

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2023**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**A** For the 2023 calendar year, or tax year beginning

and ending

**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return (terminated)  
☐ Amended return  
☐ Application pending

**C** Name of organization

FINCA INTERNATIONAL, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
1201 15TH STREET NW, 8TH FLOORCity or town, state or province, country, and ZIP or foreign postal code  
WASHINGTON, DC 20005**F** Name and address of principal officer: ANDREE SIMON  
SAME AS C ABOVE**D** Employer identification number

13-3240109

**E** Telephone number  
(202) 682-1510**G** Gross receipts \$ 40,412,260.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No  
If 'No,' attach a list. See instructions**H(c)** Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: WWW.FINCA.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: 1984**M** State of legal domicile: NY**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>FINCA ENDS POVERTY THROUGH SUSTAINABLE AND SCALABLE SOLUTIONS (SEE PART III).</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	14
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	36
	<b>6</b> Total number of volunteers (estimate if necessary)	6	12
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
<b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year 18,753,953.	Current Year 20,874,304.
	<b>9</b> Program service revenue (Part VIII, line 2g)	1,667,513.	16,414,746.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	109,178.	421,622.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	575,724.	1,010,673.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,106,368.	38,721,345.
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
<b>Expenses</b>	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,567,668.	9,888,851.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	10,324.	18,178.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	4,043,878.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-124e)	15,383,629.	18,413,932.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	25,961,621.	28,320,861.
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-4,855,253.	10,400,484.
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 202,859,661.	End of Year 232,868,784.
	<b>21</b> Total liabilities (Part X, line 26)	57,515,434.	76,335,169.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	145,344,227.	156,533,615.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date	11/12/2024
	KUO-WEI WANG, CHIEF FINANCIAL OFFICER		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	RACHEL KAUFMAN	Rachel Kaufman	11/12/24
<b>Preparer Use Only</b>	Firm's name	Firm's EIN	PTIN
	DELOITTE TAX LLP	86-1065772	201485017
<b>Preparer Use Only</b>	Firm's address	Phone no. (703) 251-1000	
	7900 TYSONS ONE PLACE, SUITE 800 MCLEAN, VA 22102		

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

332001 12-21-23

Form **990** (2023)

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

**File a separate application for each return.**  
**Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

OMB No. 1545-0047

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Part I - Identification**

<b>Type or Print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions.  FINCA INTERNATIONAL, INC.	Taxpayer identification number (TIN)  13-3240109
	Number, street, and room or suite no. If a P.O. box, see instructions. 1201 15TH STREET NW, 8TH FLOOR	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20005	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
Plan Number \_\_\_\_\_  
Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of KUO-WEI WANG  
1201 15TH ST, NW, 8TH FLOOR - WASHINGTON, DC 20005

Telephone No. (202) 682-1510 Fax No. \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until NOVEMBER 15, 20 24, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
☒ calendar year 20 23 or  
☐ tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

**2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2024)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

FINCA ENDS POVERTY THROUGH SUSTAINABLE AND SCALABLE SOLUTIONS THAT ARE  
DRIVEN BY THE INSIGHTS AND NEEDS OF PEOPLE IN THE COMMUNITIES WHERE  
THEY LIVE AND WORK.

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

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

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

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

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

**4a** (Code: ) (Expenses \$ 718,862. including grants of \$ ) (Revenue \$ -2,501,311. )  
FINCA IMPACT FINANCE:

AS OF 2017, 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 PIVOTAL 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

**4b** (Code: ) (Expenses \$ 1,842,284. including grants of \$ ) (Revenue \$ 0. )  
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 FAMILY'S HEALTH, 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

**4c** (Code: ) (Expenses \$ 784,993. including grants of \$ ) (Revenue \$ 2,261,480. )  
FINCA VENTURES:

FINCA VENTURES INVESTS IN EARLY-STAGE COMPANIES THAT OFFER AFFORDABLE,  
HIGH-QUALITY AND LIFE-ENHANCING PRODUCTS AND SERVICES. AT PRESENT,  
FINCA VENTURES HAS INVESTMENTS IN HEALTH, FINTECH, AGRICULTURE,  
LIVELIHOODS, ENERGY, EDUCATION, WATER AND SANITATION. FINCA VENTURES'  
PORTFOLIO COMPANIES DIRECTLY CONTRIBUTE TO 14 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 OF END-CUSTOMERS.  
SCALE AND DEPTH OF IMPACT HAVE INHERENT TRADEOFFS. KEEPING THESE  
TRADEOFFS IN MIND, FINCA VENTURES SUPPORTS PORTFOLIO COMPANIES ACROSS

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ 19,480,822. including grants of \$ ) (Revenue \$ 16,654,577. )

**4e** Total program service expenses 22,826,961.



**Part IV Checklist of Required Schedules**

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

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

X

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	37
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	X

**Part V** **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 36		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>		
<b>4a</b> 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)?	<b>4a</b>	X	
<b>b</b> If "Yes," enter the name of the foreign country <u>SEE SCHEDULE O</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> 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?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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?	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</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	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>		X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>		X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>		

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

	1a	1b	14	12	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year						
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent						
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?						X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?						X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?						X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?						X
<b>6</b> Did the organization have members or stockholders?					X	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?					X	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?					X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
<b>a</b> The governing body?					X	
<b>b</b> Each committee with authority to act on behalf of the governing body?					X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O						X

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
 KUO-WEI WANG - (202) 682-1510  
 1201 15TH ST, NW, 8TH FLOOR, WASHINGTON, DC 20005

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the 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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANDREE SIMON PRESIDENT & CEO (AS OF 1/23)	25.00 25.00			X				0.	356,605.	40,143.
(2) RUPERT SCOFIELD (DECD 11/22) FORMER PRESIDENT & CEO	0.00 0.00						X	375,300.	0.	0.
(3) COLLEEN ZAKREWSKY SVP, DEVELOP & EXT. RELATIONS	40.00 0.00				X			267,318.	0.	37,524.
(4) OMER IMTIAZUDDIN MANAGING DIRECTOR - FINCA VENTURES	40.00 0.00					X		250,125.	0.	6,364.
(5) STEFAN GRUNDMANN CHIEF OPERATING OFFICER	40.00 0.00					X		215,340.	0.	35,126.
(6) DREW BOSHELL EXECUTIVE DIRECTOR AFFILIATE	40.00 0.00					X		219,910.	0.	25,963.
(7) KUO-WEI WANG CHIEF FINANCIAL OFFICER (AS OF 1/23)	40.00 0.00			X				203,890.	0.	18,304.
(8) SCOTT GRAHAM VP OF CUSTOMER RESEARCH	40.00 0.00					X		187,903.	0.	32,691.
(9) ZEENIA IRANI SENIOR DIR. - STRATEGIC INITIATIVES	40.00 0.00					X		160,516.	0.	12,265.
(10) JULIE HOUSER BOARD MEMBER/DIR. OF PEOPLE OPS & HR	40.00 0.00	X						102,548.	0.	46,558.
(11) JOHN HATCH DIRECTOR	5.00 0.00	X						72,943.	0.	0.
(12) AGRINA MUSSA DIRECTOR	5.00 0.00	X						0.	0.	0.
(13) AVANTHI SHAH DIRECTOR	5.00 0.00	X						0.	0.	0.
(14) CATHERINE MOHR DIRECTOR	5.00 0.00	X						0.	0.	0.
(15) CHANDRESH HARJIVAN DIRECTOR	5.00 0.00	X						0.	0.	0.
(16) CHARLES TREVAIL DIRECTOR	5.00 0.00	X						0.	0.	0.
(17) DANIEL GREEN DIRECTOR	5.00 0.00	X						0.	0.	0.



