

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2022

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.

Department of the Treasury Internal Revenue Service

A For the 2022 calendar year, or tax year beginning 04-01-2022, and ending 03-31-2023

- 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): 77 NORTH WASHINGTON ST SUITE 500. 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 \$ 86,868,582

F Name and address of principal officer: ABBY MAXMAN, 77 NORTH WASHINGTON ST SUITE 500, BOSTON, MA 02114

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

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

J Website: WWW.OXFAMAMERICA.ORG

K Form of organization: Corporation, Trust, Association, Other

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

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1. Mission statement, 2-7a. Governance and revenue metrics, 7b. Net unrelated business taxable income, 8-12. Revenue breakdown, 13-19. Expenses breakdown, 20-22. Net assets or fund balances.

Part II Signature Block

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

Sign Here: Signature of officer: CYNTHIA CRONAN CFO/ASST. TREASURER. Date: 2023-08-09

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

May the IRS discuss this return with the preparer shown above? See Instructions. Yes No

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 IS A GLOBAL ORGANIZATION THAT FIGHTS INEQUALITY TO END POVERTY AND INJUSTICE. WE OFFER LIFESAVING SUPPORT IN TIMES OF CRISIS AND ADVOCATE FOR ECONOMIC JUSTICE, GENDER EQUALITY, AND CLIMATE ACTION. WE DEMAND EQUAL RIGHTS AND EQUAL TREATMENT SO THAT EVERYONE CAN THRIVE, NOT JUST SURVIVE.

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 \$ 30,755,317 including grants of \$ 11,869,318) (Revenue \$)

PROGRAMS TO OVERCOME POVERTY AND INJUSTICE: OXFAM WORKS FOR LONG-TERM SOLUTIONS TO CHANGE SYSTEMS OF INEQUALITY THAT ARE AT THE ROOT OF POVERTY AND INJUSTICE. WE PROVIDE GRANTS, TECHNICAL ASSISTANCE AND WORK ALONGSIDE LOCAL PARTNERS FIGHTING 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. AS ONE EXAMPLE, OXFAM WORKED TO INFLUENCE POLICY AND PRACTICES OF MAJOR FOOD AND BEVERAGE COMPANIES AND THEIR SUPPLIERS. MULTIPLE COMPANIES AND ASSOCIATIONS HAVE ADOPTED OXFAM'S RECOMMENDATIONS. NOTABLY, IN MALAWI A LOCAL SUGAR COMPANY THAT SUPPLIES A MAJOR FOOD AND BEVERAGE COMPANY IS ACTIVELY IMPLEMENTING A LAND RIGHTS POLICY AND WORKING ON ESTABLISHING GRIEVANCE MECHANISMS. THE TEA ASSOCIATION OF MALAWI, ASSOCIATED WITH UNILEVER, HAS ALSO EXPRESSED ITS COMMITMENT TO DEVELOPING A LAND RIGHTS POLICY BASED ON THE EXPERIENCE. ADDITIONALLY, THESE CHANGES ULTIMATELY BENEFIT WORKERS, PRODUCERS, AND CAREGIVERS. IN THE EXTRACTIVE INDUSTRIES SECTOR, OXFAM AND PARTNERS MOBILIZED TO PROTECT COMMUNITIES IMPACTED BY THE EAST AFRICAN CRUDE OIL PIPELINE PROJECT (EACOP) IN TANZANIA AND UGANDA AND ENSURE GENDER AND ENVIRONMENTAL IMPACTS ARE ASSESSED AS PART OF PIPELINE DEVELOPMENT. A COURAGEOUS STAND BY WOMEN LEADERS LED TO REROUTING PART OF THE PIPELINE.

4b (Code:) (Expenses \$ 21,100,666 including grants of \$ 17,661,072) (Revenue \$)

SAVING LIVES-EMERGENCY RESPONSE AND PREPAREDNESS: OXFAM WORKS WITH LOCAL PARTNERS AND GOVERNMENTS TO SAVE LIVES IN EMERGENCIES. OXFAM AND ITS PARTNERS MOUNTED A COMPREHENSIVE RESPONSE EFFORT FOLLOWING THE DEVASTATING EARTHQUAKES IN SOUTHERN TURKEY AND NORTHERN SYRIA THAT RESULTED IN OVER 50,000 DEATHS AND 107,000 INJURIES. IN TURKEY, OXFAM AND ITS PARTNERS DISTRIBUTED ESSENTIAL RESOURCES SUCH AS HYGIENE KITS, DIGNITY KITS, AND MENSTRUAL HYGIENE KITS TO NUMEROUS INDIVIDUALS. SIMILARLY, IN SYRIA, MORE THAN 48,000 PEOPLE RECEIVED ASSISTANCE, INCLUDING THE DELIVERY OF OVER 2 MILLION LITERS OF CLEAN WATER AND THE INSTALLATION OF 40 WATER TANKS. OXFAM MOBILIZED ENGINEERS TO CONDUCT BUILDING SAFETY ASSESSMENTS, PERFORMED 70 REPAIRS TO WATER SYSTEMS, AND IMPLEMENTED SANITATION AND HYGIENE MEASURES BY INSTALLING TOILETS, SHOWERS, AND WATER TAPS. MOVING FORWARD, OXFAM AIMS TO SUPPORT 1.4 MILLION PEOPLE IN THE AFFECTED AREAS THROUGH INITIATIVES SUCH AS PROVIDING FOOD, RESTORING WATER SYSTEMS, AND OFFERING LIVELIHOOD SUPPORT, INCLUDING TRAINING AND FINANCIAL ASSISTANCE. ADDITIONALLY, AID WILL BE EXTENDED TO 800,000 PEOPLE IN SYRIA OVER THE NEXT THREE YEARS, PRIORITIZING IMMEDIATE NEEDS AND ONGOING WATER AND SANITATION REPAIRS.

