

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2020

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation): Do not enter social security numbers on this form as it may be made public.

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

Form 990 Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning 04-01-2020, and ending 03-31-2021

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

C Name of organization OXFAM-AMERICA INC, Doing business as, Number and street (or P.O. box if mail is not delivered to street address) 226 CAUSEWAY STREET 5TH FLOOR, Room/suite, City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02114

D Employer identification number 23-7069110, E Telephone number (617) 482-1211, G Gross receipts \$ 114,423,364

F Name and address of principal officer: ABBY MAXMAN, 226 CAUSEWAY STREET 5TH FLOOR, BOSTON, MA 02114

H(a) Is this a group return for subordinates? No, H(b) Are all subordinates included? No, H(c) Group exemption number

I Tax-exempt status: 501(c)(3)

J Website: WWW.OXFAMAMERICA.ORG

K Form of organization: Corporation

L Year of formation: 1974, M State of legal domicile: MA

Part I Summary

Table with 4 main sections: Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for mission statement, membership counts, revenue breakdown, and asset/liability totals.

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.

Sign Here: Signature of officer, Date 2021-08-13, Name ABBY MAXMAN PRESIDENT & CEO

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date 2021-08-13, Firm's name CBIZ MHM LLC, Firm's address 500 BOYLSTON STREET BOSTON, MA 02114

May the IRS discuss this return with the preparer shown above? (see instructions) Yes

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

OXFAM AMERICA IS AN INTERNATIONAL RELIEF AND DEVELOPMENT ORGANIZATION THAT CREATES LASTING SOLUTIONS TO POVERTY, HUNGER, AND INJUSTICE. WITH INDIVIDUALS AND LOCAL GROUPS IN MORE THAN 80 COUNTRIES, OXFAM SAVES LIVES, HELPS PEOPLE OVERCOME POVERTY AND FIGHTS FOR SOCIAL JUSTICE.

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 \$ **20,788,605** including grants of \$ **14,483,975**) (Revenue \$)
 SAVING LIVEMERGENCY RESPONSE AND PREPAREDNESS: OXFAM WORKS WITH LOCAL PARTNERS AND GOVERNMENTS TO SAVE LIVES IN EMERGENCIES. RESPONDING TO THE COVID-19 PANDEMIC, WE HAVE WORKED WITH NEARLY 700 PARTNERS TO REACH OVER 14 MILLION PEOPLE IN 68 COUNTRIES WITH FOOD, WATER, SOAP, CASH ASSISTANCE, AND PUBLIC INFORMATION CAMPAIGNS TO PREVENT THE SPREAD OF COVID-19. OXFAM ALSO WORKS TO STRENGTHEN LOCAL CAPACITY TO PREPARE FOR AND RESPOND TO DISASTERS. IN THE PHILIPPINES WE HELPED LOCAL LEADERS DEVELOP AND IMPLEMENT DISASTER RESPONSE PLANS. IN CENTRAL AMERICA, PARTNERS ORGANIZED COMMUNITY COMMISSIONS TO IDENTIFY RISKS, DEVELOP SOLUTIONS, AND EMPOWER LOCAL PEOPLE, IN PARTICULAR WOMEN, TO PROTECT THEIR COMMUNITIES AGAINST CLIMATE-RELATED AND OTHER CRISES.

4b (Code:) (Expenses \$ **17,828,544** including grants of \$ **11,005,091**) (Revenue \$)
 PROGRAMS TO OVERCOME POVERTY AND INJUSTICE: OXFAM WORKS FOR LONG-TERM SOLUTIONS TO END INEQUALITY POVERTY AND INJUSTICE. WE WORK ALONGSIDE PARTNERS AND PROVIDE GRANTS AND TECHNICAL ASSISTANCE TO BUILD FAIR ECONOMIES, PROTECT LAND AND WATER RIGHTS, CREATE EQUITABLE AND SUSTAINABLE FOOD SYSTEMS, AND ADVANCE THE RIGHTS AND LEADERSHIP OF WOMEN AND GIRLS. IN EL SALVADOR OXFAM AND OUR PARTNERS ADDRESS GENDER INEQUALITY AND GENDER-BASED VIOLENCE THROUGH EDUCATION AND PSYCHOSOCIAL CARE FOR YOUTH AND FAMILIES, REACHING 125,000 PEOPLE IN OVER 550 EDUCATION CENTERS LAST YEAR. IN GHANA, OXFAM HELPS CITIZEN ACTIVISTS PUSH FOR TRANSPARENT AND ACCOUNTABLE MANAGEMENT OF OIL AND GAS REVENUES TO REDUCE INEQUALITY AND CORRUPTION AND IMPROVE PUBLIC HEALTH AND EDUCATION SERVICES.

4c (Code:) (Expenses \$ **17,090,235** including grants of \$ **6,596,414**) (Revenue \$)
 CAMPAIGNING FOR SOCIAL JUSTICE: OXFAM CAMPAIGNS TO CHANGE UNJUST POLICIES THAT KEEP PEOPLE TRAPPED IN POVERTY. WE FIGHT FOR EQUALITY, CLIMATE JUSTICE, GENDER JUSTICE, SUSTAINABLE FOOD SYSTEMS, AND HUMAN RIGHTS IN EMERGENCIES. WE CHALLENGE GOVERNMENTS, CORPORATIONS, AND INSTITUTIONS TO USE THEIR POWER TO IMPROVE PEOPLES' LIVES AND SHIFT POWER TO LOCAL ACTORS. LAST YEAR OXFAM CONVENED THE PEOPLE'S VACCINE ALLIANCE, BRINGING TOGETHER DOZENS OF CIVIL SOCIETY ORGANIZATIONS TO FIGHT FOR A FREE, EQUITABLE COVID-19 VACCINE. WE LAUNCHED A PEOPLE'S VACCINE LETTER WITH OVER 200 PROMINENT SIGNATORIES, PUBLISHED REPORTS HIGHLIGHTING EXTREME VACCINE INEQUITY AND HOARDING BY WEALTHY NATIONS, AND FILED SHAREHOLDER RESOLUTIONS TO PRESSURE MAJOR PHARMACEUTICAL COMPANIES TO MAKE VACCINES AFFORDABLE AND ACCESSIBLE TO ALL.

(Code:) (Expenses \$ **17,329,825** including grants of \$ **44,987**) (Revenue \$)
 PUBLIC EDUCATION

4d Other program services (Describe in Schedule O.)
 (Expenses \$ **17,329,825** including grants of \$ **44,987**) (Revenue \$)

4e Total program service expenses **73,037,209**

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1 through 21, with sub-questions 11a-e and 12a-b. Each row has a corresponding 'Yes' and 'No' checkbox column.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with 16 main rows (2a-16) and sub-rows (a-f). Columns include question text, response boxes (e.g., 2a, 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, 16), and Yes/No/Amount columns. Row 2a contains the value 308.

If "Yes," complete Form 4720, Schedule O.