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DANIELA MIELKE DIRECTOR	5.00 0.00	X						0.	0.	0.
(19) DAVID WEISMAN DIRECTOR/CHAIRMAN	5.00 5.00	X						0.	0.	0.
(20) JOHN ELKINS DIRECTOR	5.00 5.00	X						0.	0.	0.
(21) JORDAN GREENAWAY DIRECTOR	5.00 0.00	X						0.	0.	0.
(22) RICHARD WILLIAMSON DIRECTOR	5.00 5.00	X						0.	0.	0.
(23) SHAWN HASSEL DIRECTOR	5.00 5.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								2,055,793.	356,605.	254,938.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								2,055,793.	356,605.	254,938.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

16

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* .....
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual* .....
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* .....

	Yes	No
<b>3</b>	X	
<b>4</b>	X	
<b>5</b>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
INTEGRATED DIRECT MARKETING, 1250 CONNECTICUT AVENUE NW, STE. 200, M&R STRATEGIC SERVICE INC., 1101 CONNECTICUT AVENUE NW, WASHINGTON, DC	ADVERTISING AND PROMOTION	3,095,181.
THE MATALE LINE 501 CONEJO ROAD, SANTA BARBARA, CA 93103	FUNDRAISING CONSULTING	584,328.
NAMES IN THE NEWS, 180 GRAND AVENUE, SUITE 1365, OAKLAND, CA 94612	MARKETING AND BRANDING CONSULTING	416,816.
DELOITTE AND TOUCHE LLP, 7900 TYSONS ONE PLACE, SUITE 800, MCLEAN, VA 22102	DIRECT MAIL LIST RENTAL AND EXCHANGE BRO	368,815.
	AUDIT AND TAX SERVICES	260,095.
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	16	

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b>	Federated campaigns .....	<b>1a</b>				
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b>				
	<b>d</b>	Related organizations .....	<b>1d</b>				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>	199,996.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	20,674,308.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 2,230,318.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		20,874,304.			
<b>Program Service Revenue</b>	<b>2 a</b>	BRANCH REVENUE-KOSOVO	Business Code	900099	16,060,783.	16,060,783.	
	<b>b</b>	FINCA VENTURES PROGRAM		900099	2,261,480.	2,261,480.	
	<b>c</b>	OTHER PROGRAM SERVICES		900099	301,840.	301,840.	
	<b>d</b>	MANAGEMENT FEES		900099	291,954.	291,954.	
	<b>e</b>	FINCA IMPACT FINANCE		522299	-2,501,311.	-2,501,311.	
	<b>f</b>	All other program service revenue .....					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....			16,414,746.		
	<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....			421,622.	
<b>4</b>		Income from investment of tax-exempt bond proceeds .....					
<b>5</b>		Royalties .....					
<b>6 a</b>		Gross rents .....	(i) Real	747,907.			
<b>b</b>		Less: rental expenses ...	(ii) Personal	909,096.			
<b>c</b>		Rental income or (loss) .....		-161,189.			
<b>d</b>		Net rental income or (loss) .....			-161,189.		-161,189.
<b>7 a</b>		Gross amount from sales of assets other than inventory .....	(i) Securities				
<b>b</b>		Less: cost or other basis and sales expenses .....	(ii) Other				
<b>c</b>		Gain or (loss) .....					
<b>d</b>		Net gain or (loss) .....					
<b>8 a</b>		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....					
<b>b</b>		Less: direct expenses .....					
<b>c</b>		Net income or (loss) from fundraising events .....					
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....						
<b>b</b>	Less: direct expenses .....						
<b>c</b>	Net income or (loss) from gaming activities .....						
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....		1,953,681.				
<b>b</b>	Less: cost of goods sold .....		781,819.				
<b>c</b>	Net income or (loss) from sales of inventory .....			1,171,862.		1,171,862.	
<b>Miscellaneous Revenue</b>	<b>11 a</b>		Business Code				
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue .....					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....					
	<b>12</b>	<b>Total revenue.</b> See instructions .....			38,721,345.	16,414,746.	0.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

☒ X

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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	893,133.	621,200.	72,126.	199,807.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....	375,300.	261,032.	30,308.	83,960.
<b>7</b> Other salaries and wages .....	6,416,916.	5,663,440.	199,849.	553,627.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	134,515.	93,559.	10,863.	30,093.
<b>9</b> Other employee benefits .....	1,790,070.	1,441,677.	194,025.	154,368.
<b>10</b> Payroll taxes .....	278,917.	193,995.	22,524.	62,398.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....	497,399.	497,399.		
<b>b</b> Legal .....	233,775.	174,785.	13,965.	45,025.
<b>c</b> Accounting .....	309,239.	212,691.	22,856.	73,692.
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17 .....	18,178.			18,178.
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) .....	4,113,252.	2,818,839.	348,357.	946,056.
<b>12</b> Advertising and promotion .....	1,260,780.	974,544.	8,970.	277,266.
<b>13</b> Office expenses .....	2,558,312.	1,509,481.	18,080.	1,030,751.
<b>14</b> Information technology .....	329,998.	329,998.		
<b>15</b> Royalties .....	392,795.	392,795.		
<b>16</b> Occupancy .....	723,268.	645,624.	25,247.	52,397.
<b>17</b> Travel .....	518,955.	432,989.	12,031.	73,935.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....	2,940,185.	2,879,372.	36,198.	24,615.
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	1,007,367.	939,372.	40,473.	27,522.
<b>23</b> Insurance .....	146,999.	94,006.	31,543.	21,450.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> LICENSE AND SUBSCRIPTIO .....	1,764,923.	1,037,501.	361,617.	365,805.
<b>b</b> OTHER DIRECT COSTS .....	744,311.	744,245.		66.
<b>c</b> PROVISION FOR LOAN LOSS .....	391,843.	391,843.		
<b>d</b> MOTOR VEHICLE EXPENSE .....	219,943.	219,943.		
<b>e</b> All other expenses .....	260,488.	256,631.	990.	2,867.
<b>25</b> Total functional expenses. Add lines 1 through 24e	28,320,861.	22,826,961.	1,450,022.	4,043,878.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	18,330,167.	<b>1</b>	21,872,137.
	<b>2</b> Savings and temporary cash investments .....	1,117,619.	<b>2</b>	2,046,943.
	<b>3</b> Pledges and grants receivable, net .....	2,382,008.	<b>3</b>	2,364,215.
	<b>4</b> Accounts receivable, net .....	3,426,726.	<b>4</b>	4,861,397.
	<b>5</b> Loans and other receivables from 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	72,430,404.	<b>7</b>	96,079,155.
	<b>8</b> Inventories for sale or use .....	0.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,318,872.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,603,203.		
		850,871.	<b>10c</b>	715,669.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	99,941,049.	<b>13</b>	100,848,689.
	<b>14</b> Intangible assets .....	637,981.	<b>14</b>	629,740.
<b>15</b> Other assets. See Part IV, line 11 .....	3,742,836.	<b>15</b>	3,450,839.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	202,859,661.	<b>16</b>	232,868,784.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	3,260,558.	<b>17</b>	4,114,746.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	164,311.	<b>19</b>	1,572,675.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	45,978,640.	<b>23</b>	63,205,826.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	8,111,925.	<b>25</b>	7,441,922.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	57,515,434.	<b>26</b>	76,335,169.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/>			
	<b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	143,687,508.	<b>27</b>	154,626,365.
	<b>28</b> Net assets with donor restrictions .....	1,656,719.	<b>28</b>	1,907,250.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/>			
	<b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
<b>32</b> <b>Total net assets or fund balances</b> .....	145,344,227.	<b>32</b>	156,533,615.	
<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	202,859,661.	<b>33</b>	232,868,784.	

Form **990** (2023)

**Part XI Reconciliation of Net Assets**

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

☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	38,721,345.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	28,320,861.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	10,400,484.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	145,344,227.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	788,904.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	156,533,615.

**Part XII Financial Statements and Reporting**

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

☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form **990** (2023)



**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

FINCA INTERNATIONAL, INC.