4c (Code:) (Expenses \$ 12,893,453 including grants of \$ 3,019,219) (Revenue \$)

CAMPAIGNING FOR SOCIAL JUSTICE: OXFAM CAMPAIGNS TO CHANGE UNJUST POLICIES THAT DEEPEN INEQUALITY AND KEEP PEOPLE TRAPPED IN POVERTY. WE FIGHT FOR EQUALITY, CLIMATE JUSTICE, GENDER JUSTICE, SUSTAINABLE FOOD SYSTEMS, AND HUMAN RIGHTS IN EMERGENCY RESPONSE. WE CHALLENGE GOVERNMENTS, MULTINATIONAL CORPORATIONS, AND INTERNATIONAL ACTORS TO USE THEIR POWER TO IMPROVE PEOPLES' LIVES AND TO SHIFT POWER TO LOCAL AND COMMUNITY ACTORS. IN A SIGNIFICANT ACHIEVEMENT, OXFAM AMERICA FILED NINE SHAREHOLDER RESOLUTIONS LAST YEAR CHALLENGING THE PRACTICES OF BIG PHARMACEUTICAL AND OIL COMPANIES AND CATALYZING CHANGE IN CRITICAL RISK AREAS. BY ACTIVELY ENGAGING EXECUTIVES, BOARDS, AND INVESTORS, OXFAM SUCCESSFULLY ADVOCATED FOR GREATER CORPORATE ACCOUNTABILITY. NOTABLY, CARGILL, THE LARGEST PRIVATELY HELD US CORPORATION, COMMITTED TO PUBLISHING A COMPREHENSIVE GENDER ACTION PLAN BY OCTOBER, SHOWCASING THEIR TANGIBLE DEDICATION TO PROMOTING GENDER EQUALITY. SIMILARLY, MARS MADE SUBSTANTIAL STRIDES BY RELEASING A COMPREHENSIVE GENDER ASSESSMENT FOR COCOA VALUE CHAINS AND FINALIZING A TRANSFORMATIVE GENDER ACTION PLAN.

(Code:) (Expenses \$ 7,720,813 including grants of \$) (Revenue \$)

PUBLIC EDUCATION

4d Other program services (Describe in Schedule O.)

(Expenses \$ 7,720,813 including grants of \$) (Revenue \$)

4e Total program service expenses 72,470,249

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? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	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? <i>If "Yes," complete Schedule L, Part I</i>		No
25b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
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? <i>If "Yes," complete Schedule L, Part III</i>		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		No
28b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		No
28c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
35b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>		No
38	Did the organization complete Schedule O and provide explanations on 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		
1b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	

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

Main form area containing questions 2a through 17, including sub-questions a-e for various items, and input fields for amounts and 'Yes/No' responses.

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 on 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 on 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 on 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

- 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
18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[checked] Own website [] Another's website [checked] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:
CYNTHIA CRONAN 77 NORTH WASHINGTON STREET SUITE BOSTON, MA 02114 (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 the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, 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 the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former			
(1) HAMILTON JOE H CHAIR	3.50 0.00	X		X				0	0	0
(2) SHACHOY JAMEY TREASURER	2.50 0.00	X		X				0	0	0
(3) REGAN JACK SECRETARY	1.00 0.00	X		X				0	0	0
(4) SINGH SMITA DIRECTOR	1.00 0.00	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) SHAH SONAL DIRECTOR (UNTIL 12/31/22)	1.00 0.00	X						0	0	0
(8) TSAI DABIE DIRECTOR	1.00 0.00	X						0	0	0
(9) WILLIAMS KIM DIRECTOR	1.00 0.00	X						0	0	0
(10) BEBBINGTON ANTHONY DIRECTOR	1.00 0.00	X						0	0	0
(11) TORRENS TARA DIRECTOR	1.00 0.00	X						0	0	0
(12) MUNANA CARL DIRECTOR	1.00 0.00	X						0	0	0
(13) SILBERMAN MICHAEL DIRECTOR	1.00 0.00	X						0	0	0
(14) KHARAS HOMI DIRECTOR	1.00 0.00	X						0	0	0
(15) JAYWICKRAMA SHERINE DIRECTOR	1.00 0.00	X						0	0	0
(16) AKLILU BISRAT DIRECTOR	1.00 0.00	X						0	0	0
(17) GREEN-RILEY NAIMA 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee			
(18) KAKAR YANA AYESHA DIRECTOR	1.00 0.00	X					0	0	0
(19) JOHNSON LIONEL C DIRECTOR	1.00 0.00	X					0	0	0
(20) ALT MARGIE DIRECTOR	1.00 0.00	X					0	0	0
(21) PAUL ROSHAN DIRECTOR	1.00 0.00	X					0	0	0
(22) MEZOUI OUSSAMA DIRECTOR	1.00 0.00	X					0	0	0
(23) MAXMAN ABBY PRESIDENT	39.90 0.10			X			460,082	0	43,010
(24) CRONAN CYNTHIA CFO/ASST. TREASURER	39.25 0.75			X			197,079	0	17,991
(25) STROME GRACE ASSISTANT SECRETARY	40.00 0.00			X			165,328	0	17,782
(26) TSONGAS ASHLEY CHIEF OF STRATEGY AND SYSTEMS	40.00 0.00				X		193,567	0	30,720
(27) KURMANN THOMAS VP, RESOURCE DEVELOPMENT	40.00 0.00				X		284,607	0	38,858
(28) CASTERA ANGELINE VP PPL/CULTURE/GLOBAL HR (UNTIL 9/22)	40.00 0.00				X		216,355	0	36,781
(29) CUMMINGS GINA VP, ADVOCACY, ALLIANCES & POLICY	38.00 2.00				X		249,142	0	39,112
(30) MUTASAH TAWANDA VP, GLOBAL PARTNERSHIPS AND IMPACT	40.00 0.00				X		263,102	0	36,822
(31) ROONEY ALISSA CATHERINE INTERIM VP, PUBLIC ENGAGEMENT	40.00 0.00				X		191,532	0	14,393
(32) HYLTON PATRICIA INTERIM VP, PPL/CULTURE/GLOBAL HR	40.00 0.00				X		163,947	0	18,307
(33) MALLETTE KENNETH DIR. MARKETING STRATEGY	40.00 0.00					X	175,222	0	17,940
(34) NOTICK PHILIP ENTERPRISE TECHNICAL ARCHITECT	40.00 0.00					X	179,448	0	8,869
(35) CLACK MARK DIR. GOVT RELATIONS & PUBLIC POLICY	40.00 0.00					X	177,887	0	17,039
(36) LAWSON-LARTEGO LATE CHIEF INNOVATION OFFICER, AGILE	40.00 0.00					X	198,005	0	34,563
(37) RAMISETTY ALIVELU CHIEF, GENDER JUSTICE & INCLUSION OFFICER	40.00 0.00					X	170,680	0	33,211
1b Sub-Total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)						3,285,983	0	405,398	