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

Table with 2 columns: Question, Answer. Row 17: List the states with which a copy of this Form 990 is required to be filed. MA, AL, AK, AZ, AR, CA, CT, DE, FL, GA, HI, ID, IL, IA, KS, KY, LA, ME, MD, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SD, TN, TX, UT, VT, VA, WA, DC, WV, WI, WY. Row 18: Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O). Row 19: Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. Row 20: State the name, address, and telephone number of the person who possesses the organization's books and records: CYNTHIA CRONAN 226 CAUSEWAY STREET 5TH FLOOR BOSTON, MA 021142206 (617) 294-5745

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 instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization 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 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SINGH SMITA CHAIR	3.50 0.00	X		X				0	0	0
(2) HAMILTON JOE H VICE CHAIR	3.50 0.00	X		X				0	0	0
(3) SHACHOY JAMEY TREASURER	2.50 0.00	X		X				0	0	0
(4) REGAN JACK SECRETARY	1.00 0.00	X		X				0	0	0
(5) ALI MOHAMAD DIRECTOR	1.00 0.00	X						0	0	0
(6) FRETT LATANYA DIRECTOR	1.00 0.00	X						0	0	0
(7) OTERO MARIA DIRECTOR	1.00 0.00	X						0	0	0
(8) SHAH SONAL DIRECTOR	1.00 0.00	X						0	0	0
(9) TSAI DABIE DIRECTOR	1.00 0.00	X						0	0	0
(10) WILLIAMS KIM DIRECTOR	1.00 0.00	X						0	0	0
(11) BEBBINGTON ANTHONY DIRECTOR	1.00 0.00	X						0	0	0
(12) TORRENS TARA DIRECTOR	1.00 0.00	X						0	0	0
(13) SINGHAL ANIL DIRECTOR (UNTIL 6/2020)	1.00 0.00	X						0	0	0
(14) MUNANA CARL DIRECTOR	1.00 0.00	X						0	0	0
(15) SEIDMAN RICKI DIRECTOR	1.00 0.10	X						0	0	0
(16) SILBERMAN MICHAEL DIRECTOR	1.00 0.00	X						0	0	0
(17) KHARAS HOMI DIRECTOR	1.00 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JAYWICKRAMA SHERINE DIRECTOR	1.00 0.00	X						0	0	0
(19) AKLILU BISLAT DIRECTOR	1.00 0.00	X						0	0	0
(20) GREEN-RILEY NAIMA DIRECTOR	1.00 0.00	X						0	0	0
(21) MAXMAN ABBY PRESIDENT	39.90 0.10			X				392,124	0	48,941
(22) CRONAN CYNTHIA INTERIM CFO/ASST. TREAS. (AS OF 3/20)	39.00 1.00			X				153,199	0	17,520
(23) TSONGAS ASHLEY CHIEF OF STAFF / ASSISTANT SECRETARY	40.00 0.00			X				189,508	0	37,764
(24) KURMANN THOMAS VP, RESOURCE DEVELOPMENT (AS OF 5/20)	40.00 0.00				X			165,984	0	26,380
(25) O'BRIEN DANIEL PAUL VP, POLICY AND ADVOCACY (UNTIL 3/21)	38.00 2.00				X			252,041	0	41,100
(26) SUMAR FATEMA VP, GLOBAL PROGRAMS (UNTIL 2/21)	40.00 0.00				X			255,710	0	40,309
(27) CASTERA ANGELINE VP OF PEOPLE, CULTURE AND GLOBAL HR	40.00 0.00				X			244,296	0	42,152
(28) PERERA MALINI ANDREA VP OF PUBLIC ENGAGEMENT	40.00 0.00				X			216,153	0	37,868
(29) CUMMINGS GINA VP ADVOCACY, ALLIANCES & POLICY (AS OF 12/20)	39.00 1.00				X			172,610	0	41,378
(30) MURIU MUTHONI SR DIR OF INTERNATIONAL (UNTIL 6/20)	40.00 0.00					X		198,745	0	10,296
(31) LAWSON-LARTEGO LATE DIRECTOR, INCLUSIVE & RESILIENT FOOD	40.00 0.00					X		177,480	0	37,164
(32) MALLETTE KENNETH DIRECTOR, MARKETING STRATEGY	40.00 0.00					X		175,337	0	17,799
(33) DELGADO LINDA DIR. OF GOVERNMENT AFF (UNTIL 9/20)	40.00 0.00					X		185,728	0	20,700
(34) NOTICK PHILIP ENTERPRISE TECHNICAL ARCHITECT	40.00 0.00					X		172,363	0	8,621
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								2,951,278	0	427,992

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 **▶ 76**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

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
FACEBOOK INC 15161 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	ADVERTISING/PUBLICITY	770,763
M&R STRATEGIC SERVICES 1101 CONNECTICUT AVE NW 7TH FLOOR WASHINGTON, DC 20036	FUNDRAISING	657,389
O'BRIEN GARRETT 1726 M STREET NW SUITE 300 WASHINGTON, DC 20036	FUNDRAISING	525,309
POINT B INC 60 STATE STREET SUITE 700 BOSTON, MA 02109	CONSULTING	445,200
DSTRB LTD PETRAM DIGITAL 8-10 SOUTH STREET EPSON SURREY KT18 7PF UK	ADVERTISING/PUBLICITY	370,000

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 11**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	107,251,906				
	g Noncash contributions included in lines 1a - 1f:\$	1g	3,310,772				
h Total. Add lines 1a-1f			107,251,906				
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue.						
	g Total. Add lines 2a-2f.						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		312,378			312,378	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		54,612			54,612	
	6a Gross rents	(i) Real					
		(ii) Personal					
		6a					
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	6,804,400				
		(ii) Other					
		7a					
		b Less: cost or other basis and sales expenses	7b	6,058,086			
	c Gain or (loss)	7c	746,314				
	d Net gain or (loss)		746,314			746,314	
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18							
	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19							
	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a MISCELLANEOUS REVENUE	900099	68			68		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		68					
12 Total revenue. See instructions			108,365,278	0	0	1,113,372	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).
 Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,008,557	1,008,557		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	31,121,910	31,121,910		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,590,630	1,105,811	1,187,857	296,962
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	25,575,534	19,702,686	2,322,398	3,550,450
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,323,525	982,004	161,172	180,349
9 Other employee benefits	5,731,141	4,059,834	740,180	931,127
10 Payroll taxes	1,950,090	1,370,373	273,063	306,654
11 Fees for services (non-employees):				
a Management				
b Legal	461,238	150,585	135,150	175,503
c Accounting	251,023	97,273	153,750	
d Lobbying	112,739	112,739		
e Professional fundraising services. See Part IV, line 17	1,101,554			1,101,554
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	7,159,427	5,660,458	644,434	854,535
12 Advertising and promotion	1,565,210	124,819	180	1,440,211
13 Office expenses	2,434,961	209,347	67,281	2,158,333
14 Information technology	1,831,533	1,027,776	197,528	606,229
15 Royalties				
16 Occupancy	2,791,207	2,047,791	403,168	340,248
17 Travel	469,720	456,135	3,191	10,394
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	178,917	173,668	332	4,917
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	372,854	334,285	21,262	17,307
23 Insurance	131,207	39,103	89,047	3,057
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEMBERSHIPS/DUES/SUBS.	3,604,954	2,109,985	445,311	1,049,658
b PRINTING AND PUBLICATIO	1,053,282	26,571	3,665	1,023,046
c POSTAGE AND SHIPPING	676,677	7		676,670
d				
e All other expenses	2,587,437	1,115,492	912,814	559,131
25 Total functional expenses. Add lines 1 through 24e	96,085,327	73,037,209	7,761,783	15,286,335
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

Table with columns (A) Beginning of year, (B) End of year, and rows for Assets (1-16) and Liabilities (17-26). Includes sub-sections for Net Assets or Fund Balances (27-33) and a checkbox for FASB ASC 958 compliance.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	108,365,278
2	Total expenses (must equal Part IX, column (A), line 25)	2	96,085,327
3	Revenue less expenses. Subtract line 2 from line 1	3	12,279,951
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	57,776,839
5	Net unrealized gains (losses) on investments	5	7,232,213
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	497,250
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	77,786,253

Part XII Financial Statements and Reporting

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

		Yes	No
1	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 in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	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	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Additional Data

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Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A
(Form 990 or 990EZ)

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 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
OXFAM-AMERICA INC

Employer identification number

23-7069110

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

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2020; 15 Public support percentage for 2019; 16a 33 1/3% support test—2020; b 33 1/3% support test—2019; 17a 10%-facts-and-circumstances test—2020; b 10%-facts-and-circumstances test—2019; 18 Private foundation.

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 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. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2020. 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 <input type="checkbox"/>		
b 33 1/3% support tests—2019. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <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>		
2	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>		
3a	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	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>		
c	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>		
4a	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	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>		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a	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	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
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)

- 11** Has the organization accepted a gift or contribution from any of the following persons?

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

Section B. Type I Supporting Organizations

- 1** Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*

	Yes	No
1		
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*

	Yes	No
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?