Employer identification number

13-3240109

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations \_\_\_\_\_

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	20,080,711.	17,180,175.	19,987,198.	18,753,953.	20,874,304.	96,876,341.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	20,080,711.	17,180,175.	19,987,198.	18,753,953.	20,874,304.	96,876,341.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						1,279,892.
<b>6 Public support.</b> Subtract line 5 from line 4.						95,596,449.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	20,080,711.	17,180,175.	19,987,198.	18,753,953.	20,874,304.	96,876,341.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	928,068.	964,717.	1,024,089.	829,507.	1,169,529.	4,915,910.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	0.	0.	0.	0.	0.	
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	17,521,136.	-631,423.	-16,119,962.	2,454,803.	17,586,608.	20,811,162.
<b>11 Total support.</b> Add lines 7 through 10						122,603,413.

<b>12</b> Gross receipts from related activities, etc. (see instructions) .....	<b>12</b>	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....		<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	77.97 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	78.72 %
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

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

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**b 33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

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

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

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

	Yes	No
<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>2a</b>		
<b>b</b> Did the activities described on line 2a, above, 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .		
<b>3a</b>		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.		
<b>3b</b>		



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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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 0.85 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>	
<b>7</b> <b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>	
<b>9</b> Distributable amount for 2023 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019			
<b>b</b> Excess from 2020			
<b>c</b> Excess from 2021			
<b>d</b> Excess from 2022			
<b>e</b> Excess from 2023			

**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.)

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SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

---

FINCA KOSOVO BRANCH INCOME

---

2019 AMOUNT: \$ 12,370,031.

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2020 AMOUNT: \$ 12,001,232.

---

2021 AMOUNT: \$ 14,245,024.

---

2022 AMOUNT: \$ 12,447,579.

---

2023 AMOUNT: \$ 16,060,783.

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FI MANAGEMENT FEES NET EQUITY METHOD ADJ

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2019 AMOUNT: \$ 185,105.

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2020 AMOUNT: \$ 258,788.

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2021 AMOUNT: \$ 203,745.

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2022 AMOUNT: \$ 226,221.

---

2023 AMOUNT: \$ 291,954.

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FI OTHER INCOME

---

2019 AMOUNT: \$ 94,735.

---

2020 AMOUNT: \$ 88,568.

---

2021 AMOUNT: \$ 114,671.

---

2022 AMOUNT: \$ 201,812.

---

2023 AMOUNT: \$ 301,840.

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FINCA PLUS OTHER INCOME

---

2019 AMOUNT: \$ -510.

---

2020 AMOUNT: \$ 5,394.

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2021 AMOUNT: \$ 0.

---

2022 AMOUNT: \$ 0.

---

**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.)

2023 AMOUNT: \$ 0.

**FINCA PLUS SALES NET OF COGS**

2019 AMOUNT: \$ 589,970.

2020 AMOUNT: \$ 692,877.

2021 AMOUNT: \$ 877,742.

2022 AMOUNT: \$ 787,290.

2023 AMOUNT: \$ 1,171,862.

**FMH PROGRAM INCOME**

2019 AMOUNT: \$ 4,233,879.

2020 AMOUNT: \$ -13,725,249.

2021 AMOUNT: \$ -31,851,974.

2022 AMOUNT: \$ -12,603,537.

2023 AMOUNT: \$ -2,501,311.

**FINCA VENTURES INCOME**

2019 AMOUNT: \$ 47,926.

2020 AMOUNT: \$ 46,967.

2021 AMOUNT: \$ 290,830.

2022 AMOUNT: \$ 1,395,438.

2023 AMOUNT: \$ 2,261,480.

**Schedule B**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

FINCA INTERNATIONAL, INC.

Employer identification number

13-3240109

Organization type (check one):

**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules**☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ .....**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)



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

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,372,410.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 965,820.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 628,740.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

13-3240109

## Part II

(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
1	SOFTWARE	\$ 1,372,410.	11/01/23
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
		\$	

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

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

FINCA INTERNATIONAL, INC.

Employer identification number

13-3240109

**Part I**

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

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

**Part II**

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

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

☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

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

**Part III**

**Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

b Assets included in Form 990, Part X ..... \$ .....

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

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

**a** ☐ Public exhibition

**d** ☐ Loan or exchange program

**b** ☐ Scholarly research

**e** ☐ Other \_\_\_\_\_

**c** ☐ Preservation for future generations

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

**1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

**c** Beginning balance

**d** Additions during the year

**e** Distributions during the year

**f** Ending balance

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	798,548.	907,730.	857,082.		
<b>b</b> Contributions	15,000.		14,728.	828,405.	
<b>c</b> Net investment earnings, gains, and losses	95,389.	-109,182.	35,920.	28,677.	
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	908,937.	798,548.	907,730.	857,082.	

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

**a** Board designated or quasi-endowment .0000 %

**b** Permanent endowment 100 %

**c** Term endowment .0000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations?

(ii) Related organizations?

	Yes	No
<b>3a(i)</b>		X
<b>3a(ii)</b>		X
<b>3b</b>		

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		2,318,872.	1,603,203.	715,669.
<b>d</b> Equipment				
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				715,669.



**Part VII Investments - Other Securities**

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

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

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INVESTMENT IN PARTNERSHIP AND SUBS	90,015,036.	COST
(2) INVESTMENT IN LLC	10,833,653.	COST
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))	100,848,689.	

**Part IX Other Assets**

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

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

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) IFRS 16 LEASE OBLIGATION	4,135,647.
(3) DEFERRED PENSION OBLIGATION	2,738,719.
(4) OTHER INTERCOMPANY PAYABLES	567,556.
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	7,441,922.

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

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

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

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

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

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

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

**Part XIII Supplemental Information**

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

PART V, LINE 4:

THE ENDOWMENT FUNDS WERE ESTABLISHED TO KEEP THE PRINCIPAL INTACT SO IT

CAN GROW OVER TIME, BUT ALLOW THE ORGANIZATION TO USE THE INVESTMENT

INCOME FOR PROGRAMS, OR OPERATIONS, OR PURPOSES SPECIFIED BY THE DONOR(S)

TO THE ENDOWMENT.

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 STATEMENTS REFLECTS TAX

RELATED ITEMS FOR ALL ENTITIES INCLUDED IN THE CONSOLIDATED FINANCIAL

STATEMENTS (INCLUDING BOTH TAX EXEMPT AND FOR-PROFIT ENTITIES).

**Part XIII** Supplemental Information (continued)

FINCA IS EXEMPT FROM TAXES ON INCOME, EXCEPT UNRELATED BUSINESS TAXABLE INCOME, UNDER PROVISION OF SECTION 501(C)(3) OF THE UNITED STATES INTERNAL REVENUE CODE AND THE APPLICABLE INCOME TAX REGULATIONS OF THE DISTRICT OF COLUMBIA. ACCORDINGLY, NO PROVISION IS MADE FOR FEDERAL INCOME TAXES IN THE CONSOLIDATED FINANCIAL STATEMENTS.

THE MOVEMENTS IN DEFERRED TAX ASSETS AND 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 LIABILITY, AMOUNTS CHARGED OR CREDITED DIRECTLY TO PROFIT OR LOSS DURING THE PERIOD, AND AMOUNTS CHARGED OR CREDITED DIRECTLY TO EQUITY DURING THE PERIOD ARE SHOWN BELOW.

IN 2023, FINCA RECORDED \$1.0 MILLION OF INCOME TAX EXPENSE ON \$8.0 MILLION OF TEMPORARY DIFFERENCES ASSOCIATED WITH FINCA'S INVESTMENTS IN SUBSIDIARIES BECAUSE IT WAS PROBABLE THAT THE TEMPORARY DIFFERENCES ASSOCIATED WITH THE DISTRIBUTION OF RETAINED EARNINGS THROUGH PAYMENTS OF DIVIDENDS WILL REVERSE IN THE FORESEEABLE FUTURE. THE TEMPORARY DIFFERENCES OF \$8.0 MILLION INCLUDED \$10.6 MILLION OF EXPECTED DISTRIBUTIONS OF RETAINED EARNINGS FROM 2023 AND \$2.6 MILLION FOR A DECREASE OF EXPECTED DISTRIBUTIONS OF RETAINED EARNINGS FROM PRIOR YEARS.