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 ▶ 7 2

	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
GIVEBRIDGE INC 525 W MONROE ST SUITE 900 CHICAGO, IL 606613793	FUNDRAISING	2,349,280
CHONG KOSTER LLC 1640 RHODE ISLAND AVE NW WASHINGTON, DC 20036	SUPPORTER ENGAGEMENT	1,830,654
BLUE STATE DIGITAL INC 41 FLATBUSH AVENUE 8TH FLOOR BROOKLYN, NY 11217	FUNDRAISING/CONSULTING	1,105,429
META PLATFORMS INC 1601 WILLOW ROAD MENLO PARK CALIFORNIA, CA 94025	SUPPORTER ENGAGEMENT	1,095,372
NEW CANVASSING EXPERIENCE 78 SAN MARCOS ST AUSTIN, TX 78702	FUNDRAISING	1,080,317
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 ▶ 19		

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				
1b Membership dues				
1c Fundraising events				
1d Related organizations				
1e Government grants (contributions)				
1f All other contributions, gifts, grants, and similar amounts not included above			80,530,469	
1g Noncash contributions included in lines 1a - 1f:\$			1,585,357	
1h Total. Add lines 1a-1f				80,530,469

Program Service Revenue	2a	Business Code			
b					
c					
d					
e					
f All other program service revenue					
g Total. Add lines 2a-2f.					

3 Investment income (including dividends, interest, and other similar amounts)			518,456			518,456
4 Income from investment of tax-exempt bond proceeds						
5 Royalties			81,069			81,069
6a Gross rents	(i) Real	(ii) Personal				
b Less: rental expenses						
c Rental income or (loss)						
d Net rental income or (loss)						
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	5,738,535			
b Less: cost or other basis and sales expenses			5,511,495			
c Gain or (loss)			227,040			
d Net gain or (loss)			227,040			227,040
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18						
b Less: direct expenses						
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19						
b Less: direct expenses						
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances						
b Less: cost of goods sold						
c Net income or (loss) from sales of inventory						

Other Revenue	11a MISCELLANEOUS REVENUE	Business Code				
		900099	53		53	
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		53			
12 Total revenue. See instructions			81,357,087	0	0	826,618

OtherRevenueMiscAmt

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	986,786	986,786		
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.	31,562,823	31,562,823		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,805,280	1,011,403	1,447,136	346,741
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	23,239,573	16,798,739	2,340,620	4,100,214
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,109,871	823,556	97,200	189,115
9 Other employee benefits	4,007,200	2,759,190	550,260	697,750
10 Payroll taxes	1,807,856	1,225,964	263,152	318,740
11 Fees for services (non-employees):				
a Management				
b Legal	195,828	103,446	59,354	33,028
c Accounting	450,897	52,538	131,684	266,675
d Lobbying	254,116	254,116		
e Professional fundraising services. See Part IV, line 17	4,348,597			4,348,597
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)	6,371,372	4,461,026	510,306	1,400,040
12 Advertising and promotion	367		367	
13 Office expenses	2,392,574	60,071	51,213	2,281,290
14 Information technology	2,046,841	978,176	245,870	822,795
15 Royalties				
16 Occupancy	2,214,757	1,544,070	277,523	393,164
17 Travel	1,156,981	1,072,020	31,023	53,938
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	611,503	599,650	1,808	10,045
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	202,850	171,560	16,438	14,852
23 Insurance	192,095	50,982	136,859	4,254
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.	7,494,159	7,199,103	101,302	193,754
b SUPPORTER ENGAGEMENT	3,446,983	444,457		3,002,526
c PRINTING AND PUBLICATIO	1,421,700	15,243		1,406,457
d POSTAGE AND SHIPPING	649,405			649,405
e All other expenses	928,735	295,330	116,603	516,802
25 Total functional expenses. Add lines 1 through 24e	99,899,149	72,470,249	6,378,718	21,050,182
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash-non-interest-bearing	18,182,502	1	11,413,505
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	19,820,763	3	12,970,555
	4 Accounts receivable, net	1,114,316	4	1,334,469
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,140,449	9	1,479,869
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,315,663		
	b Less: accumulated depreciation	10b 7,582,743	782,244	10c 732,920
	11 Investments—publicly traded securities	54,919,278	11	48,365,507
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	369,432	15	4,857,173
16 Total assets: Add lines 1 through 15 (must equal line 33)	97,328,984	16	81,153,998	
Liabilities	17 Accounts payable and accrued expenses	8,641,829	17	9,030,095
	18 Grants payable	8,535,093	18	8,481,807
	19 Deferred revenue	779,289	19	286,536
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	4,860,642	25	9,149,613
	26 Total liabilities. Add lines 17 through 25	22,816,853	26	26,948,051
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	30,770,136	27	20,757,047
	28 Net assets with donor restrictions	43,741,995	28	33,448,900
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	74,512,131	32	54,205,947
33 Total liabilities and net assets/fund balances	97,328,984	33	81,153,998	

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	81,357,087
2	Total expenses (must equal Part IX, column (A), line 25)	2	99,899,149
3	Revenue less expenses. Subtract line 2 from line 1	3	-18,542,062
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	74,512,131
5	Net unrealized gains (losses) on investments	5	-1,812,420
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	48,298
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	54,205,947

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 on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		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

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

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.