	Yes	No
1		
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*

	Yes	No
2		
- 3** By reason of the relationship described in 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 Part VI the role the organization's supported organizations played in this regard.*

	Yes	No
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):

- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*

	Yes	No
2a		
- b** Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

	Yes	No
2b		

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in Part VI.*

	Yes	No
3a		
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI. the role played by the organization in this regard.*

	Yes	No
3b		

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

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

Section A - Adjusted Net Income

(A) Prior Year

(B) Current Year
(optional)

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

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year
(optional)

1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 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 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

Current Year

1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

- 7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

(continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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

Facts And Circumstances Test

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

Schedule B

(Form 990, 990-EZ, or 990-PF)

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 for the latest information.

OMB No. 1545-0047

2020

Name of the organization
OXFAM-AMERICA INC

Employer identification number

23-7069110

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (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 foundation

Check 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 other 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 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
OXFAM-AMERICA INC

Employer identification number
23-7069110

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
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization
OXFAM-AMERICA INC

Employer identification number
23-7069110

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(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
OXFAM-AMERICA INC

Employer identification number

23-7069110

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 information once. See instructions.) ▶ \$ _____

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	
_____ _____		_____ _____	

Additional Data

Return to Form

Software ID:

Software Version:

2020

Open to Public Inspection

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization OXFAM-AMERICA INC

Employer identification number

23-7069110

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
2 Political campaign activity expenditures (see instructions)
3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
2 Enter the amount of any excise tax incurred by organization managers under section 4955
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a Was a correction made?
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.
4 Did the filing organization file Form 1120-POL for this year?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. Rows 1-6.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	112													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	112,627													
c Total lobbying expenditures (add lines 1a and 1b)	112,739													
d Other exempt purpose expenditures	80,684,253													
e Total exempt purpose expenditures (add lines 1c and 1d)	80,796,992													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
h Subtract line 1g from line 1a. If zero or less, enter -0-	0													
i Subtract line 1f from line 1c. If zero or less, enter -0-	0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	253,799	236,587	222,525	112,739	825,650
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	55,286	149,861	185,601	112	390,860

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation

Additional Data

Return to Form

Software ID:
Software Version:

Supplemental Financial Statements

2020

Open to Public Inspection

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization OXFAM-AMERICA INC

Employer identification number

23-7069110

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor and grantee information.

Part II Conservation Easements.

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

Form for Part II Conservation Easements. Includes checkboxes for various types of easements, a table for 'Held at the End of the Year' with rows 2a-2d, and several text-based questions regarding monitoring, expenses, and reporting.

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements and amounts for art and historical treasures.

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	10,663,523	10,794,257	10,108,676	8,471,826	7,469,676
b Contributions				836,675	
c Net investment earnings, gains, and losses	3,439,685	-95,739	715,404	827,388	1,025,408
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	34,491	34,995	29,823	27,213	23,258
g End of year balance	14,068,717	10,663,523	10,794,257	10,108,676	8,471,826

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 16.900 %
 - b** Permanent endowment ▶ 18.720 %
 - c** Term endowment ▶ 64.380 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | Yes | No |
| (ii) Related organizations | Yes | No |
| 3b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		3,311,753	2,392,045	919,708
d Equipment		5,645,756	5,532,334	113,422
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,033,130

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 _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

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
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	5,072,790

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	118,617,698
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	7,232,213	
b	Donated services and use of facilities	2b	1,546,549	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	1,473,658	
e	Add lines 2a through 2d			2e 10,252,420
3	Subtract line 2e from line 1			3 108,365,278
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b			4c 0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5 108,365,278

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

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

1	Total expenses and losses per audited financial statements		1	98,421,880
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	1,546,549	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	790,004	
e	Add lines 2a through 2d			2e 2,336,553
3	Subtract line 2e from line 1			3 96,085,327
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b			4c 0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5 96,085,327

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4:	OXFAM UTILIZES A TOTAL RETURN SPENDING POLICY FROM ITS ENDOWMENT TO SUPPORT OPERATIONS. UNDER THE POLICY, UP TO 5% OF THE THREE YEAR ROLLING MARKET VALUE MAY BE UTILIZED. THE MARKET VALUE OF THE ENDOWMENT INCLUDES THE CORPUS OF ENDOWMENT GIFTS PLUS ACCUMULATED UNSPENT GAINS THAT HAVE NOT BEEN APPROPRIATED IN PRIOR PERIODS.
PART X, LINE 2:	OA ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS BASED ON A "MORE LIKELY THAN NOT" THRESHOLD TO THE RECOGNITION OF THE TAX POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION UNDER SCRUTINY BY THE APPLICABLE TAXING AUTHORITY. IF A TAX POSITION OR POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF THOSE POSITIONS, THE UNRECOGNIZED TAX BENEFIT IS ESTIMATED BASED ON A "CUMULATIVE PROBABILITY ASSESSMENT" THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR ALL UNCERTAIN TAX POSITIONS. INTEREST AND PENALTIES ASSESSED, IF ANY, ARE ACCRUED AS INCOME TAX EXPENSE. OA HAS IDENTIFIED ITS TAX STATUS AND CLASSIFICATION OF REVENUE AS RELATED OR UNRELATED UNDER THAT STATUS AS ITS ONLY SIGNIFICANT TAX POSITIONS. OA HAS DETERMINED THAT SUCH TAX POSITIONS DO NOT RESULT IN UNCERTAINTIES REQUIRING RECOGNITION. OA IS NOT CURRENTLY UNDER EXAMINATION BY ANY TAXING JURISDICTION AND ITS FEDERAL AND STATE INCOME TAX RETURNS ARE GENERALLY OPEN FOR EXAMINATION FOR THREE YEARS FOLLOWING THE DATE FILED.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	OXFAM AMERICA ACTION FUND REVENUE 976,407. CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 497,251.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	OXFAM AMERICA ACTION FUND EXPENSES 790,004.

Additional Data

[Return to Form](#)

Software ID:
Software Version:

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

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

▶ Attach to Form 990.

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

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
OXFAM-AMERICA INC

Employer identification number

23-7069110

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 or 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 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
(1) CENTRAL AMERICA AND THE CARIBBEAN	2	33	PROGRAM SERVICES	PROGRAMS TO SAVE LIVES AND OVERCOME POVERTY AND INJUSTICE	7,155,358
(2) SOUTH AMERICA	1	23	PROGRAM SERVICES	PROGRAMS TO SAVE LIVES AND OVERCOME POVERTY AND INJUSTICE	2,040,251
(3) SUB-SAHARAN AFRICA	6	121	PROGRAM SERVICES	PROGRAMS TO SAVE LIVES AND OVERCOME POVERTY AND INJUSTICE	10,421,099
(4) CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS/PARTNER SUPPORT		3,211,892
(5) SOUTH AMERICA	0	0	GRANTS/PARTNER SUPPORT		1,266,774
(6) SUB-SAHARAN AFRICA	0	0	GRANTS/PARTNER SUPPORT		8,446,485
(7) EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS/PARTNER SUPPORT		4,640,709
(8) EAST ASIA AND THE PACIFIC	0	0	GRANTS/PARTNER SUPPORT		2,457,347
(9) MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS/PARTNER SUPPORT		2,926,945
(10) SOUTH ASIA	0	0	GRANTS/PARTNER SUPPORT		1,915,671
(11) NORTH AMERICA	0	0	GRANTS/PARTNER SUPPORT		1,199,879
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	0	177			39,639,915
b Total from continuation sheets to Part I	0	0			6,042,495
c Totals (add lines 3a and 3b)	0	177			45,682,410

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.