IN 2022, FINCA RECORDED \$1.2 MILLION OF INCOME TAX EXPENSE ON \$6.7 MILLION OF TEMPORARY DIFFERENCES ASSOCIATED WITH FINCA'S INVESTMENTS IN SUBSIDIARIES BECAUSE IT WAS PROBABLE THAT THE TEMPORARY DIFFERENCES ASSOCIATED WITH THE DISTRIBUTION OF RETAINED EARNINGS THROUGH PAYMENTS OF DIVIDENDS WILL REVERSE IN THE FORESEEABLE FUTURE. THE TEMPORARY

**Part XIII** Supplemental Information *(continued)*

DIFFERENCES OF \$6.7 MILLION INCLUDED \$9.5 MILLION OF EXPECTED

DISTRIBUTIONS OF RETAINED EARNINGS FROM 2022 AND \$(2.8) MILLION FOR A

DECREASE OF EXPECTED DISTRIBUTIONS OF RETAINED EARNINGS FROM PRIOR YEARS.

THE DEFERRED TAX LIABILITY RELATED TO THE FUTURE DISTRIBUTIONS OF EARNINGS

BY SUBSIDIARIES IS \$1.3 MILLION AND \$1.3 MILLION AS OF DECEMBER 31, 2023

AND 2022, RESPECTIVELY.

DEFERRED TAX ASSETS AND LIABILITIES WERE ADJUSTED AS OF JANUARY 1, 2018 AS

PER IFRS 9. ALL ADJUSTMENTS RESULTED IN CHANGES TO EQUITY.

**SCHEDULE F  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**Open to Public  
Inspection

Name of the organization

FINCA INTERNATIONAL, INC.

Employer identification number

13-3240109

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... ☐ Yes ☐ No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA	20	226	PROGRAM SERVICES	FINANCIAL SERVICES	260,252.
EUROPE (INCLUDING ICELAND & GREENLAND)	31	279	PROGRAM SERVICES	FINANCIAL SERVICES	11,016,622.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	FINANCIAL SERVICES	592.
<b>3 a</b> Subtotal .....	51	505			11,277,466.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	51	505			11,277,466.

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

Schedule F (Form 990) 2023

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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

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

**3** Enter total number of other organizations or entities .....

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

[illegible]

**Part IV Foreign Forms**

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the 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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ..... ☐ **Yes** ☒ **No**
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the 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 the 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 the Instructions for Form 8865)* ..... ☐ **Yes** ☒ **No**
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* ..... ☐ **Yes** ☒ **No**



Part V

Supplemental Information

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

PART I, LINE 3:

METHOD USED TO ACCOUNT FOR EXPENDITURES: ACCRUAL METHOD

Department of the Treasury  
Internal Revenue Service

### Supplemental Information Regarding Fundraising or Gaming Activities

**Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**

**Attach to Form 990 or Form 990-EZ.**

**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

# 2023

**Open to Public Inspection**

Name of the organization

FINCA INTERNATIONAL, INC.

Employer identification number

13-3240109

## Part I

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

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations
- b ☒ Internet and email solicitations
- c ☒ Phone solicitations
- d ☒ In-person solicitations
- e ☒ Solicitation of non-government grants
- f ☒ Solicitation of government grants
- g ☐ Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes☐ **No**

- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
QCSS - 21925 W FIELD PKWY, DEER PARK, IL 60010	TELEMARKETING		X	1,015.	18,178.	-17,163.
<b>Total</b>				1,015.	18,178.	-17,163.

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

AK, AL, AR, CA, CO, CT, DC, FL, GA, HI, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND

NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, WA, WI, WV

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

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

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

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

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

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

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

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

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

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

Name \_\_\_\_\_

Address \_\_\_\_\_

- 16** Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

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

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

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

[illegible]

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

FINCA INTERNATIONAL, INC.

Employer identification number

13-3240109

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment? .....

**b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....

**c** Participate in or receive payment from an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2023

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ANDREE SIMON PRESIDENT & CEO (AS OF 1/23)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	356,605.	0.	0.	18,578.	21,565.	396,748.	0.
(2) RUPERT SCOFIELD (DECD 11/22) FORMER PRESIDENT & CEO	(i)	0.	0.	375,300.	0.	0.	375,300.	375,300.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) COLLEEN ZAKREWSKY SVP, DEVELOP & EXT. RELATIONS	(i)	266,118.	0.	1,200.	15,367.	22,157.	304,842.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) OMER IMTIAZUDDIN MANAGING DIRECTOR - FINCA VENTURES	(i)	248,925.	0.	1,200.	4,999.	1,365.	256,489.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) STEFAN GRUNDMANN CHIEF OPERATING OFFICER	(i)	214,140.	0.	1,200.	12,605.	22,521.	250,466.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DREW BOSHELL EXECUTIVE DIRECTOR AFFILIATE	(i)	219,910.	0.	0.	0.	25,963.	245,873.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) KUO-WEI WANG CHIEF FINANCIAL OFFICER (AS OF 1/23)	(i)	202,690.	0.	1,200.	3,963.	14,341.	222,194.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) SCOTT GRAHAM VP OF CUSTOMER RESEARCH	(i)	186,703.	0.	1,200.	15,299.	17,392.	220,594.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ZEENIA IRANI SENIOR DIR. - STRATEGIC INITIATIVES	(i)	159,916.	0.	600.	3,226.	9,039.	172,781.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4A:

CERTAIN COMPENSATION OWING TO RUPERT SCOFIELD, FINCA INTERNATIONAL'S

FOUNDER AND CEO AT THE TIME OF HIS DEATH IN 2022, WAS PAID IN 2023 TO HIS

ESTATE IN THE AMOUNT OF \$375,300. PLEASE REFER TO 2022 FORM 990, SCHEDULE J

FOR FURTHER INFORMATION.



**SCHEDULE L**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

FINCA INTERNATIONAL, INC.

Employer identification number

13-3240109

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

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

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... \$

**Part II Loans to and/or From Interested Persons**

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												

Total ..... \$

**Part III Grants or Assistance Benefiting Interested Persons**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

**Part IV Business Transactions Involving Interested Persons**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIB	155,274.	ON BEHALF O		X
(2) LORRAINE O'HARA	WIFE (BENEFICIARY)	100,000.	LORRAINE O'		X
(3) JULIE HOUSER	DAUGHTER OF RUPERT	102,548.	JULIE HOUSE		X
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L. See instructions.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SUBSTANTIAL CONTRIBUTOR OF ORGANIZATION

(D) DESCRIPTION OF TRANSACTION: ON BEHALF OF FINCA NETWORK SUPPORT BV,

FINCA INTERNATIONAL, INC. PAID \$155,274 TO A SUBSTANTIAL CONTRIBUTOR IN

2023 DURING THE GENERAL COURSE OF BUSINESS. FINCA INTERNATIONAL, INC. WAS

REIMBURSED BY FINCA NETWORK SUPPORT BV FOR THE PAYMENT.

(A) NAME OF PERSON: LORRAINE O'HARA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

WIFE (BENEFICIARY) OF RUPERT SCOFIELD'S SERP

(D) DESCRIPTION OF TRANSACTION: LORRAINE O'HARA, WIDOW OF THE DECEASED

FORMER PRESIDENT &amp; CEO OF FINCA INTERNATIONAL, INC., RUPERT SCOFIELD,

RECEIVED A \$100,000 SERP PAYMENT IN 2023 AS SHE IS THE BENEFICIARY OF HIS

SERP PLAN. PLEASE REFER TO THE 2022 FORM 990, SCHEDULE J FOR FURTHER

INFORMATION.

(A) NAME OF PERSON: JULIE HOUSER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

**Part V** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

DAUGHTER OF RUPERT SCOFIELD

(D) DESCRIPTION OF TRANSACTION: JULIE HOUSER, DAUGHTER OF THE DECEASED

FORMER PRESIDENT & CEO OF FINCA INTERNATIONAL, INC., RUPERT SCOFIELD,

EARNED SALARY OF \$102,548 FROM FINCA INTERNATIONAL, INC. IN 2023 FOR HER

ROLE OF DIR. OF PEOPLE OPS & HR.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

FINCA INTERNATIONAL, INC.