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).)
- 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

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

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	84,391,623	72,811,680	107,251,906	99,879,774	80,530,469	444,865,452
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 Total. Add lines 1 through 3	84,391,623	72,811,680	107,251,906	99,879,774	80,530,469	444,865,452
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						30,123,703
6 Public support. Subtract line 5 from line 4.						414,741,749

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4.	84,391,623	72,811,680	107,251,906	99,879,774	80,530,469	444,865,452
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,116,903	630,162	366,990	372,794	599,525	3,086,374
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	59	774	68	15,745	53	16,699
11 Total support. Add lines 7 through 10						447,968,525
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	92.580 %
15 Public support percentage for 2020 Schedule A, Part II, line 14	15	92.670 %
16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support; 14 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2021 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17.

- 19a 33 1/3% support tests-2022. 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.
b 33 1/3% support tests-2021. 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.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, 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? 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.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? 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).		
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? If "Yes," provide detail in Part VI .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described on 11a above?		
c	A 35% controlled entity of a person described on 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

		Yes	No
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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer 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? <i>If "Yes" or "No", provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i>		

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

- 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 (<i>explain in detail in Part VI</i>): | | | |
| 2 Acquisition indebtedness applicable to non-exempt use assets | 2 | | |
| 3 Subtract line 2 from line 1d | 3 | | |
| 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by 0.035 | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 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 (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2022 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-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (<i>reasonable cause required-- explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017.			
b From 2018.			
c From 2019.			
d From 2020.			
e From 2021.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018.			
b Excess from 2019.			
c Excess from 2020.			
d Excess from 2021.			
e Excess from 2022.			

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

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Schedule B

Schedule of Contributors

OMB No. 1545-0047

2022

(Form 990)
Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990, 990-EZ, or 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

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.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<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
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____

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	
_____		_____	
_____		_____	
(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	
_____		_____	
_____		_____	
(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	
_____		_____	
_____		_____	
(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	
_____		_____	
_____		_____	

Additional Data

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Software ID:

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SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **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.**

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? Yes No
- 4a** Was a correction made? Yes No
- 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? Yes No
- 5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
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)	147,659	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	106,457	
c Total lobbying expenditures (add lines 1a and 1b)	254,116	
d Other exempt purpose expenditures	78,594,851	
e Total exempt purpose expenditures (add lines 1c and 1d)	78,848,967	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	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) 2018	(b) 2019	(c) 2020	(d) 2021	(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	222,525	112,739	268,004	254,116	857,384
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	185,601	112	11,202	147,659	344,574

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

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Software ID:

Software Version:

Supplemental Financial Statements

2022

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 about donor 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 types of easements, a table for 'Held at the End of the Year' (rows 2a-2d), and various questions about 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 art and historical treasures and amounts related to these items.

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	14,302,870	14,068,717	10,663,523	10,794,257	10,108,676
b Contributions	-4,686,507				
c Net investment earnings, gains, and losses	-377,289	270,267	3,439,685	-95,739	715,404
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	38,472	36,114	34,491	34,995	29,823
g End of year balance	9,200,602	14,302,870	14,068,717	10,663,523	10,794,257

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 12.700 %
 - b** Permanent endowment ▶ 28.620 %
 - c** Term endowment ▶ 58.680 %
- 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 | 3a(i) Yes | No |
| (ii) Related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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		3,149,715	2,571,925	577,790
d Equipment		5,059,978	5,010,818	49,160
e Other		105,970		105,970
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				732,920

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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
(1) CHARITABLE REMAINDER TRUST	186,734
(2) OTHER ASSETS	190,908
(3) RIGHT-OF-USE ASSET-OPERATING LEASE	4,479,531
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	4,857,173

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.)	9,149,613

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	80,931,781
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-1,812,420
b	Donated services and use of facilities	2b	704,479
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	682,635
e	Add lines 2a through 2d	2e	-425,306
3	Subtract line 2e from line 1	3	81,357,087
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	81,357,087

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	101,155,765
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	704,479
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	552,137
e	Add lines 2a through 2d	2e	1,256,616
3	Subtract line 2e from line 1	3	99,899,149
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	99,899,149

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. DURING 2023, THE BOARD APPROVED A SPENDING POLICY, LOOKING BACK OVER PAST YEARS' UNCONSUMED ALLOCATIONS AND DETERMINED IT PRUDENT TO MAKE A CURRENT ALLOCATION FOR PRIOR AMOUNTS IN THE AMOUNT OF \$4.2M.
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. EFFECTIVE APRIL 1, 2022, OA ADOPTED CHANGES REQUIRED IN LEASE ACCOUNTING ON THE MODIFIED RETROSPECTIVE METHOD WHICH REQUIRES THAT OPERATING LEASES BE INCLUDED AS OPERATING LEASE RIGHT-OF-USE (ROU) ASSETS, AND OPERATING LEASE LIABILITIES ON THE ACCOMPANYING CONSOLIDATED STATEMENT OF FINANCIAL POSITION AS OF THE DATE OF ADOPTION. THE EFFECT OF THIS CHANGE WAS AN INCREASE IN RIGHT-OF-USE ASSETS OF \$3,151,000 AND A CORRESPONDING LIABILITY OF \$4,673,000 BEING RECORDED AS OF APRIL 1, 2022.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 48,298. OXFAM AMERICA ACTION FUND REVENUE 634,337.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	OXFAM AMERICA ACTION FUND EXPENSES 552,137.

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.

2022

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	1	4	PROGRAM SERVICES	PROGRAMS TO SAVE LIVES AND OVERCOME POVERTY AND INJUSTICE	573,854
(2) SUB-SAHARAN AFRICA	1	29	PROGRAM SERVICES	PROGRAMS TO SAVE LIVES AND OVERCOME POVERTY AND INJUSTICE	5,239,512
(3) CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS/PARTNER SUPPORT		3,425,804
(4) SOUTH AMERICA	0	0	GRANTS/PARTNER SUPPORT		1,733,561
(5) SUB-SAHARAN AFRICA	0	0	GRANTS/PARTNER SUPPORT		10,673,330
(6) EUROPE	0	0	GRANTS/PARTNER SUPPORT		10,755,018
(7) EAST ASIA AND THE PACIFIC	0	0	GRANTS/PARTNER SUPPORT		715,259
(8) MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS/PARTNER SUPPORT		1,522,800
(9) SOUTH ASIA	0	0	GRANTS/PARTNER SUPPORT		1,494,611
(10) NORTH AMERICA	0	0	GRANTS/PARTNER SUPPORT		524,500
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	0	33			34,639,138
b Total from continuation sheets to Part I	0	0			2,019,111
c Totals (add lines 3a and 3b)	0	33			36,658,249

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.