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		CENTRAL AMERICA AND THE CARIBBEAN	OTHER HUMANITARIAN INTERVENTION	155,493	WIRE			
(2)		CENTRAL AMERICA AND THE CARIBBEAN	NATURAL DISASTER RESPONSE	185,000	WIRE			
(3)		CENTRAL AMERICA AND THE CARIBBEAN	LIVELIHOODS (NON AGRICULTURE)	10,000	WIRE			
(4)		CENTRAL AMERICA AND THE CARIBBEAN	OTHER HUMANITARIAN INTERVENTION	25,000	WIRE			
(5)		CENTRAL AMERICA AND THE CARIBBEAN	CLIMATE CHANGE	105,000	WIRE			
(6)		CENTRAL AMERICA AND THE CARIBBEAN	RESOURCE MANAGEMENT	28,138	WIRE			
(7)		CENTRAL AMERICA AND THE CARIBBEAN	GENERAL ADVOCACY	69,362	WIRE			
(8)		CENTRAL AMERICA AND THE CARIBBEAN	DISASTER RISK REDUCTION	15,000	WIRE			
(9)		CENTRAL AMERICA AND THE CARIBBEAN	OTHER HUMANITARIAN INTERVENTION	130,259	WIRE			
(10)		CENTRAL AMERICA AND THE CARIBBEAN	NATURAL DISASTER RESPONSE	139,948	WIRE			
(11)		CENTRAL AMERICA AND THE CARIBBEAN	WATER AND AGRICULTURE	30,000	WIRE			
(12)		CENTRAL AMERICA AND THE CARIBBEAN	NATURAL DISASTER RESPONSE	93,446	WIRE			
(13)		CENTRAL AMERICA AND THE CARIBBEAN	AID EFFECTIVENESS	13,000	WIRE			
(14)		CENTRAL AMERICA AND THE CARIBBEAN	CORPORATE ENGAGEMENT	10,000	WIRE			
(15)		CENTRAL AMERICA AND THE CARIBBEAN	DISASTER RISK REDUCTION	610,000	WIRE			
(16)		CENTRAL AMERICA AND THE CARIBBEAN	INDIGENOUS PEOPLES RIGHTS	7,000	WIRE			
(17)		CENTRAL AMERICA AND THE CARIBBEAN	OTHER HUMANITARIAN INTERVENTION	43,750	WIRE			
(18)		CENTRAL AMERICA AND THE CARIBBEAN	WOMENS EMPOWERMENT	20,000	WIRE			
(19)		CENTRAL AMERICA AND THE CARIBBEAN	DISASTER RISK REDUCTION	6,200	WIRE			
(20)		CENTRAL AMERICA AND THE CARIBBEAN	NATURAL DISASTER RESPONSE	43,750	WIRE			
(21)		CENTRAL AMERICA AND THE CARIBBEAN	EXTRACTIVE INDUSTRIES	40,000	WIRE			
(22)		CENTRAL AMERICA AND THE CARIBBEAN	OTHER HUMANITARIAN INTERVENTION	43,750	WIRE			
(23)		CENTRAL AMERICA AND THE CARIBBEAN	RESOURCE MANAGEMENT	240,000	WIRE			
(24)		CENTRAL AMERICA AND THE CARIBBEAN	ACTIVE CITIZENS	30,000	WIRE			
(25)		CENTRAL AMERICA AND THE CARIBBEAN	POLICY AND ADVOCACY	50,000	WIRE			
(26)		CENTRAL AMERICA AND THE CARIBBEAN	POLICY AND ADVOCACY	100,000	WIRE			
(27)		CENTRAL AMERICA AND THE CARIBBEAN	WOMENS EMPOWERMENT	16,350	WIRE			
(28)		CENTRAL AMERICA AND THE CARIBBEAN	OTHER HUMANITARIAN INTERVENTION	170,746	WIRE			
(29)		CENTRAL AMERICA AND THE CARIBBEAN	LIVELIHOODS (NON AGRICULTURE)	43,340	WIRE			
(30)		CENTRAL AMERICA AND THE CARIBBEAN	RESOURCE MANAGEMENT	246,000	WIRE			
(31)		CENTRAL AMERICA AND THE CARIBBEAN	RESOURCE MANAGEMENT	358,316	WIRE			
(32)		CENTRAL AMERICA AND THE CARIBBEAN	WOMENS EMPOWERMENT	26,862	WIRE			
(33)		CENTRAL AMERICA AND THE CARIBBEAN	WOMENS EMPOWERMENT	86,183	WIRE			
(34)		CENTRAL AMERICA AND THE CARIBBEAN	WOMENS EMPOWERMENT	20,000	WIRE			
(35)		EAST ASIA AND THE PACIFIC	DISASTER RISK REDUCTION	31,960	WIRE			
(36)		EAST ASIA AND THE PACIFIC	DISASTER RISK REDUCTION	200,000	WIRE			
(37)		EAST ASIA AND THE PACIFIC	NATURAL DISASTER RESPONSE	52,869	WIRE			
(38)		EAST ASIA AND THE PACIFIC	DISASTER RISK REDUCTION	934,800	WIRE			
(39)		EAST ASIA AND THE PACIFIC	WOMENS EMPOWERMENT	13,700	WIRE			
(40)		EAST ASIA AND THE PACIFIC	NATURAL DISASTER RESPONSE	100,000	WIRE			
(41)		EAST ASIA AND THE PACIFIC	LIVELIHOODS (NON AGRICULTURE)	70,000	WIRE			
(42)		EAST ASIA AND THE PACIFIC	WOMENS EMPOWERMENT	24,944	WIRE			
(43)		EAST ASIA AND THE PACIFIC	LIVELIHOODS (NON AGRICULTURE)	20,000	WIRE			
(44)		EAST ASIA AND THE PACIFIC	EXTRACTIVE INDUSTRIES	287,000	WIRE			
(45)		EAST ASIA AND THE PACIFIC	NATURAL DISASTER RESPONSE	15,000	WIRE			
(46)		EAST ASIA AND THE PACIFIC	POLICY AND ADVOCACY	40,000	WIRE			
(47)		EAST ASIA AND THE PACIFIC	RESOURCE MANAGEMENT	259,423	WIRE			
(48)		EAST ASIA AND THE PACIFIC	LIVELIHOODS (NON AGRICULTURE)	43,860	WIRE			
(49)		EAST ASIA AND THE PACIFIC	POLICY AND ADVOCACY	222,913	WIRE			
(50)		EAST ASIA AND THE PACIFIC	EXTRACTIVE INDUSTRIES	50,000	WIRE			
(51)		EAST ASIA AND THE PACIFIC	WORKER RIGHTS	25,000	WIRE			
(52)		EAST ASIA AND THE PACIFIC	POLICY AND ADVOCACY	32,600	WIRE			
(53)		EAST ASIA AND THE PACIFIC	DISASTER RISK REDUCTION	33,278	WIRE			
(54)		EUROPE (INCLUDING ICELAND & GREENLAND)	POLICY AND ADVOCACY	555,917	WIRE			
(55)		EUROPE (INCLUDING ICELAND & GREENLAND)	POLICY AND ADVOCACY	142,843	WIRE			
(56)		EUROPE (INCLUDING ICELAND & GREENLAND)	WOMENS EMPOWERMENT	855,507	WIRE			
(57)		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	766,110	WIRE			
(58)		EUROPE (INCLUDING ICELAND & GREENLAND)	POLICY AND ADVOCACY	640,034	WIRE			
(59)		EUROPE (INCLUDING ICELAND & GREENLAND)	RESOURCE MANAGEMENT	250,000	WIRE			
(60)		EUROPE (INCLUDING ICELAND & GREENLAND)	CLIMATE CHANGE	23,000	WIRE			
(61)		EUROPE (INCLUDING ICELAND & GREENLAND)	WORKER RIGHTS	197,368	WIRE			
(62)		EUROPE (INCLUDING ICELAND & GREENLAND)	POLICY AND ADVOCACY	184,491	WIRE			
(63)		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	50,000	WIRE			
(64)		EUROPE (INCLUDING ICELAND & GREENLAND)	POLICY AND ADVOCACY	334,700	WIRE			
(65)		EUROPE (INCLUDING ICELAND & GREENLAND)	HEALTH	202,638	WIRE			
(66)		EUROPE (INCLUDING ICELAND & GREENLAND)	POLICY AND ADVOCACY	104,746	WIRE			
(67)		EUROPE (INCLUDING ICELAND & GREENLAND)	POLICY AND ADVOCACY	313,355	WIRE			
(68)		EUROPE (INCLUDING ICELAND & GREENLAND)	CLIMATE CHANGE	20,000	WIRE			
(69)		MIDDLE EAST AND NORTH AFRICA	OTHER HUMANITARIAN INTERVENTION	143,957	WIRE			
(70)		MIDDLE EAST AND NORTH AFRICA	POLICY AND ADVOCACY	416,667	WIRE			
(71)		MIDDLE EAST AND NORTH AFRICA	ACCOUNTABLE GOVERNANCE	40,763	WIRE			
(72)		MIDDLE EAST AND NORTH AFRICA	OTHER HUMANITARIAN INTERVENTION	66,000	WIRE			
(73)		MIDDLE EAST AND NORTH AFRICA	NATURAL DISASTER RESPONSE	200,000	WIRE			
(74)		MIDDLE EAST AND NORTH AFRICA	HEALTH	859,091	WIRE			
(75)		MIDDLE EAST AND NORTH AFRICA	OTHER HUMANITARIAN INTERVENTION	234,169	WIRE			
(76)		MIDDLE EAST AND NORTH AFRICA	POLICY AND ADVOCACY	58,323	WIRE			
(77)		MIDDLE EAST AND NORTH AFRICA	WOMENS EMPOWERMENT	150,000	WIRE			