Employer identification number

13-3240109

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	88	857,908.	COST OR SELLING PRICE
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ( SOFTWARE LICENS )	X	1	1,372,410.	OTHER
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

29

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 3 years from the date of the initial contribution, and which isn't required to be used for  
exempt purposes for the entire holding period? .....

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions? .....

b If "Yes," describe in Part II.

33 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.

	Yes	No
30a		X
31	X	
32a	X	
33		

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

Schedule M (Form 990) 2023

**Part II**

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

SCHEDULE M, PART I, COLUMN (B):

A COMBINATION OF BOTH.

SCHEDULE M, LINE 32B:

FINCA USES CHARLES SCHWAB BROKERAGE SERVICES TO SELL DONATED  
SECURITIES.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

FINCA INTERNATIONAL, INC.

Employer identification number

13-3240109

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

FIRMLY BELIEVES IN ECONOMIC OPPORTUNITY AND JUSTICE FOR ALL, AND

THEREFORE IS COMMITTED TO PURSUING THE ADVANCEMENT OF FINANCIAL

INCLUSION.

FINCA INTERNATIONAL IS THE FOUNDER AND MAJORITY OWNER OF FINCA IMPACT

FINANCE (FIF), A NETWORK OF 14 COMMUNITY-BASED MICRO-FINANCE

INSTITUTIONS THAT AMPLIFIES FINANCIAL INCLUSION THROUGH THE DELIVERY OF

RESPONSIBLE FINANCIAL SERVICES TO LOW-INCOME CUSTOMERS ACROSS THE

WORLD. FIF IS GUIDED BY THE BELIEF THAT ACCESSIBLE AND FLEXIBLE CREDIT,

SAVINGS, AND OTHER FINANCIAL PRODUCTS ARE CRITICAL TOOLS TO ACHIEVING

FINANCIAL HEALTH.

FOR 2023, \$1.4 BILLION US DOLLARS WERE DISBURSED IN OVER 22.3 MILLION

LOANS ACROSS ALL FIF MICRO-FINANCE INSTITUTIONS. THE TOTAL GROSS

PORTFOLIO SUMMED \$644.2 MILLION US DOLLARS. OUT OF ALL THE BORROWERS IN

THAT SAME YEAR, 40% WERE WOMEN. FURTHERMORE, THE NETWORK REPORTED 3.4

MILLION CLIENTS ACROSS ALL ITS SUBSIDIARIES. CLIENTS INCLUDED VOLUNTARY

SAVERS, GROUP LOANS BORROWERS, AND INDIVIDUAL BORROWERS. A BREAKDOWN OF

THE NUMBER OF CLIENTS PER SUBSIDIARY FOLLOWS BELOW:

AFRICA

DRC: 299,626

MALAWI: 184,285

NIGERIA: 6,666

TANZANIA: 806,267

UGANDA: 146,710

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

Schedule O (Form 990) 2023

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

ZAMBIA: 17,337

EURASIA

ARMENIA: 20,699

AZERBAIJAN: 31,099

KYRGYZSTAN: 242,776

TAJIKISTAN: 52,770

LATINA AMERICA & THE CARIBBEAN

GUATEMALA: 15,870

HAITI: 2,459

HONDURAS: 79,198

MIDDLE EAST & SOUTH ASIA

JORDAN: 26,792

PAKISTAN: 1,490,328

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

LIFE-ENHANCING PRODUCTS SUCH AS SOLAR HOME SYSTEMS AND IMPROVED

COOKSTOVES TO THE BOP MARKET AT AFFORDABLE RATES. AS IMPORTANTLY, AND

ALIGNED WITH FINCA'S 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 2023, BRIGHTLIFE EMPLOYED 100 FULL-TIME EMPLOYEES IN UGANDA AND HAD

A COMMISSION-BASED SALES DISTRIBUTION NETWORK OF APPROXIMATELY 200

AGENTS. BRIGHTLIFE SOLD 11,188 PRODUCTS OVER THE YEAR WHICH IMPROVED

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FINCA INTERNATIONAL, INC.	13-3240109

THE LIVES OF APPROXIMATELY 74,000 UGANDANS. OUR GENDER BALANCE HAS  
IMPROVED SIGNIFICANTLY. THE PROPORTION OF MALE STAFF DECREASED FROM 72%  
TO 54%, WHILE THE PROPORTION OF FEMALE STAFF INCREASED FROM 28% TO 46%.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:  
THIS SPECTRUM AS IT SEEKS TO MAXIMIZE PRODUCT AND SERVICE TO INCREASE  
SOCIAL IMPACT. FINCA VENTURES SUPPORTED 27 PORTFOLIO COMPANIES THAT  
DELIVERED LIFE-ENHANCING PRODUCTS AND SERVICES IN 39 COUNTRIES GLOBALLY  
IN 2023.

IGNITIA: 2,912,899 USERS RECEIVED ACCESS TO LOCAL WEATHER FORECASTS IN  
WEST AFRICA, KENYA AND BRAZIL.

EAST AFRICA FRUITS: 7,962 SMALLHOLDER FARMERS CONNECTED TO 8,101 SMALL,  
INFORMAL VENDORS IN TANZANIA, ALLOWING FOR BOTH GROUPS TO IMPROVE THEIR  
INCOMES.

GOOD NATURE AGRO: 15,362 SMALLHOLDER FARMERS (42 PERCENT OF WHOM ARE  
FEMALE) REACHED IN ZAMBIA AND MALAWI.

MERIDIA: 41,994 HECTARES MAPPED AND 3,831 SMALLHOLDER FARMERS PROVIDED  
WITH LAND DOCUMENTATION IN GHANA, COTE D'IVOIRE AND INDONESIA.

YYTZ: 2,400 SMALLHOLDER FARMERS (65 PERCENT OF WHOM ARE FEMALE)  
RECEIVED HIGHER CASHEW PRICES IN TANZANIA.

IMALIPAY: 10 PLATFORM PARTNERS PROVIDED WITH FINTECH-AS-A-SERVICE IN  
KENYA AND NIGERIA.



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

KUUNDA: 218M LOANS, TOTALING \$1.2B, TO OVER 5.5M REGISTERED MOBILE

MONEY AGENTS AND CONSUMERS SINCE JANUARY 2020 IN TANZANIA.

KWARA: 221 SACCO / CREDIT UNION CLIENTS FULLY DIGITIZED SERVING 210,768

END USERS IN KENYA.

MDAAS GLOBAL: 108,724 PATIENTS (61 PERCENT OF WHOM ARE FEMALE) GAINED

AFFORDABLE DIAGNOSTIC SERVICES IN NIGERIA.

SISU GLOBAL: INCREASED GEOGRAPHIC SCOPE BY SELLING THE HEMAFUSE DEVICE

THROUGH DISTRIBUTION PARTNERS IN KENYA, UGANDA, TANZANIA, GHANA,

PAKISTAN AND DONATED TO UKRAINE HOSPITALS TO BE USED IN SURGERIES TO

RECYCLE A PATIENT'S OWN BLOOD.

SANIVATION: 1,130 METRIC TONS OF FECAL SLUDGE CONVERTED TO FUEL

SUBSTITUTES, SAVING 13,178 TREES IN KENYA.

JIBU: 142M LITERS OF CLEAN WATER PROVIDED TO CUSTOMERS AND 2,998 JOBS

SUPPORTED THROUGH 180 FRANCHISES IN EAST AFRICA AND GHANA.

AMPED INNOVATION: 21,914 FAMILIES BENEFITED FROM 6,713 MWH OF CLEAN

ENERGY IN EAST AND WEST AFRICA.

ENEZA EDUCATION: 1,133,989 LEARNERS PROVIDED WITH ACCESS TO DIGITAL

CURRICULUMS IN KENYA.