(1)	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENTRAL AMERICA AND THE CARIBBEAN	CLIMATE JUSTICE	287,273	WIRE	0		
(2)			CENTRAL AMERICA AND THE CARIBBEAN	SAVING LIVES	50,000	WIRE	0		
(3)			CENTRAL AMERICA AND THE CARIBBEAN	SAVING LIVES	50,000	WIRE	0		
(4)			CENTRAL AMERICA AND THE CARIBBEAN	SAVING LIVES	1,611,546	WIRE	0		
(5)			CENTRAL AMERICA AND THE CARIBBEAN	GENDER JUSTICE	142,105	WIRE	0		
(6)			CENTRAL AMERICA AND THE CARIBBEAN	ACCOUNTABLE GOVERNANCE	120,874	WIRE	0		
(7)			CENTRAL AMERICA AND THE CARIBBEAN	FINANCE FOR DEVELOPMENT & ESSENTIAL SERVICES	1,142,076	WIRE	0		
(8)			CENTRAL AMERICA AND THE CARIBBEAN	GENDER JUSTICE	21,930	WIRE	0		
(9)			EAST ASIA AND THE PACIFIC	SAVING LIVES	220,159	WIRE	0		
(10)			EAST ASIA AND THE PACIFIC	FINANCE FOR DEVELOPMENT & ESSENTIAL SERVICES	250,000	WIRE	0		
(11)			EAST ASIA AND THE PACIFIC	GENDER JUSTICE	30,000	WIRE	0		
(12)			EAST ASIA AND THE PACIFIC	JUST ECONOMIES	25,000	WIRE	0		
(13)			EAST ASIA AND THE PACIFIC	SAVING LIVES	165,100	WIRE	0		
(14)			EAST ASIA AND THE PACIFIC	JUST ECONOMIES	25,000	WIRE	0		
(15)			EUROPE	ACCOUNTABLE GOVERNANCE	29,700	WIRE	0		
(16)			EUROPE	GENDER JUSTICE	754,428	WIRE	0		
(17)			EUROPE	SAVING LIVES	109,250	WIRE	0		
(18)			EUROPE	FINANCE FOR DEVELOPMENT & ESSENTIAL SERVICES	385,824	WIRE	0		
(19)			EUROPE	SAVING LIVES	517,000	WIRE	0		
(20)			EUROPE	ACCOUNTABLE GOVERNANCE	1,048,977	WIRE	0		
(21)			EUROPE	CLIMATE JUSTICE	60,000	WIRE	0		
(22)			EUROPE	FINANCE FOR DEVELOPMENT & ESSENTIAL SERVICES	690,512	WIRE	0		
(23)			EUROPE	GENDER JUSTICE	227,368	WIRE	0		
(24)			EUROPE	JUST ECONOMIES	140,220	WIRE	0		
(25)			EUROPE	SAVING LIVES	445,000	WIRE	0		
(26)			EUROPE	ACCOUNTABLE GOVERNANCE	53,000	WIRE	0		
(27)			EUROPE	JUST ECONOMIES	538,596	WIRE	0		
(28)			EUROPE	ACCOUNTABLE GOVERNANCE	296,239	WIRE	0		
(29)			EUROPE	CLIMATE JUSTICE	17,544	WIRE	0		
(30)			EUROPE	FINANCE FOR DEVELOPMENT & ESSENTIAL SERVICES	267,500	WIRE	0		
(31)			EUROPE	JUST ECONOMIES	49,000	WIRE	0		
(32)			EUROPE	SAVING LIVES	483,756	WIRE	0		
(33)			EUROPE	FINANCE FOR DEVELOPMENT & ESSENTIAL SERVICES	276,000	WIRE	0		
(34)			EUROPE	GENDER JUSTICE	80,000	WIRE	0		
(35)			EUROPE	SAVING LIVES	30,000	WIRE	0		
(36)			EUROPE	FINANCE FOR DEVELOPMENT & ESSENTIAL SERVICES	136,524	WIRE	0		
(37)			EUROPE	SAVING LIVES	205,000	WIRE	0		
(38)			EUROPE	FINANCE FOR DEVELOPMENT & ESSENTIAL SERVICES	250,000	WIRE	0		
(39)			EUROPE	JUST ECONOMIES	30,000	WIRE	0		
(40)			EUROPE	JUST ECONOMIES	17,000	WIRE	0		
(41)			EUROPE	SAVING LIVES	80,000	WIRE	0		
(42)			EUROPE	FINANCE FOR DEVELOPMENT & ESSENTIAL SERVICES	120,681	WIRE	0		
(43)			EUROPE	SAVING LIVES	358,552	WIRE	0		
(44)			EUROPE	CLIMATE JUSTICE	48,055	WIRE	0		
(45)			EUROPE	SAVING LIVES	1,004,292	WIRE	0		
(46)			EUROPE	SAVING LIVES	2,000,000	WIRE	0		
(47)			MIDDLE EAST AND NORTH AFRICA	SAVING LIVES	40,000	WIRE	0		
(48)			MIDDLE EAST AND NORTH AFRICA	FINANCE FOR DEVELOPMENT & ESSENTIAL SERVICES	347,000	WIRE	0		
(49)			MIDDLE EAST AND NORTH AFRICA	GENDER JUSTICE	153,509	WIRE	0		
(50)			MIDDLE EAST AND NORTH AFRICA	JUST ECONOMIES	23,200	WIRE	0		
(51)			MIDDLE EAST AND NORTH AFRICA	SAVING LIVES	50,000	WIRE	0		
(52)			MIDDLE EAST AND NORTH AFRICA	SAVING LIVES	909,091	WIRE	0		
(53)			NORTH AMERICA	GENDER JUSTICE	25,000	WIRE	0		
(54)			NORTH AMERICA	ACCOUNTABLE GOVERNANCE	137,500	WIRE	0		
(55)			NORTH AMERICA	CLIMATE JUSTICE	137,500	WIRE	0		
(56)			NORTH AMERICA	FINANCE FOR DEVELOPMENT & ESSENTIAL SERVICES	100,000	WIRE	0		
(57)			NORTH AMERICA	SAVING LIVES	65,500	WIRE	0		
(58)			NORTH AMERICA	GENDER JUSTICE	14,000	WIRE	0		
(59)			NORTH AMERICA	JUST ECONOMIES	45,000	WIRE	0		
(60)			SOUTH AMERICA	CLIMATE JUSTICE	165,539	WIRE	0		
(61)			SOUTH AMERICA	FINANCE FOR DEVELOPMENT & ESSENTIAL SERVICES	100,000	WIRE	0		
(62)			SOUTH AMERICA	JUST ECONOMIES	15,000	WIRE	0		
(63)			SOUTH AMERICA	FINANCE FOR DEVELOPMENT & ESSENTIAL SERVICES	75,000	WIRE	0		
(64)			SOUTH AMERICA	SAVING LIVES	10,000	WIRE	0		
(65)			SOUTH AMERICA	CLIMATE JUSTICE	167,500	WIRE	0		