(78)		MIDDLE EAST AND NORTH AFRICA	HEALTH	113,636	WIRE			
(79)		MIDDLE EAST AND NORTH AFRICA	ACCOUNTABLE GOVERNANCE	40,000	WIRE			
(80)		MIDDLE EAST AND NORTH AFRICA	ACTIVE CITIZENS	30,000	WIRE			
(81)		MIDDLE EAST AND NORTH AFRICA	OTHER HUMANITARIAN INTERVENTION	430,566	WIRE			
(82)		MIDDLE EAST AND NORTH AFRICA	OTHER HUMANITARIAN INTERVENTION	143,763	WIRE			
(83)		SOUTH AMERICA	ACCOUNTABLE GOVERNANCE	43,948	WIRE			
(84)		SOUTH AMERICA	RESOURCE MANAGEMENT	10,000	WIRE			
(85)		SOUTH AMERICA	CLIMATE CHANGE	35,000	WIRE			
(86)		SOUTH AMERICA	RESOURCE MANAGEMENT	5,000	WIRE			
(87)		SOUTH AMERICA	INDIGENOUS PEOPLES RIGHTS	44,000	WIRE			
(88)		SOUTH AMERICA	CORPORATE ENGAGEMENT	10,000	WIRE			
(89)		SOUTH AMERICA	CLIMATE CHANGE	70,830	WIRE			
(90)		SOUTH AMERICA	OTHER HUMANITARIAN INTERVENTION	80,000	WIRE			
(91)		SOUTH AMERICA	NATURAL DISASTER RESPONSE	70,000	WIRE			
(92)		SOUTH AMERICA	RESOURCE MANAGEMENT	30,000	WIRE			
(93)		SOUTH AMERICA	RESOURCE MANAGEMENT	10,000	WIRE			
(94)		SOUTH AMERICA	EXTRACTIVE INDUSTRIES	40,000	WIRE			
(95)		SOUTH AMERICA	EXTRACTIVE INDUSTRIES	13,792	WIRE			
(96)		SOUTH AMERICA	INDIGENOUS PEOPLES RIGHTS	65,000	WIRE			
(97)		SOUTH AMERICA	CLIMATE CHANGE	24,636	WIRE			
(98)		SOUTH AMERICA	ACCOUNTABLE GOVERNANCE	22,500	WIRE			
(99)		SOUTH AMERICA	ACCESS TO NATURAL RESOURCES	22,500	WIRE			
(100)		SOUTH AMERICA	INDIGENOUS PEOPLES RIGHTS	10,000	WIRE			
(101)		SOUTH AMERICA	RESOURCE MANAGEMENT	75,000	WIRE			
(102)		SOUTH AMERICA	INDIGENOUS PEOPLES RIGHTS	25,000	WIRE			
(103)		SOUTH AMERICA	WOMENS EMPOWERMENT	223,909	WIRE			
(104)		SOUTH AMERICA	CLIMATE CHANGE	18,250	WIRE			
(105)		SOUTH AMERICA	NATURAL DISASTER RESPONSE	190,909	WIRE			
(106)		SOUTH AMERICA	LIVELIHOODS (NON AGRICULTURE)	70,000	WIRE			
(107)		SOUTH AMERICA	ACCOUNTABLE GOVERNANCE	20,000	WIRE			
(108)		SOUTH AMERICA	ACCOUNTABLE GOVERNANCE	6,500	WIRE			
(109)		SOUTH AMERICA	INDIGENOUS PEOPLES RIGHTS	20,000	WIRE			
(110)		SOUTH AMERICA	INDIGENOUS PEOPLES RIGHTS	10,000	WIRE			
(111)		SOUTH ASIA	DEBT SWAP	48,000	WIRE			
(112)		SOUTH ASIA	DISASTER RISK REDUCTION	200,000	WIRE			
(113)		SOUTH ASIA	OTHER HUMANITARIAN INTERVENTION	212,957	WIRE			
(114)		SOUTH ASIA	NATURAL DISASTER RESPONSE	50,000	WIRE			
(115)		SOUTH ASIA	CORPORATE ENGAGEMENT	10,000	WIRE			
(116)		SOUTH ASIA	NATURAL DISASTER RESPONSE	75,000	WIRE			
(117)		SOUTH ASIA	LIVELIHOODS (NON AGRICULTURE)	30,000	WIRE			
(118)		SOUTH ASIA	HEALTH	57,236	WIRE			
(119)		SOUTH ASIA	ACCOUNTABLE GOVERNANCE	112,886	WIRE			
(120)		SOUTH ASIA	POLICY AND ADVOCACY	55,000	WIRE			
(121)		SOUTH ASIA	NATURAL DISASTER RESPONSE	15,000	WIRE			
(122)		SOUTH ASIA	DISASTER RISK REDUCTION	140,000	WIRE			
(123)		SOUTH ASIA	WOMENS EMPOWERMENT	34,900	WIRE			
(124)		SOUTH ASIA	DISASTER RISK REDUCTION	700,000	WIRE			
(125)		SOUTH ASIA	WOMENS EMPOWERMENT	50,000	WIRE			
(126)		SOUTH ASIA	WOMENS EMPOWERMENT	79,237	WIRE			
(127)		SOUTH ASIA	HEALTH	45,455	WIRE			
(128)		SUB-SAHARAN AFRICA	EXTRACTIVE INDUSTRIES	29,131	WIRE			
(129)		SUB-SAHARAN AFRICA	ACCOUNTABLE GOVERNANCE	79,763	WIRE			
(130)		SUB-SAHARAN AFRICA	EXTRACTIVE INDUSTRIES	46,655	WIRE			
(131)		SUB-SAHARAN AFRICA	CORPORATE ENGAGEMENT	15,000	WIRE			
(132)		SUB-SAHARAN AFRICA	OTHER HUMANITARIAN INTERVENTION	70,000	WIRE			
(133)		SUB-SAHARAN AFRICA	WATER AND AGRICULTURE	476,847	WIRE			
(134)		SUB-SAHARAN AFRICA	WOMENS EMPOWERMENT	104,000	WIRE			
(135)		SUB-SAHARAN AFRICA	NATURAL DISASTER RESPONSE	272,727	WIRE			
(136)		SUB-SAHARAN AFRICA	LIVELIHOODS RECOVERY	175,439	WIRE			
(137)		SUB-SAHARAN AFRICA	EXTRACTIVE INDUSTRIES	1,036,245	WIRE			
(138)		SUB-SAHARAN AFRICA	POLICY AND ADVOCACY	143,135	WIRE			
(139)		SUB-SAHARAN AFRICA	RESOURCE MANAGEMENT	250,000	WIRE			
(140)		SUB-SAHARAN AFRICA	NATURAL DISASTER RESPONSE	37,906	WIRE			
(141)		SUB-SAHARAN AFRICA	EXTRACTIVE INDUSTRIES	165,508	WIRE			
(142)		SUB-SAHARAN AFRICA	RESOURCE MANAGEMENT	250,000	WIRE			
(143)		SUB-SAHARAN AFRICA	LIVELIHOODS (NON AGRICULTURE)	77,915	WIRE			
(144)		SUB-SAHARAN AFRICA	CORPORATE ENGAGEMENT	14,000	WIRE			
(145)		SUB-SAHARAN AFRICA	WOMENS EMPOWERMENT	30,000	WIRE			
(146)		SUB-SAHARAN AFRICA	CLIMATE CHANGE	20,000	WIRE			
(147)		SUB-SAHARAN AFRICA	NATURAL DISASTER RESPONSE	272,750	WIRE			
(148)		SUB-SAHARAN AFRICA	HEALTH	39,277	WIRE			
(149)		SUB-SAHARAN AFRICA	EXTRACTIVE INDUSTRIES	412,071	WIRE			
(150)		SUB-SAHARAN AFRICA	POLICY AND ADVOCACY	103,545	WIRE			
(151)		SUB-SAHARAN AFRICA	EXTRACTIVE INDUSTRIES	40,000	WIRE			
(152)		SUB-SAHARAN AFRICA	POLICY AND ADVOCACY	97,600	WIRE			
(153)		SUB-SAHARAN AFRICA	POLICY AND ADVOCACY	83,588	WIRE			
(154)		SUB-SAHARAN AFRICA	NATURAL DISASTER RESPONSE	57,068	WIRE			
(155)		SUB-SAHARAN AFRICA	COMPLEX EMERGENCY RESPONSE	80,000	WIRE			
(156)		SUB-SAHARAN AFRICA	CLIMATE CHANGE	13,100	WIRE			
(157)		SUB-SAHARAN AFRICA	DEBT SWAP	30,000	WIRE			
(158)		SUB-SAHARAN AFRICA	ACCOUNTABLE GOVERNANCE	40,000	WIRE			
(159)		SUB-SAHARAN AFRICA	LIVELIHOODS (NON AGRICULTURE)	37,915	WIRE			
(160)		SUB-SAHARAN AFRICA	EXTRACTIVE INDUSTRIES	363,772	WIRE			
(161)		SUB-SAHARAN AFRICA	RESOURCE MANAGEMENT	250,000	WIRE			
(162)		SUB-SAHARAN AFRICA	LIVELIHOODS (NON AGRICULTURE)	70,000	WIRE			
(163)		SUB-SAHARAN AFRICA	HEALTH	90,909	WIRE			
(164)		SUB-SAHARAN AFRICA	ACCOUNTABLE GOVERNANCE	55,056	WIRE			
(165)		SUB-SAHARAN AFRICA	LIVELIHOODS RECOVERY	39,712	WIRE			
(166)		SUB-SAHARAN AFRICA	EXTRACTIVE INDUSTRIES	165,849	WIRE			
(167)		SUB-SAHARAN AFRICA	RESOURCE MANAGEMENT	100,000	WIRE			
(168)		SUB-SAHARAN AFRICA	NATURAL DISASTER RESPONSE	30,000	WIRE			
(169)		SUB-SAHARAN AFRICA	GENERAL ADVOCACY	38,800	WIRE			
(170)		SUB-SAHARAN AFRICA	HEALTH	113,637	WIRE			
(171)		SUB-SAHARAN AFRICA	RESOURCE MANAGEMENT	40,000	WIRE			
(172)		SUB-SAHARAN AFRICA	EXTRACTIVE INDUSTRIES	205,895	WIRE			
(173)		SUB-SAHARAN AFRICA	EXTRACTIVE INDUSTRIES	220,000	WIRE			
(174)		SUB-SAHARAN AFRICA	POLICY AND ADVOCACY	129,				