PENDA: 358,056 PATIENT VISITS AT ONE OF 16 AFFORDABLE PRIMARY CARE

Name of the organization FINCA INTERNATIONAL, INC.	Employer identification number 13-3240109
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CLINICS IN KENYA.

FLOATPAYS: 27,028 EMPLOYEES PROVIDED WITH EARLY WAGE ACCESS IN SOUTH

AFRICA.

RICULT: 968,795 SMALLHOLDER FARMERS IN PAKISTAN, THAILAND AND VIETNAM

USE THE RICULT FARMER APP TO ACCESS SATELLITE IMAGERY, WEATHER AND SOIL

MAPS TO MAKE BETTER DECISIONS ON THEIR FARMS AND ACCESS INPUT

FINANCING.

CINCH: 219 SMALLHOLDER FARMERS LEASED LAND TO CINCH TO EARN A MORE

STABLE INCOME AND INCREASE THE PRODUCTIVITY OF THEIR LAND AND AN

AVERAGE OF 566 CASUAL WORKERS SUPPORTED FIELD OPERATIONS ON A MONTHLY

BASIS.

CHANZI: 4,928 MT OF FOOD WASTE PROCESSED USING BLACK SOLDIER FLIES TO

PRODUCE NUTRITIOUS PROTEIN FOR ANIMAL FEED USED BY FARMERS AND FEED

PROCESSORS IN TANZANIA AND KENYA, SUPPORTING 62 FULL-TIME EMPLOYEES

ACROSS SITES.

KENTASTE: 4,251 SMALLHOLDER FARMERS (26 PERCENT OF WHOM ARE FEMALE)

RECEIVED CONSISTENT ACCESS TO MARKET FOR THEIR COCONUTS IN KENYA.

CASSVITA: 1,115 SMALLHOLDER CASSAVA FARMERS (90 PERCENT OF WHOM ARE

FEMALE) SAW AN AVERAGE INCREASE IN INCOME OF 400% AND A POST-HARVEST

LOSS REDUCTION FROM 40 TO 5% AFTER SELLING TO CASSVITA IN CAMEROON.

RISING ACADEMIES: 272,017 STUDENTS ACROSS 946 SCHOOLS IN SIERRA LEONE,

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FINCA INTERNATIONAL, INC.	13-3240109

GHANA, LIBERIA, RWANDA, UGANDA PROVIDED ACCESS TO AFFORDABLE, QUALITY  
EDUCATION.

BANKINGLY: 106 SMALL AND MEDIUM SIZE FINANCIAL INSTITUTIONS WITH A  
REGISTERED CUSTOMER BASE OF 586,615 PROVIDED WITH DIGITAL BANKING  
CHANNELS IN OVER 20 COUNTRIES GLOBALLY.

ELUCID: 2,328 SMALLHOLDER FARMER HOUSEHOLDS PROVIDED WITH ACCESS TO  
AFFORDABLE HEALTH CARE IN GHANA, MADAGASCAR, VENEZUELA AND ECUADOR.

LAPAIRE: 66,306 CUSTOMERS (46 PERCENT WOMEN) RECEIVED ACCESS TO GLASSES  
ACROSS 56 OPTICAL SHOPS IN COTE D'IVOIRE, TOGO, BURKINA FASO, UGANDA,  
BENIN, KENYA, AND MALI.

RELEAF: 5,248 PALM NUT SUPPLIERS (70 PERCENT SMALLHOLDER FARMERS)  
PROVIDED WITH CONSISTENT ACCESS TO MARKET IN NIGERIA.

AFFINITY AFRICA: 20,000 UNDERSERVED AND UNBANKED CUSTOMERS RECEIVED  
ACCESS TO FINANCIAL SERVICES IN GHANA.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

FINCA KOSOVO BRANCH:

FINCA KOSOVO ADHERES TO FINCA INTERNATIONAL'S MISSION OF ALLEVIATING  
POVERTY THROUGH LASTING SOLUTIONS THAT HELP PEOPLE BUILD ASSETS, CREATE  
JOBS AND RAISE THEIR STANDARD OF LIVING. FINCA KOSOVO, MANAGED UNDER  
FINCA IMPACT NETWORK, IS AN UNCONVENTIONAL COMMUNITY-BASED BANK THAT  
PROFITABLY AND RESPONSIBLY PROVIDES INNOVATIVE AND IMPACTFUL FINANCIAL

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SERVICES THAT ENABLE LOW-INCOME INDIVIDUALS AND COMMUNITIES TO INVEST  
IN THEIR FUTURES.

FINCA KOSOVO PROVIDES FINANCIAL SERVICES THROUGH 30 BRANCHES AND SINCE  
2020 HAS SERVED OVER 148,000 CLIENTS. THROUGH THESE SERVICE OUTLETS,  
FINCA KOSOVO OFFERS PRODUCTS AND SERVICES THAT INCLUDE AGRICULTURE AND  
BUSINESS LOANS, WOMEN START-UP LOANS, LOANS FOR HOME IMPROVEMENT, CAR  
PURCHASE AND REGISTRATION FINANCIAL FACILITIES. SMALL BUSINESS OWNERS  
AND FARMERS COMPRISE THE MAJORITY OF ITS CUSTOMERS.

FINCA KOSOVO IS ALSO COMMITTED TO SERVING THE COMMUNITY THROUGH SOCIAL  
RESPONSIBILITY ACTIVITIES UNDERSCORING THEIR BELIEF THAT ENVIRONMENTAL  
CONSCIOUSNESS, ETHICAL BUSINESS PRACTICES, PHILANTHROPY, AND ECONOMIC  
EMPOWERMENT ARE INTERCONNECTED COMPONENTS THAT COLLECTIVELY CONTRIBUTE  
TO A SUSTAINABLE AND SOCIALLY RESPONSIBLE BUSINESS MODEL.

FINCA KOSOVO HAS BEEN CERTIFIED BY THE SMART CAMPAIGN FOR 'CUSTOMER  
PROTECTION' AND MICROFINANZA RATING (MFR) WITH CLIENT PROTECTION  
CERTIFICATION. BOTH OF THESE RECOGNITIONS REFLECT FINCA KOSOVO'S  
COMMITMENT TO CONTINUE UPHOLDING INDUSTRY-LEADING CLIENT PROTECTION  
STANDARDS IN PROVIDING RESPONSIBLE FINANCE AND HIGH ETHICAL STANDARDS  
IN THE TREATMENT OF ITS CLIENTS.

BY DECEMBER 2023, FINCA KOSOVO'S CLIENTELE INCREASED TO 29,777  
INDIVIDUALS; 6,847 MORE CLIENTS THAN THE SAME MONTH IN THE PREVIOUS  
YEAR. FEMALE BORROWERS REPRESENTED 31% OF TOTAL BORROWERS IN THIS  
INSTITUTION, WHEREAS IN 2022 THIS PERCENTAGE WAS OF 26.2%. FINCA  
KOSOVO'S TOTAL GROSS LOAN PORTFOLIO QUALITY WAS OF \$94.4M US DOLLARS

Name of the organization FINCA INTERNATIONAL, INC.	Employer identification number 13-3240109
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WITH AN AVERAGE LOAN SIZE OF \$3,760.

EXPENSES \$ 10,966,621. INCLUDING GRANTS OF \$ 0. REVENUE \$ 16,060,783.

OTHER PROGRAM SERVICES

EXPENSES \$ 8,514,201. INCLUDING GRANTS OF \$ 0. REVENUE \$ 593,794.