(66)			SOUTH AMERICA	FINANCE FOR DEVELOPMENT & ESSENTIAL SERVICES	100,000	WIRE	0		
(67)			SOUTH AMERICA	JUST ECONOMIES	35,000	WIRE	0		
(68)			SOUTH AMERICA	SAVING LIVES	318,702	WIRE	0		
(69)			SOUTH AMERICA	ACCOUNTABLE GOVERNANCE	100,000	WIRE	0		
(70)			SOUTH AMERICA	CLIMATE JUSTICE	151,579	WIRE	0		
(71)			SOUTH AMERICA	FINANCE FOR DEVELOPMENT & ESSENTIAL SERVICES	479,241	WIRE	0		
(72)			SOUTH AMERICA	JUST ECONOMIES	16,000	WIRE	0		
(73)			SOUTH ASIA	SAVING LIVES	204,805	WIRE	0		
(74)			SOUTH ASIA	CLIMATE JUSTICE	150,000	WIRE	0		
(75)			SOUTH ASIA	ACCOUNTABLE GOVERNANCE	41,451	WIRE	0		
(76)			SOUTH ASIA	CLIMATE JUSTICE	150,000	WIRE	0		
(77)			SOUTH ASIA	FINANCE FOR DEVELOPMENT & ESSENTIAL SERVICES	409,000	WIRE	0		
(78)			SOUTH ASIA	SAVING LIVES	210,000	WIRE	0		
(79)			SOUTH ASIA	GENDER JUSTICE	50,000	WIRE	0		
(80)			SOUTH ASIA	SAVING LIVES	50,000	WIRE	0		
(81)			SOUTH ASIA	SAVING LIVES	20,000	WIRE	0		
(82)			SOUTH ASIA	SAVING LIVES	118,401	WIRE	0		
(83)			SOUTH ASIA	GENDER JUSTICE	90,954	WIRE	0		
(84)			SUB-SAHARAN AFRICA	JUST ECONOMIES	80,000	WIRE	0		
(85)			SUB-SAHARAN AFRICA	SAVING LIVES	2,084,932	WIRE	0		
(86)			SUB-SAHARAN AFRICA	ACCOUNTABLE GOVERNANCE	202,120	WIRE	0		
(87)			SUB-SAHARAN AFRICA	CLIMATE JUSTICE	31,906	WIRE	0		
(88)			SUB-SAHARAN AFRICA	FINANCE FOR DEVELOPMENT & ESSENTIAL SERVICES	250,000	WIRE	0		
(89)			SUB-SAHARAN AFRICA	JUST ECONOMIES	125,000	WIRE	0		
(90)			SUB-SAHARAN AFRICA	ACCOUNTABLE GOVERNANCE	265,990	WIRE	0		
(91)			SUB-SAHARAN AFRICA	CLIMATE JUSTICE	31,906	WIRE	0		
(92)			SUB-SAHARAN AFRICA	FINANCE FOR DEVELOPMENT & ESSENTIAL SERVICES	250,000	WIRE	0		
(93)			SUB-SAHARAN AFRICA	JUST ECONOMIES	172,000	WIRE	0		
(94)			SUB-SAHARAN AFRICA	SAVING LIVES	2,659,618	WIRE	0		
(95)			SUB-SAHARAN AFRICA	CLIMATE JUSTICE	55,000	WIRE	0		
(96)			SUB-SAHARAN AFRICA	GENDER JUSTICE	25,000	WIRE	0		
(97)			SUB-SAHARAN AFRICA	JUST ECONOMIES	23,000	WIRE	0		
(98)			SUB-SAHARAN AFRICA	FINANCE FOR DEVELOPMENT & ESSENTIAL SERVICES	15,000	WIRE	0		
(99)			SUB-SAHARAN AFRICA	SAVING LIVES	700,000	WIRE	0		
(100)			SUB-SAHARAN AFRICA	SAVING LIVES	65,000	WIRE	0		
(101)			SUB-SAHARAN AFRICA	SAVING LIVES	100,000	WIRE	0		
(102)			SUB-SAHARAN AFRICA	ACCOUNTABLE GOVERNANCE	15,000	WIRE	0		
(103)			SUB-SAHARAN AFRICA	CLIMATE JUSTICE	48,353	WIRE	0		
(104)			SUB-SAHARAN AFRICA	SAVING LIVES	365,584	WIRE	0		
(105)			SUB-SAHARAN AFRICA	SAVING LIVES	572,723	WIRE	0		
(106)			SUB-SAHARAN AFRICA	FINANCE FOR DEVELOPMENT & ESSENTIAL SERVICES	40,000	WIRE	0		
(107)			SUB-SAHARAN AFRICA	ACCOUNTABLE GOVERNANCE	30,000	WIRE	0		
(108)			SUB-SAHARAN AFRICA	FINANCE FOR DEVELOPMENT & ESSENTIAL SERVICES	50,000	WIRE	0		
(109)			SUB-SAHARAN AFRICA	GENDER JUSTICE	20,000	WIRE	0		
(110)			SUB-SAHARAN AFRICA	JUST ECONOMIES	25,000	WIRE	0		
(111)			SUB-SAHARAN AFRICA	FINANCE FOR DEVELOPMENT & ESSENTIAL SERVICES	159,440	WIRE	0		
(112)			SUB-SAHARAN AFRICA	CLIMATE JUSTICE	53,050	WIRE	0		
(113)			SUB-SAHARAN AFRICA	CLIMATE JUSTICE	142,529	WIRE	0		
(114)			SUB-SAHARAN AFRICA	FINANCE FOR DEVELOPMENT & ESSENTIAL SERVICES	125,000	WIRE	0		
(115)			SUB-SAHARAN AFRICA	JUST ECONOMIES	50,000	WIRE	0		
(116)			SUB-SAHARAN AFRICA	CLIMATE JUSTICE	233,837	WIRE	0		
(117)			SUB-SAHARAN AFRICA	FINANCE FOR DEVELOPMENT & ESSENTIAL SERVICES	314,000	WIRE	0		
(118)			SUB-SAHARAN AFRICA	JUST ECONOMIES	150,473	WIRE	0		
(119)			SUB-SAHARAN AFRICA	SAVING LIVES	100,000	WIRE	0		
(120)			SUB-SAHARAN AFRICA	SAVING LIVES	100,000	WIRE	0		
(121)			SUB-SAHARAN AFRICA	FINANCE FOR DEVELOPMENT & ESSENTIAL SERVICES	472,884	WIRE	0		
(122)			SUB-SAHARAN AFRICA	GENDER JUSTICE	7,000	WIRE	0		
(123)			SUB-SAHARAN AFRICA	JUST ECONOMIES	30,000	WIRE	0		
(124)			SUB-SAHARAN AFRICA	ACCOUNTABLE GOVERNANCE	161,585	WIRE	0		
(125)			SUB-SAHARAN AFRICA	FINANCE FOR DEVELOPMENT & ESSENTIAL SERVICES	80,000	WIRE	0		
(126)			SUB-SAHARAN AFRICA	CLIMATE JUSTICE	81,900	WIRE	0		
(127)			SUB-SAHARAN AFRICA	JUST ECONOMIES	70,000	WIRE	0		
(128)			SUB-SAHARAN AFRICA	CLIMATE JUSTICE	36,000	WIRE	0		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 62