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.

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

Part IV Foreign Forms

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

Part V Supplemental Information

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

ReturnReference	Explanation
PART I, LINE 2:	PROGRAM OFFICERS MEET WITH PARTNERS AND VISIT THE PROJECT REGULARLY TO ASSESS WHETHER THE FUNDS HAVE BEEN USED FOR THE INTENDED PURPOSE. PROGRAM AND FINANCIAL EXPENDITURE REPORTS ARE ALSO PREPARED BY THE PARTNERS IN CONJUNCTION WITH LOCAL PROGRAM OFFICERS. FINAL REPORTS ARE COMPLETED BY PARTNERS AND SUBMITTED TO OXFAM AMERICA UPON COMPLETION OF THE PROJECT. PROJECTS MAY BE AUDITED AS NEEDED OR AS REQUIRED BY CONTRACT PROVISION. THERE ARE NO AUDIT THRESHOLDS EXCEPT AS REQUIRED BY CONTRACT, AND AUDITS ARE CONDUCTED AT THE DISCRETION OF THE REGIONAL OFFICE AND ARE BASED ON THE REGIONAL DIRECTOR'S, COUNTRY DIRECTOR'S, AND OFFICE STAFF'S COMFORT LEVEL WITH THE PARTNER AND PROJECT OVERALL. ALL FINANCIAL AND NARRATIVE REPORTS ARE STORED IN OXFAM AMERICA'S GRANT MANAGEMENT SYSTEM.
PART III ACCOUNTING METHOD:	

Additional Data

Software ID:

Software Version:

Supplemental Information Regarding
Fundraising or Gaming Activities

2020

Open to Public Inspection

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

▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
OXFAM-AMERICA INC

Employer identification number
23-7069110

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 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			
1 M&R STRATEGIC SERVICES 1101 CONNECTICUT AVE NW 7TH FLOOR WASHINGTON, DC 20036	FUNDRAISING & CONSULTING		No	0	642,670	0
2 O'BRIEN GARRETT 1133 19TH ST NW SUITE 300 WASHINGTON, DC 20036	FUNDRAISING & TELEMARKETING		No	0	428,872	0
3 TELEFUND INC PO BOX 120557 BOSTON, MA 02112	FUNDRAISING & TELEMARKETING		No	0	19,501	0
4 MAL WARWICK DONORDIGITAL 2550 NINTH STREET SUITE 103 BERKELEY, CA 94710	FUNDRAISING & CONSULTING		No	0	10,500	0
5						
6						
7						
8						
9						
10						
Total					1,101,543	

- 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.

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

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

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

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

Name ▶ -----

Address ▶ -----

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

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

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

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B:	THE PAYMENT TO M+R STRATEGIC SERVICES INCLUDES \$49,708 CONSIDERED AS PAYMENT FOR CONSULTING SERVICES.
SCHEDULE G, PART I, LINE 2B:	THE PAYMENT TO MAL WARWICK DONORDIGITAL INCLUDES \$7,025 CONSIDERED AS PAYMENT FOR CONSULTING SERVICES.

**Schedule I
(Form 990)**

Department of the
Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization
OXFAM-AMERICA INC