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

AZERBAIJAN, ARMENIA, CONGO, DEM REP, ECUADOR,

GEORGIA, GUATEMALA, HAITI, HONDURAS,

JORDAN, KYRGYZSTAN, KOSOVO, MALAWI,

NICARAGUA, NIGERIA, PAKISTAN, TAJIKISTAN,

TANZANIA, UGANDA, ZAMBIA

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

PER FINCA INTERNATIONAL'S CONSTITUENT DOCUMENTS, MEMBERS ARE THE FUNCTIONAL

EQUIVALENT OF SHAREHOLDERS BUT HOLD NO ECONOMIC INTEREST. THEY ACT AS

STEWARDS OF THE CHARITABLE MISSION AND SERVE AS THE ULTIMATE GOVERNANCE

AUTHORITY OF THE ORGANIZATION. FINCA INTERNATIONAL HAS 4 (FOUR) MEMBERS,

EACH OF WHOM HAVE EQUAL VOTING RIGHTS AND DEVOTE CONSIDERABLE TIME AND

ATTENTION TO ITS ACTIVITIES. MEMBERSHIPS IN FINCA INTERNATIONAL ARE NOT

SOLD AS FUNDRAISING MECHANISMS.

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

PER THE BYLAWS OF THE ORGANIZATION, THE MEMBERS HAVE POWER TO MAKE

APPOINTMENTS TO, ACCEPT RESIGNATIONS, MAKE SUBSTITUTIONS FOR, AND REMOVE

PERSONS FROM THE BOARD OF DIRECTORS.

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

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

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

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

THE FORM 990 IS PRESENTED TO THE 990 REVIEW TEAM COMPOSED OF THE AUDIT COMMITTEE AND REPRESENTATIVES FROM MANAGEMENT TEAM, FINANCE AND LEGAL. THE REVIEW TEAM SURVEYS THE DOCUMENT AND A MEETING IS SCHEDULED TO DISCUSS ANY QUESTIONS WITH THE CFO. REVIEWING PROCESS INCLUDES SURVEYING SECTIONS, SCHEDULES, CHECKLISTS AND DISCLOSURES OF THE RETURN PLUS CORRESPONDING APPROVALS.

FORM 990, PART VI, SECTION B, LINE 12C:

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

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

COMPENSATION FOR THE PRESIDENT & CEO IS DETERMINED ANNUALLY BY THE EXECUTIVE COMMITTEE. THE PRESIDENT & CEO RECUSES HERSELF FROM THAT

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

THE PROCESS FOR DETERMINING ALL OFFICERS' COMPENSATION IS PERFORMED BY THE HUMAN RESOURCES DEPARTMENT AND REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS EXECUTIVE COMMITTEE. THE PROCESS INCLUDES A REVIEW OF OTHER FORM 990S AND COMPENSATION SURVEYS, AND THERE IS CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION. THE REVIEW IS PERFORMED ANNUALLY.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK,AL,AR,CA,CO,CT,FL,GA,HI,IL,KS,KY,LA,MA,MD,MI,MN,MS,NC,NH,NJ,NM,NY,OK,OR  
PA,RI,SC,TN,UT,VA,WI,WV

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST AND ON ITS OWN WEBSITE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL SERVICES:

PROGRAM SERVICE EXPENSES	2,818,839.
MANAGEMENT AND GENERAL EXPENSES	348,357.
FUNDRAISING EXPENSES	946,056.
TOTAL EXPENSES	4,113,252.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	4,113,252.

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

CURRENCY TRANSLATION ADJUSTMENTS	670,812.
RESERVE ADJUSTMENT	183,040.

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

ACTUARIAL GAINS (LOSSES) IN DEFINED BENEFIT PENSION PLAN,

NET OF TAX	-64,948.
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TOTAL TO FORM 990, PART XI, LINE 9	788,904.
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**SCHEDULE R  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023****Open to Public  
Inspection**

Name of the organization

FINCA INTERNATIONAL, INC.

Employer identification number

13-3240109

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
FINCA PLUS, LLC - 46-4312538 1201 15TH ST NW, 8TH FLOOR WASHINGTON, DC 20005	SOLAR ENERGY PRODUCTS	DELAWARE	1,660,957.	3,153,648.	FINCA INTERNATIONAL, INC.
FINCA CAPITAL FUND, LLC - 26-0648736 1201 15TH ST NW, 8TH FLOOR WASHINGTON, DC 20005	DORMANT	DELAWARE	0.	0.	FINCA INTERNATIONAL, INC.
FINCA LICENSING & SUPPORT LLC 1201 15TH ST NW, 8TH FLOOR WASHINGTON, DC 20005	DORMANT	DELAWARE	0.	0.	FINCA INTERNATIONAL, INC.

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
FUNDACION INTEGRAL COMUNITARIA, AC AV. PASEO DE LA REFORMA 295, COL. CUAUHTEMOC CDMX, MEXICO	DORMANT	MEXICO			FINCA MICROFINANCE HOLDING COMPANY	X	
FUNDACION INTERNACIONAL PARA LA ASISTENCIA COMUNITARIA DEL ECUADOR, AVDA. AMAZONAS N39-123 Y JOSE ARIZAGA, EDIFICIO AMAZONAS,	DORMANT	ECUADOR			FINCA INTERNATIONAL, INC.	X	
FINCA HAITI 26, RUE METELLUS, PETIONVILLE PORT-AU-PRINCE, HAITI	DORMANT	HAITI			FINCA MICROFINANCE HOLDING COMPANY	X	
FINCA HONDURAS LOMAS DE GUIJARRO, EDIFICIO DE PLAZA AZUL IN TEGUCIGALPA, HONDURAS	DORMANT	HONDURAS			FINCA INTERNATIONAL, INC.	X	

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2023

**Part II Continuation of Identification of Related Tax-Exempt Organizations**

[illegible]

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
FINCA MICROFINANCE HOLDING COMPANY LLC - 45-0793602, 1201 15TH ST NW, 8TH FLOOR, WASHINGTON, DC 20005	HOLDING COMPANY	DC	FINCA INTERNATIONAL, INC.	RELATED	9,206,962.	121,072,739.		X	N/A	X		65.89%

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
FINCA UNIVERSAL CREDIT ORGANIZATION CJSC AGATANGEGHOS STREET, 2A YEREVAN, ARMENIA	MICROFINANCE OPERATIONS	ARMENIA	FINCA MICROFINANCE COOPERATIEF	C CORP	8,502,870.	45,220,410.	65.89%	X	
FINCA AZERBAIJAN LLC 44 JAFAR JABBARLI STREET BAKU, AZERBAIJAN	MICROFINANCE OPERATIONS	AZERBAIJAN	FINCA MICROFINANCE COOPERATIEF	C CORP	7,100,240.	24,102,243.	65.89%	X	
FINCA D.R. CONGO SARL 1286 AVE TOMBALBAYE KINSHASA, CONGO (KINSHASA)	MICROFINANCE OPERATIONS	CONGO (KINSHASA)	FINCA MICROFINANCE HOLDING	C CORP	30,668,567.	75,666,930.	65.89%	X	
FINCA TRANSFERT SARL 1286 AVE TOMBALBAYE KINSHASA, CONGO (KINSHASA)	MICROFINANCE OPERATIONS	CONGO (KINSHASA)	FINCA D.R. CONGO SARL	C CORP	401,715.	1,424,082.	61.69%	X	
FINCASERVICIOS - LATINOAMERICA SA 23 CALLE 14-15, ZONA 4 GUATEMALA CITY, GUATEMALA	DORMANT	GUATEMALA	FINCA MICROFINANCE HOLDING	C CORP	0.	2,261.	65.89%	X	