3 Enter total number of other organizations or entities 0

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)							
(9)							
(10)							
(11)							
(12)							
(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
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.

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 <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |
- 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 O'BRIEN GARRETT 1133 19TH ST NW SUITE 300 WASHINGTON, DC 20036	FUNDRAISING & TELEMARKETING		No	0	178,870	0
2 GIVEBRIDGE INC 525 W MONROE STREET SUITE 900 CHICAGO, IL 60661	FUNDRAISING		No	0	2,725,011	0
3 NEW CANVASSING EXPERIENCE 78 SAN MARCOS ST C/O RACHEL MAIMO AUSTIN, TX 78702	FUNDRAISING		No	0	1,006,740	0
4 AB DATA LTD PO BOX 170062 MILWAUKEE, WI 53217	FUNDRAISING		No	0	334,503	0
5 TELEFUND INC PO BOX 120557 BOSTON, MA 02112	TELEMARKETING		No	0	63,491	0
6 MAL WARWICK DONORDIGITAL 2550 NINTH STREET SUITE 103 BERKELEY, CA 94710	FUNDRAISING		No	0	39,982	0
7						
8						
9						
10						
Total					4,348,597	

- 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 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

2022

**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) 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)	38,250	0			ACCOUNTABLE GOVERNANCE
(2) COORDINADORA PAZ PARA LA MUJER PO BOX 193008 SAN JUAN,PR 00919	66-0550935	501(C)(3)	149,000	0			GENDER JUSTICE
(3) DEPENDABLE SOURCE CORP COMMUNITY & WORKFORCE DEVELOPMENT 1840 S WEST STREET SUITE A JACKSON,MS 39201	46-5456087	501(C)(3)	50,000	0			JUST ECONOMIES
(4) HASER INC PO BOX 368035 SAN JUAN,PR 00936	66-0861655	501(C)(3)	30,000	0			CLIMATE JUSTICE
(5) INTER-MUJERES PUERTO RICO CORP PO BOX 70351 SAN JUAN,PR 009368351	66-0826532	501(C)(3)	50,000	0			JUST ECONOMIES
(6) KILOMETRO O PO BOX 362289 SAN JUAN,PR 00936	66-0898712	501(C)(3)	24,000	0			ACCOUNTABLE GOVERNANCE
(7) MONGABAY LATAM PO BOX 0291 MENLO PARK,CA 94026	45-3714703	501(C)(3)	100,000	0			CLIMATE CHANGE
(8) NEW WAY MISSISSIPPI INC PO BOX 24404 JACKSON,MS 39225	73-1631055	501(C)(3)	200,000	0			JUST ECONOMIES
(9) PROYECTO MATRIA INC PO BOX 1334 CAGUAS,PR 00726	66-0641575	501(C)(3)	54,856	0			GENDER JUSTICE
(10) RESILIENT POWER PUERTO RICO 161 C SAN JORGE SAN JUAN,PR 00911	83-3433115	501(C)(3)	30,000	0			SAVING LIVES
(11) ESPACIOS ABIERTOS PUERTO RICO INC PO BOX 9024270 SAN JUAN,PR 009024270	66-0927287	501(C)(3)	38,250	0			GENDER JUSTICE
(12) 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)	12,430	0			FINANCE FOR DEVELOPMENT & ESSENTIAL SERVICES
(13) MESA MULTISECTORIAL DEL BOSQUE MODELO DE PUERTO RICO INC UPR RECINTO DE UTUADO	66-0891441	501(C)(3)	20,000	0			FINANCE FOR DEVELOPMENT & ESSENTIAL SERVICES