Employer identification number
23-7069110

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ALIANZA AMERICAS 1638 S BLUE ISLAND CHICAGO,IL 60608	34-2066826	501(C)(3)	25,000				POLICY AND ADVOCACY
(2) NEW WAY MISSISSIPPI INC PO BOX 24404 JACKSON,MS 39225	73-1631055	501(C)(3)	65,000				WORKER RIGHTS
(3) ONE VOICE INC 1072 JR LYNCH STREET JACKSON,MS 30203	02-0787550	501(C)(3)	10,000				INDIGENOUS PEOPLES RIGHTS
(4) WESTERN NORTH CAROLINA WORKERS CENTER PO BOX 3025 MARION,NC 28752	86-1120732	501(C)(3)	15,000				WORKER RIGHTS
(5) DEPENDABLE SOURCE CORP COMMUNITY & WORKFORCE DEVELOPMENT 1840 S WEST STREET SUITE A JACKSON,MS 39201	46-5456087	501(C)(3)	30,000				WORKER RIGHTS
(6) WORKPLACE JUSTICE PROJECT (LOYOLA UNIVERSITY NEW ORLEANS) 6363 ST CHARLES AVE NEW ORLEANS,LA 70118	72-0408946	501(C)(3)	30,000				INDIGENOUS PEOPLES RIGHTS
(7) URBAN LEAGUE OF LOUISIANA 4640 S CARROLLTON AVENUE SUITE 210 NEW ORLEANS,LA 70119	72-0423627	501(C)(3)	40,000				INDIGENOUS PEOPLES RIGHTS
(8) URBAN LEAGUE OF LOUISIANA 4640 S CARROLLTON AVENUE SUITE 210 NEW ORLEANS,LA 70119	72-0423627	501(C)(3)	45,000				WORKER RIGHTS
(9) NATIONAL DAY LABORER ORGANIZING NETWORK 1030 S ARROYO PKWY SUITE 106 PASADENA,CA 91105	20-8802586	501(C)(3)	25,000				POLICY AND ADVOCACY
(10) FUNDACION PARA EL DEBIDO PROCESO LEGAL 1779 MASSACHUSETTS AVE NW SUITE 710 710 WASHINGTON,DC 20036	52-1973930	501(C)(3)	30,000				POLICY AND ADVOCACY
(11) EARTH RIGHTS INTERNATIONAL 1612 K STREET NW SUITE 800 WASHINGTON,DC 20006	04-3265555	501(C)(3)	150,000				EXTRACTIVE INDUSTRIES
(12) INTER-MUJERES PUERTO RICO CORP PO BOX 70351 SAN JUAN,PR 009368351	66-0826532	501(C)(3)	105,000				WOMENS EMPOWERMENT
(13) PROYECTO MATRIA INC	66-0641575	501(C)(3)	30,000				COMPLEX EMERGENCY

PO BOX 1334 CAGUAS,PR 00726							RESPONSE
(14) COALICION DE COALICIONES PRO PERSONAS SIN HOGAR DE PR INC 606 AVE TITO CASTRO SUITE 201-B LA RAMBLA PLAZA PONCE,PR 00716	66-0635464	501(C)(3)	20,000				HEALTH
(15) REBIRTH INC PO BOX 3708 SALISBURY,MD 21802	52-2335544	501(C)(3)	20,000				WORKER RIGHTS
(16) MONGABAY LATAM PO BOX 0291 MENLO PARK,CA 94026	45-3714703	501(C)(3)	12,000				CLIMATE CHANGE
(17) GREATER MINNESOTA WORKER CENTER 2719 W DIVISION ST STE 103 ST CLOUD,MN 56301	46-3874287	501(C)(3)	20,000				WORKER RIGHTS
(18) FUNDS FOR CONSTITUTIONAL GOVERNMENT 122 MARYLAND AVENUE NE WASHINGTON,DC 20002	23-7391766	501(C)(3)	110,000				EXTRACTIVE INDUSTRIES
(19) HASER INC PO BOX 368035 SAN JUAN,PR 00936	66-0861655	501(C)(3)	50,000				WORKER RIGHTS
(20) UNIVERSITY OF PUERTO RICO SCHOOL OF LAW TRUST 7 AVE UNIVERSIDAD STE 701 SAN JUAN,PR 00925	66-6012387	501(C)(3)	100,000				RESOURCE MANAGEMENT
(21) INTERNATIONAL CENTER FOR LABOR SPIRITUAL AND SOCIAL ACTIVISM 9900 MEMORIAL DR 58 HOUSTON,TX 77024	30-0879953	501(C)(3)	56,557				WORKER RIGHTS
(22) FUTURE COALITION MO FOUNDATION 820 RITCHIE HWY SEVERENA PARK,MD 21146	82-0958113	501(C)(3)	20,000				ACTIVE CITIZENS

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	21
3	Enter total number of other organizations listed in the line 1 table	0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	PROGRAM OFFICERS MEET WITH PARTNERS AND VISIT THE PROJECT REGULARLY TO ASSESS WHETHER THE FUNDS HAVE BEEN USED FOR THE INTENDED PURPOSE. PROGRAM AND FINANCIAL EXPENDITURE REPORTS ARE ALSO PREPARED BY THE PARTNERS IN CONJUNCTION WITH LOCAL PROGRAM OFFICERS. FINAL REPORTS ARE COMPLETED BY PARTNERS AND SUBMITTED TO OXFAM AMERICA UPON COMPLETION OF THE PROJECT. PROJECTS MAY BE AUDITED AS NEEDED OR AS REQUIRED BY CONTRACT PROVISION. THERE ARE NO AUDIT THRESHOLDS EXCEPT AS REQUIRED BY CONTRACT, AND AUDITS ARE CONDUCTED AT THE DISCRETION OF THE REGIONAL OFFICE AND ARE BASED ON THE REGIONAL DIRECTOR'S, COUNTRY DIRECTOR'S AND OFFICE STAFF'S COMFORT LEVEL WITH THE PARTNER AND PROJECT OVERALL. ALL FINANCIAL AND NARRATIVE REPORTS ARE STORED IN OXFAM AMERICA'S GRANT MANAGEMENT SYSTEM.

Additional Data

Return to Form

Software ID:
Software Version:

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
OXFAM-AMERICA INC

Employer identification number

23-7069110

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 idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

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

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

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 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 in 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
1a		
1b		
2		
3		
4a	Yes	
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MAXMAN ABBY PRESIDENT	(i)	372,209	0	19,915	16,618	32,323	441,065	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
2 SUMAR FATEMA VP, GLOBAL PROGRAMS (UNTIL 2/21)	(i)	231,986	0	23,724	11,875	28,434	296,019	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
3 O'BRIEN DANIEL PAUL VP, POLICY AND ADVOCACY (UNTIL 3/21)	(i)	228,195	0	23,846	11,833	29,267	293,141	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
4 CASTERA ANGELINE VP OF PEOPLE, CULTURE AND GLOBAL HR	(i)	221,044	0	23,252	11,601	30,551	286,448	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
5 PERERA MALINI ANDREA VP OF PUBLIC ENGAGEMENT	(i)	195,550	0	20,603	10,308	27,560	254,021	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
6 TSONGAS ASHLEY CHIEF OF STAFF / ASSISTANT SECRETARY	(i)	189,357	0	151	10,104	27,660	227,272	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
7 LAWSON-LARTEGO LATE DIRECTOR, INCLUSIVE & RESILIENT FOOD	(i)	177,387	0	93	9,132	28,032	214,644	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
8 CUMMINGS GINA VP ADVOCACY, ALLIANCES & POLICY (AS	(i)	172,178	0	432	9,055	32,323	213,988	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
9 MURIU MUTHONI SR DIR OF INTERNATIONAL (UNTIL 6/20)	(i)	95,267	0	103,478	5,903	4,393	209,041	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
10 DELGADO LINDA DIR. OF GOVERNMENT AFF (UNTIL 9/20)	(i)	114,644	0	71,084	6,891	13,809	206,428	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
11 MALLETT KENNETH DIRECTOR, MARKETING STRATEGY	(i)	175,059	0	278	8,902	8,897	193,136	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
12 KURMANN THOMAS VP, RESOURCE DEVELOPMENT (AS OF 5/20)	(i)	150,504	0	15,480	7,692	18,688	192,364	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
13 NOTICK PHILIP ENTERPRISE TECHNICAL ARCHITECT	(i)	171,952	0	411	8,621	0	180,984	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
14 CRONAN CYNTHIA INTERIM CFO/ASST. TREAS. (AS OF 3/20)	(i)	152,971	0	228	7,788	9,732	170,719	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4A	TWO POSITIONS WERE ELIMINATED AND THE ASSOCIATED VACATION AND SEVERANCE PAYOUTS MADE WERE INCLUDED IN OTHER REPORTABLE COMPENSATION, COLUMN B(III) ON SCHEDULE J.
PART I, LINE 7	ALL COMPENSATION DISCLOSED IN PART VII ON FORM 990 AND ON SCHEDULE J IS REPORTED ON A CALENDAR YEAR BASIS FOR THE CALENDAR YEAR ENDED 12/31/2020.
SCHEDULE J:	COMPENSATION FOR OXFAM AMERICA EXECUTIVES IS SET BY A COMPENSATION COMMITTEE COMPRISED OF INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS. THE COMMITTEE ENGAGES QUALIFIED INDEPENDENT CONSULTANTS BIENNIALLY TO ENSURE THAT TOTAL EXECUTIVE COMPENSATION IS BOTH COMPETITIVE AND REASONABLE AS COMPARED TO MARKET, THAT IT CONFORMS TO IRS GUIDELINES, AND WOULD NOT BE CONSIDERED EXCESSIVE UNDER INTERMEDIATE SANCTIONS PROVISIONS CONTAINED IN SECTION 4958 OF THE INTERNAL REVENUE CODE. AS OF NOVEMBER 1, 2010, BASED ON RECOMMENDATIONS OF INDEPENDENT CONSULTANTS, THE COMPENSATION COMMITTEE DECIDED TO INSTITUTE A BENEFIT PROGRAM WHICH REQUIRES EXECUTIVES TO INVEST AFTER TAX INCOME INTO ONE OF A LIMITED NUMBER OF THIRD PARTY BENEFIT PLANS. THE PRETAX AMOUNT ASSOCIATED WITH THE PROGRAM IS INCLUDED AS REPORTABLE W2 COMPENSATION IN PART VII, AND IN SCHEDULE J COLUMN B (III), OTHER REPORTABLE COMPENSATION.