**Part IV** Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
FINCA MICROFINANZAS, S.A. 7A. 11-11 AVENUE, ZONE 9 GUATEMALA CITY, GUATEMALA	DORMANT	GUATEMALA	FINCA MICROFINANCE HOLDING	C CORP	0.	0.	65.89%	X	
FINCA HAITI SA 26, RUE METELLUS PORT-AU-PRINCE, HAITI	MICROFINANCE OPERATIONS	HAITI	FINCA MICROFINANCE HOLDING	C CORP	1,986,040.	2,654,671.	65.89%	X	
FINANCIERA FINCA HONDURAS, S.A. LOMAS DE GUIJARRO SUR TEGUCIGALPA, HONDURAS	MICROFINANCE OPERATIONS	HONDURAS	FINCA MICROFINANCE HOLDING	C CORP	0.	0.	.00%	X	
SPECIALIZED MICRO LOANS (PRIVATE SHAREHOLDING COMPANY), 4TH FL. DURRET, KHALDA, AMMAN, JORDAN	MICROFINANCE OPERATIONS	JORDAN	FINCA MICROFINANCE HOLDING	C CORP	6,169,764.	22,211,873.	65.89%	X	
FINCA KOSOVE S.H.A. ROBERT DOLL ST. NR. 112 PRISHTINA, OTHER COUNTRY	DORMANT	KOSOVO	FINCA MICROFINANCE HOLDING	C CORP	0.	0.	65.89%	X	
FINCA MICRO-CREDIT COMPANY CJSC 93/2 SHOPOKOV STREET BISHKEK, KYRGYZSTAN	MICROFINANCE OPERATIONS	KYRGYZSTAN	FINCA MICROFINANCE HOLDING	C CORP	22,963,046.	105,204,402.	65.89%	X	
FINCA LIMITED (MALAWI) HENDERSON STREET BLANTYRE, MALAWI	MICROFINANCE OPERATIONS	MALAWI	FINCA MICROFINANCE COOPERATIEF	C CORP	7,628,421.	10,919,819.	65.89%	X	
FINCA MICROFINANCE COOPERATIEF U.A. DE ENTRE 99-197 AMSTERDAM, NETHERLANDS	HOLDING COMPANY	NETHERLANDS	FINCA MICROFINANCE HOLDING	C CORP	1,643,499.	64,692,086.	65.89%	X	
FINCA NETWORK SUPPORT BV DE ENTRE 99-197 AMSTERDAM, NETHERLANDS	IT SERVICES	NETHERLANDS	FINCA MICROFINANCE COOPERATIEF	C CORP	7,088,590.	2,715,206.	65.89%	X	
FINANCIERA FINCA NICARAGUA, S.A. DE LA ROTONDA DEL GUEGUENSE MANAGUA, NICARAGUA	MICROFINANCE OPERATIONS	NICARAGUA	FINCA MICROFINANCE HOLDING	C CORP	69,961.	302,653.	65.89%	X	
FINCA MICROFINANCE BANK LIMITED PLOT 20 WETHERAL ROAD OWERRI, NIGERIA	MICROFINANCE OPERATIONS	NIGERIA	FINCA MICROFINANCE COOPERATIEF	C CORP	1,691,858.	3,853,521.	65.89%	X	
FINCA MICROFINANCE BANK LIMITED 36-B, KHAYABAN-E-IQBAL LAHORE, PAKISTAN	MICROFINANCE OPERATIONS	PAKISTAN	FINCA MICROFINANCE COOPERATIEF	C CORP	15,481,722.	50,330,410.	56.93%	X	

**Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust**

[illegible]

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<b>1a</b> X	
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b> X	
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	X
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b> X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b> X	
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b> X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b> X	
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	X
<b>2</b> If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FINCA MICROFINANCE GLOBAL SERVICES, LLC	M	819,654.	FMV
(2) FINCA NETWORK SUPPORT BV	M	447,717.	FMV
(3) FINCA MICROFINANCE HOLDING COMPANY LLC	M	330,456.	FMV
(4) FINCA HAITI SA	D	907,341.	FMV
(5) FUNDACION INTERNACIONAL PARA LA ASISTENCIA COMUNITARIA DE GUATEMALA	D	3,428,148.	FMV
(6) FINCA UGANDA LIMITED	D	332,900.	FMV

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) FINCA HAITI	A	55,374.	FMV
FUNDACION INTERNACIONAL PARA LA ASISTENCIA COMUNITARIA DE			
(8) GUATEMALA	A	150,159.	FMV
(9) FINCA MICROFINANCE GLOBAL SERVICES, LLC	N	747,907.	FMV
(10) FINCA MICROFINANCE GLOBAL SERVICES, LLC	P	258,749.	FMV
(11) FINCA NETWORK SUPPORT BV	P	88,551.	FMV
(12) FINCA NETWORK SUPPORT BV	Q	510,769.	FMV
(13) FINCA MICROFINANCE GLOBAL SERVICES, LLC	Q	273,996.	FMV
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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.

[illegible]



**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

## PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

FUNDACION INTEGRAL COMUNITARIA, AC

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

NAME AND ADDRESS OF RELATED ORGANIZATION:

FUNDACION INTERNACIONAL PARA LA ASISTENCIA COMUNITARIA DEL

ECUADOR

AVDA. AMAZONAS N39-123 Y JOSE ARIZAGA, EDIFICIO AMAZONAS

QUITO, ECUADOR

NAME OF RELATED ORGANIZATION:

FINCA HAITI

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

NAME OF RELATED ORGANIZATION:

FUNDACION INTERNACIONAL PARA LA ASISTENCIA COMUNITARIA DE

NICARAGUA

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

NAME OF RELATED ORGANIZATION:

FUNDACION INTERNACIONAL PARA LA ASISTENCIA COMUNITARIA DE

GUATEMALA

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

## PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

NAME OF RELATED ORGANIZATION:

FINCA UNIVERSAL CREDIT ORGANIZATION CJSC

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE COOPERATIEF U.A.

NAME OF RELATED ORGANIZATION:

FINCA AZERBAIJAN LLC

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE COOPERATIEF U.A.

NAME OF RELATED ORGANIZATION:

FINCA D.R. CONGO SARL

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

NAME OF RELATED ORGANIZATION:

FINCASERVICIOS - LATINOAMERICA SA

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

NAME OF RELATED ORGANIZATION:

FINCA MICROFINANZAS, S.A.

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

NAME OF RELATED ORGANIZATION:

FINCA HAITI SA

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

NAME OF RELATED ORGANIZATION:

FINANCIERA FINCA HONDURAS, S.A.

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

NAME OF RELATED ORGANIZATION:

SPECIALIZED MICRO LOANS (PRIVATE SHAREHOLDING COMPANY)

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

NAME OF RELATED ORGANIZATION:

FINCA KOSOVE S.H.A.

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

NAME OF RELATED ORGANIZATION:

FINCA MICRO-CREDIT COMPANY CJSC

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

NAME OF RELATED ORGANIZATION:

FINCA LIMITED (MALAWI)

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE COOPERATIEF U.A.

NAME OF RELATED ORGANIZATION:

FINCA MICROFINANCE COOPERATIEF U.A.

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

NAME OF RELATED ORGANIZATION:

FINCA NETWORK SUPPORT BV

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE COOPERATIEF U.A.

NAME OF RELATED ORGANIZATION:

FINANCIERA FINCA NICARAGUA, S.A.

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

NAME OF RELATED ORGANIZATION:

FINCA MICROFINANCE BANK LIMITED

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE COOPERATIEF U.A.

NAME OF RELATED ORGANIZATION:

FINCA MICROFINANCE BANK LIMITED

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE COOPERATIEF U.A.

NAME OF RELATED ORGANIZATION:

FINCA MICRO-CREDIT DEPOSIT ORGANIZATION LLC

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

NAME OF RELATED ORGANIZATION:

FINCA MICROFINANCE BANK LIMITED

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

NAME OF RELATED ORGANIZATION:

FINCA UGANDA LIMITED

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE COOPERATIEF U.A.

NAME OF RELATED ORGANIZATION:

FINCA ZAMBIA LIMITED

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE COOPERATIEF U.A.

NAME OF RELATED ORGANIZATION:

FINCA ZAMBIA HOLDING LIMITED

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

NAME OF RELATED ORGANIZATION:

FINCA MICROFINANCE GLOBAL SERVICES, LLC

DIRECT CONTROLLING ENTITY: FINCA MICROFINANCE HOLDING COMPANY LLC

NAME OF RELATED ORGANIZATION:

ASESORA DE MICROFINANZAS ASEMICROFIN SA

DIRECT CONTROLLING ENTITY: FUNDACION INTERNACIONAL PARA LA ASISTENCIA

COMUNITARIA DE ECUADOR