 ZONA 4 SOLUTIONS INC **GUATEMALA CITY** GT

(a) (b) (e) Name, address, and EIN of Primary activity Direct controlling Type of entity Share of total Share of end-of-Percentage Section 512 Legal related organization (b)(13)domicile entity (C corp, S corp, income ownership vear

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

AVDA AMAZONAS N39-123 Y JOSE ARIZA

QUITO

		country)		or trust)		assets		enti	
								Yes	No
ASESORA DE MICROFINANZAS ASEMICROFIN SA	MICROFINANCE OPERATIONS	EC	FUNDACION INTERNACIONAL	С	26,676	651,363	100.000 %	Yes	

PARA LA ASISTENCIA

COMUNITARIA DE ECUADOR

(b) (a) (c) Name of related organization Amount Involved (d) Transaction Method of determining amount involved type(a-s) FMV FINCA MICROFINANCE GLOBAL SERVICES LLC М 578,526 FINCA NETWORK SUPPORT BV М 586,416 FMV FINCA MICROFINANCE HOLDING COMPANY LLC М 263,210 FMV FINCA HAITI SA D 500,031 FMV FMV FUNDACION INTERNACIONAL PARA LA ASISTENCIA COMUNITARIA DE GUATEMALA D 3,331,951 FINCA HAITI SA 32,738 FMV

Α

N

169,546

589,190

FMV

FMV

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

FUNDACION INTERNACIONAL PARA LA ASISTENCIA COMUNITARIA DE GUATEMALA

FINCA MICROFINANCE GLOBAL SERVICES LLC