Additional Data

Return to Form

Software ID:

Software Version:

Noncash Contributions

2020

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
OXFAM-AMERICA INC

Employer identification number

23-7069110

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	177	3,310,772	NET OF FEES
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 ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

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

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.**▶ **Attach to Form 990 or 990-EZ.**▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2020**Open to Public
Inspection**Name of the organization
OXFAM-AMERICA INC**Employer identification number**

23-7069110

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM WITH INFORMATION PROVIDED BY OA'S FINANCE DEPARTMENT UNDER DIRECTION OF THE INTERIM CHIEF FINANCIAL OFFICER. THE COMPLETED RETURN IS REVIEWED BY OA'S INTERIM CHIEF FINANCIAL OFFICER, AND SUBMITTED FOR REVIEW TO THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS. FORM 990 WAS PROVIDED TO THE FULL BOARD BEFORE FILING.
FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD MEMBERS, OFFICER, AND KEY EMPLOYEES ARE EXPECTED TO REVEAL ANY POTENTIAL CONFLICT OF INTEREST. ALL BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES SIGN A STATEMENT ANNUALLY, VERIFYING THAT THEY HAVE REVIEWED OA'S CONFLICT OF INTEREST POLICY AND HAVE DISCLOSED ANY ACTIVITY WHICH CONTRAVENES THE POLICY. DURING THE COURSE OF DELIBERATIONS, IF A DIRECTOR FINDS THAT HE HAS A CONFLICT OF INTEREST ON A MATTER AT HAND, HE/SHE MUST DECLARE IT AND EXCUSE THEMSELVES FROM THE DELIBERATIONS TO ALLOW THE OTHER DIRECTORS PRESENT TO DETERMINE THE BEST COURSE OF ACTION.
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION FOR OXFAM AMERICA EXECUTIVES IS SET BY A COMPENSATION COMMITTEE COMPRISED OF INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS. THE COMMITTEE REGULARLY ENGAGES QUALIFIED INDEPENDENT CONSULTANTS TO ENSURE THAT TOTAL EXECUTIVE COMPENSATION IS BOTH COMPETITIVE AND REASONABLE AS COMPARED TO MARKET, THAT IT CONFORMS TO IRS GUIDELINES, AND WOULD NOT BE CONSIDERED EXCESSIVE UNDER INTERMEDIATE SANCTIONS PROVISIONS CONTAINED IN SECTION 4958 OF THE INTERNAL REVENUE CODE. AS OF NOVEMBER 1, 2010, BASED ON RECOMMENDATIONS OF INDEPENDENT CONSULTANTS, THE COMPENSATION COMMITTEE DECIDED TO INSTITUTE A BENEFIT PROGRAM WHICH REQUIRES EXECUTIVES TO INVEST AFTER TAX INCOME INTO ONE OF A LIMITED NUMBER OF THIRD PARTY BENEFIT PLANS. THE PRETAX AMOUNT ASSOCIATED WITH THE PROGRAM IS INCLUDED AS REPORTABLE W2 COMPENSATION IN PART VII, AND IN SCHEDULE J COLUMN B (III), OTHER REPORTABLE COMPENSATION.
FORM 990, PART VI, SECTION C, LINE 19	FINANCIAL STATEMENTS ARE AVAILABLE ON THE OXFAM AMERICA (OA) WEBSITE AT HTTP://WWW.OXFAMAMERICA.ORG IN THE "WHO WE ARE" SECTION OF THE SITE. FINANCIAL INFORMATION IS ALSO AVAILABLE AT WWW.GUIDESTAR.ORG AND WWW.CHARITYNAVIGATOR.ORG . OA WILL PROVIDE COPIES OF ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY UPON REQUEST.
FORM 990, PART XI, LINE 9:	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 497,251. ROUNDING -1.
FORM 990, SCHEDULE L, PART III:	THE CHAIR OF OXFAM AMERICA, INC. (OA) IS A MEMBER OF THE BOARD OF SUPERVISORS OF OXFAM INTERNATIONAL. OXFAM INTERNATIONAL'S BOARD MEMBERS CONSISTED OF REPRESENTATIVES FROM THE VARIOUS OXFAM ORGANIZATIONS THROUGHOUT THE WORLD. THIS RELATIONSHIP ENSURES THAT THE MISSION OF OXFAM IS CLEAR AND CONSISTENT AMONG ITS MEMBER ORGANIZATIONS. IN THE 12 MONTHS ENDED MARCH 31, 2021, OA MADE PAYMENTS OF \$26,388,000 TO OXFAM INTERNATIONAL ET AL, AND RECEIVED \$7,620,000 FROM OXFAM INTERNATIONAL AND ITS MEMBERS/AFFILIATES.

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**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

**Open to Public
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
OXFAM-AMERICA INC

Employer identification number

23-7069110

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) OXFAM AMERICA REAL ESTATE LLC 226 CAUSEWAY STREET 5TH FLOOR BOSTON, MA 021142206 06-1509938	RECEIVE AND HOLD DONATED REAL ESTATE	MA			OXFAM-AMERICA
(2) WISE WOMEN'S EMPOWERMENT MANAGEMENT COMPANY LLC 226 CAUSEWAY STREET 5TH FLOOR BOSTON, MA 021142206 00-1125303	MGNT SVCS TO FUND BENEFITING WOMEN- OWNED SMALL BUSINESSES IN GUATEMALA	MA		66,040	OXFAM-AMERICA

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
(1) OXFAM AMERICA ACTION FUND 226 CAUSEWAY STREET 5TH FLOOR BOSTON, MA 021142206 20-1971032	LOBBYING	MA	501(C)(4)		OXFAM AMERICA INC	Yes	

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	

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
(1) CHARITABLE REMAINDER UNITRUST	CHARITABLE TRUST	MA	OXFAM AMERICA INC	T				Yes	

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) OXFAM AMERICA ACTION FUND	O	371,284	FAIR VALUE
(2) OXFAM AMERICA ACTION FUND	Q	405,039	FAIR VALUE
(3) OXFAM AMERICA ACTION FUND	B	200,000	FAIR VALUE

Part VII Supplemental Information

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

Return Reference	Explanation
FORM 990, SCHEDULE R, PART I:	IN JANUARY 2014, OXFAM ESTABLISHED A MASSACHUSETTS LIMITED LIABILITY COMPANY, WISE WOMEN'S EMPOWERMENT MANAGEMENT COMPANY, LLC ("WISE MANAGEMENT") TO SERVE AS MANAGER FOR THE WISE WOMEN'S EMPOWERMENT FUND I, LLC ("WISE FUND") (AN INVESTMENT FUND PROVIDING CREDIT GUARANTEES FOR WOMEN OWNED SMALL BUSINESSES IN GUATEMALA IN WHICH OXFAM WILL HAVE A MINORITY INTEREST). WISE MANAGEMENT AND WISE FUND COMMENCED OPERATIONS IN JULY 2014.

Schedule R (Form 990) 2020

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