CARRETERA 123 UTAUDO,PR 00641							
(14) NATIONAL COALITION ON BLACK CIVIC PARTICIPATION (MISSISSIPPI BLACK WOMEN'S 1666 K STREET NW 4TH FLOOR SUITE 440 WASHINGTON,DC 20006	52-1253112	501(C)(3)	30,000	0			GENDER JUSTICE
(15) POWERSWITCH ACTION 1305 FRANKLIN STREET SUITE 501 OAKLAND,CA 94612	71-0914032	501(C)(3)	30,000	0			JUST ECONOMIES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **15**

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.**

2022

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		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7	Yes	
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, 1099-MISC compensation, and/or 1099-NEC			(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)	417,162	0	42,920	15,720	27,290	503,092	0
	(ii)	0	0	0	0	0	0	0
2 KURMANN THOMAS VP, RESOURCE DEVELOPMENT	(i)	257,835	0	26,772	13,379	25,479	323,465	0
	(ii)	0	0	0	0	0	0	0
3 MUTASAH TAWANDA VP, GLOBAL PARTNERSHIPS AND IMPACT	(i)	238,400	0	24,702	12,383	24,439	299,924	0
	(ii)	0	0	0	0	0	0	0
4 CUMMINGS GINA VP, ADVOCACY, ALLIANCES & POLICY	(i)	225,012	0	24,130	11,822	27,290	288,254	0
	(ii)	0	0	0	0	0	0	0
5 CASTERA ANGELINE VP PPL/CULTURE/GLOBAL HR (UNTIL 9/22)	(i)	199,039	0	17,316	10,368	26,413	253,136	0
	(ii)	0	0	0	0	0	0	0
6 LAWSON-LARTEGO LATE CHIEF INNOVATION OFFICER, AGILE	(i)	197,694	0	311	10,124	24,439	232,568	0
	(ii)	0	0	0	0	0	0	0
7 TSONGAS ASHLEY CHIEF OF STRATEGY AND SYSTEMS	(i)	193,336	0	231	9,878	20,842	224,287	0
	(ii)	0	0	0	0	0	0	0
8 CRONAN CYNTHIA CFO/ASST. TREASURER	(i)	196,489	0	590	9,915	8,076	215,070	0
	(ii)	0	0	0	0	0	0	0
9 ROONEY ALISSA CATHERINE INTERIM VP, PUBLIC ENGAGEMENT	(i)	191,313	0	219	9,393	5,000	205,925	0
	(ii)	0	0	0	0	0	0	0
10 RAMISETTY ALIVELU CHIEF, GENDER JUSTICE & INCLUSION OF	(i)	170,369	0	311	8,772	24,439	203,891	0
	(ii)	0	0	0	0	0	0	0
11 CLACK MARK DIR. GOVT RELATIONS & PUBLIC POLICY	(i)	177,459	0	428	8,963	8,076	194,926	0
	(ii)	0	0	0	0	0	0	0
12 MALLETTE KENNETH DIR. MARKETING STRATEGY	(i)	174,632	0	590	8,864	9,076	193,162	0
	(ii)	0	0	0	0	0	0	0
13 NOTICK PHILIP ENTERPRISE TECHNICAL ARCHITECT	(i)	178,858	0	590	8,869	0	188,317	0
	(ii)	0	0	0	0	0	0	0
14 STROME GRACE ASSISTANT SECRETARY	(i)	165,147	0	181	8,086	9,696	183,110	0
	(ii)	0	0	0	0	0	0	0
15 SHYLTON PATRICIA INTERIM VP, PPL/CULTURE/GLOBAL HR	(i)	163,675	0	272	8,231	10,076	182,254	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 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 12/31/2022. DUE TO COVID-19 RELATED WFH CIRCUMSTANCES, OXFAM ROLLED OUT A ONE-TIME STIPEND OF \$125 TO ENABLE STAFF SUPPORT FOR KEY ITEMS CRITICAL TO THEIR WORK.
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

2022

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	191	1,585,357	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

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?

	Yes	No
30a		No
31	Yes	
32a		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?

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

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Return Reference	Explanation
PART I, COLUMN (B):	THE AMOUNTS IN COLUMN (B) REPRESENT THE NUMBER OF CONTRIBUTIONS.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE O
(Form 990)**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

2022**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service**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.**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 48,298.
FORM 990, SCHEDULE L, PART III:	THE CHAIRPERSON OF OA'S BOARD IS A MEMBER OF THE OI ASSEMBLY AND THE AFFILIATE BUSINESS MEETING (ABM), TWO BODIES WITHIN THE NEW GOVERNANCE OF THE CONFEDERATION THAT WENT INTO EFFECT IN JULY 2021. IN ADDITION, ONE OA BOARD MEMBER IS A MEMBER OF THE OI SUPERVISORY BOARD, AND THE EXECUTIVE DIRECTOR OF EACH AFFILIATE IS A MEMBER OF THE EXECUTIVE DIRECTOR'S FORUM (EDF). THIS RELATIONSHIP ENSURES THAT THE MISSION OF OXFAM IS CLEAR AND CONSISTENT AMONG ITS MEMBER ORGANIZATIONS. IN THE 12 MONTHS ENDED MARCH 31, 2023, OA MADE PAYMENTS OF \$26,541,000 TO OXFAM INTERNATIONAL ET AL, AND RECEIVED \$2,241,000 FROM OXFAM INTERNATIONAL AND ITS MEMBERS/AFFILIATES.

Additional Data

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**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2022

**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 77 NORTH WASHINGTON STREET SUITE 50 BOSTON, MA 02114 06-1509938	RECEIVE AND HOLD DONATED REAL ESTATE	MA			OXFAM-AMERICA
(2) WISE WOMEN'S EMPOWERMENT MANAGEMENT COMPANY LLC 77 NORTH WASHINGTON STREET SUITE 50 BOSTON, MA 02114 00-1125303	MGNT SVCS TO FUND BENEFITING WOMEN- OWNED SMALL BUSINESSES IN GUATEMALA	MA	47,870	167,476	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 77 NORTH WASHINGTON STREET SUITE 50 BOSTON, MA 02114 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	204,732	FAIR VALUE
(2) OXFAM AMERICA ACTION FUND	Q	278,742	FAIR VALUE
(3) OXFAM AMERICA ACTION FUND	B	130,000	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) 2021

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